Guidance on Child, Family and Facility Contact During the COVID-19 Public Health Emergency

Updated November 9, 2020

Introduction

The Nebraska Department of Health and Human Services's (DHHS) Division of Children and Family Services (CFS) is committed to supporting the children, families and vulnerable adults in our communities, and keeping our workforce safe and healthy. Protection and safety within CFS and our partner providers (providers include agencies providing services to children and families, as well as foster parents and agencies that license and provide support to foster parents) are essential to maintaining community services for some of our most vulnerable individuals and families who are struggling to safely care for their children. It is our goal, whenever possible, to have face-to-face contact with children and families while practicing safe hygiene and social distancing in order to continue to protect our workforce and providers while keeping children, families, and vulnerable adults safe.

DHMs and Implementation

This guidance will remain in effect until new guidance is released or until the end of the public health emergency. DHHS will continually assess locations across the state and CFS will continue to monitor Directed Health Measures (DHMs) regarding restrictions in order to provide guidance regarding face-to-face visits versus virtual visits. At this time, DHHS has determined face-to-face visits can occur; however, there may be situations when a virtual visit is required based on the family circumstances, their risk level related to COVID-19, exposure to COVID-19 and current DHMs. Some counties in Nebraska may be under DHMs, visit **covid.ne.gov** to find the DHM that corresponds with the county the visit will take place in. When determining if a particular geographic location cannot have face-to-face contact as outlined in this guidance based on their current DHMs, the family team will refer to the DHMs in the community and discuss, as a team, how to address both the family and community needs regarding contact in a safe manner. If it is determined via analysis of the DHMs that a face-to-face visit would be unsafe, or if a member of the family or a service provider (and no other service provider or CFS staff is available) is showing symptoms of COVID-19 or has been exposed to someone who has tested positive, than a plan for a virtual visit can be formed.

This guidance was updated on **November 9, 2020** and is effective immediately.

Background

COVID-19 is a respiratory illness caused by a novel coronavirus that has been spreading worldwide. We are gaining more understanding of COVID-19's epidemiology, clinical course, and other factors as time progresses. Our understanding of the situation changes daily. DHHS is in the process of monitoring COVID-19, providing testing guidance with local and federal partners, and providing resources to prevent, detect and respond to cases of COVID-19 in Nebraska.

Counties, agencies, and programs should continue to take precautions to prevent the spread of COVID-19 and other infectious diseases.

The purpose of this memo is to provide guidance to CFS staff and providers as they make face-to-face contact with children, families and vulnerable adults. All programs should have a plan to be able to monitor the safety and well-being of their workforce as well as children, families and vulnerable adults. The goal for your plan should be to reduce the spread of acute respiratory illnesses and minimize the impact of COVID-19 among your children, families, vulnerable adults and staff.

This guidance is also intended to continue to help prevent the transmission of COVID-19 within facilities and out-of-home care settings for the children, families, and vulnerable adults we serve, and within CFS and the provider workforce. Please continue to check our website for additional guidance in the upcoming days.

Guiding Principles

The following principles guide our effort to provide information related to our child welfare system requirements, given the current public health condition faced by our communities:

- Child and vulnerable adult safety is the top priority for Children and Family Services.
- If CFS workers are unable to respond in times of emergency due to exposure to COVID-19, more children and vulnerable adults could be at risk of harm.
- We need to balance the key priorities of assessing and ensuring child and vulnerable adult safety while keeping our workforce healthy and available to respond to emergency child and adult abuse and neglect situations.
- Maintaining family connections is key. There may be instances, based on the family's circumstances, that connections can be made through video conferencing and other virtual means for short periods when necessary and may supplement face-to-face contacts, even though face-to-face visits have resumed.
- The safety and well-being of our workforce, providers, children, families and vulnerable adults continues to be a priority as we return to face-to-face contacts.

Guidance

At this time, CFS expects Children and Family Services Specialists (CFSS) and child welfare providers to conduct face-to-face visits when safe, knowing exceptions may occur based on the family's circumstances or geographic location. In-person contacts related to children and families of children in out-of-home care (including Interstate Compact on the Placement of Children (ICPC) cases), in-home care, Bridge to Independence young adults and APS investigations will be in person. It may be appropriate in some circumstances for contacts to be completed using technology (such as Skype, FaceTime, Zoom, etc.), assuming the child, young adult or vulnerable adult is considered to be in a safe setting. Any decision to not hold face-to-face contacts should be made by the child and family team and current DHMs should be referenced. Additional review of the court order is required.

It is important to note in person contact by the CFSS and Resource Development staff with children, parents and providers continues to be required in the following scenarios:

- CFSS first contact with a child in the course of a new Initial Assessment/Alternative Response to identify present and impending danger/safety threats.
- For families who are conditionally safe and have an active safety plan, it is expected that in-person visits with the child and the family happen weekly and in accordance with the safety plan, with either the safety provider or CFS staff as needed to assess and assure safety. Agencies may use discretion in determining how to handle other contacts required by the safety plan.
- For placement assessments in out-of-home care where a child safety assessment is needed.
- Walk through for relative/kinship foster homes at initial placement in that home.
- In-home cases with a risk level of High.
- Any in-home or out-of-home case where the family team has decided that face-to-face contact can resume.

- In-home cases with one or more of the following:
  - Allegations of domestic violence.
  - Children in the home under the age of 5.
  - Families that were reunified within the last 60 days.
  - Substance abuse is the reason for DHHS involvement and the parent is not complying with drug testing, or the parent has a positive drug test indicating the parent has used or that the child has been exposed to drugs or alcohol.

- Out-of-home cases in which a termination of parental rights has been filed.
- When a parent has indicated they wish to relinquish parental rights, face-to-face contact may be made for the purposes of completing the relinquishment paperwork.
- In person contacts related to vulnerable adults will occur when there is:
  - An allegation of abuse and neglect that indicates that the vulnerable adult is currently being physically abused by another person, neglected by another person, in a situation of self-neglect or is currently being financially exploited.
  - If the vulnerable adult resides in a facility that will not allow the Adult Protective Services (APS) worker to enter the facility in order to complete the face-to-face contact with the victim, the APS worker will contact law enforcement and Public Health licensing and request their assistance in being able to enter the facility.

Drug Testing

CFS has returned to utilizing several methods of drug-testing. Please review the Guiding Principles for Drug Testing for further guidance.

Initial Assessment

First contact with a child in the course of a new Initial Assessment/Alternative Response by CFSS to identify present and impending danger/safety threats continues to be required as a face-to-face contact. If CFSS is notified during an Initial Assessment that a family member has tested positive for COVID-19, the CFSS will follow the following safety precautions:

- Wear a fitted N-95 mask, cloth mask or surgical mask, face shield and gown if available.
- Always maintain a separation of 6 feet.
- Avoid touching eyes, nose or mouth during the contact.
- Avoid placing belongings on tables, counters and floors or touching surfaces.
- Allow families to open and close doors or use a disposable barrier (such as a Kleenex). paper towel, etc.) when touching doorknobs or other surfaces.
- Items should be cleaned and sanitized after the contact, such as a phone, any pens used, name badge, keys and any other supplies used while in the family home. Visit the Centers for Disease Control and Prevention (CDC) to learn more about recommended disinfectants: **https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2**

In-Home Services & Trial Home Placement Home Visits

At this time, CFS expects child welfare providers to hold face-to-face visits, though exceptions may occur. The following guidance applies to CFSS as well as service providers providing in-home services to meet the needs of children and families.

- Structured Decision Making (SDM) contact standards have not changed. Ensure SDM is reflective of current circumstances.

- All visits should be conducted in person unless the child and family team, based on current DHMs and family circumstances related to COVID-19, decides a virtual visit will be safer. The child and family team will consider the following criteria when making the decision of making a virtual rather than a face-to-face visit:
  - The child and family's risk level related to COVID-19.
  - Local DHMs.
  - Service provider exposure to COVID-19 and availability to provide a safe environment. If the service provider is unable to support a face-to-face visit and the family is able to have a face to face visit, a new referral to a service provider with availability should be made.

- It is important to follow the guidance outlined in these guidelines for any in-person client contact or home visit, including following the COVID-19 screening questions.
  - Monitor yourself daily for any symptoms including, but not limited to: fever (100.4F), cough, shortness of breath, or other respiratory symptoms prior to the visit. Also screen for travel (of any kind), and ask if they've had contact to a confirmed case. If they DO have symptoms, cancel the visit and stay home.
  - Wear a face mask (either cloth or surgical) prior to visiting the home.

- Wash your hands when you get inside the home for 20 seconds with soap and water, and wash your hands again prior to leaving the home for 20 seconds with soap and water.
  - Have a dedicated room for the visit.

- Maintain 6 feet distance between individual. If unable to maintain 6 feet distance, have both parties (child and parent) wear a face mask.
  - The person of the home should disinfect commonly touched surfaces (doorknobs, counters, etc.) using an EPA-registered household disinfectant.

- Find our "Tips for Effective Virtual Contact with Children and Families" here for more on successful virtual visits.

Foster Care Home Visits

At this time, CFS expects child welfare providers to have face-to-face visits, though exceptions may occur. The following guidance applies to CFSS as well as child placing agencies providing services to foster homes.

- Home visits and private conversations with foster children and their providers will only be conducted virtually if the child and family team makes the decision based on the family's circumstances and the current DHMs.
- If CFSS have children beyond an office's local community who need an in-person visit, please request a courtesy visit and/or ongoing worker in that area to complete this face-to-face contact. CFSS to CFSS email coordination is sufficient and full courtesy casework request protocol is suspended at this time.
- If a child is placed in a congregate care setting that already has staff monitoring their care, visits should be in person unless the child and family team has decided the CFSS should visit with this child virtually based on current DHMs.
- If CFSS have children placed out of state, they should be checking in with the ICPC courtesy worker frequently to ensure the children's safety and needs are being assessed.
- Trial Home Placements:
  - A thorough assessment by the CFSS of safety, risk and appropriateness of the home environment must be made in person.
  - If it is determined that this assessment should be completed remotely based on the family circumstances or current DHMs, the CFSS will direct the home visit and ensure all areas of the home are viewed, including behind all doors and in the basement virtually.
  - Name-based approvals on felony warrant checks should be completed.

- Support to parents receiving reunification:
  - CFSS and providers will have face-to-face contact with parents receiving reunification services.
  - If services to parents are discontinued or interrupted due to the pandemic, it will not impact the assessment of whether the parent is in compliance with their reunification services.

- Initial and Emergency Placements
  - Initial emergency placement of children in kinship and foster homes will continue as needed.
  - When assessing a potential kinship or relative home for placement of a child in foster care, CFSS will conduct a face-to-face walk-through and walk-through checklist. All required background checks, including fingerprinting requirements, continue to be required and processed accordingly.

Home Studies/Resource Development

At least one walk-through of the family's home must be made in person prior to placing a child in a relative, kinship or ICPC home. Additional walk-through (or visits to the foster home) can be done at a later date by DHHS Resource Development (RD) staff or by the foster placing agency for the purposes of completing the approval home study. DHHS RD will complete required fingerprinting in family homes for the purposes of home studies if the family is unable to have the finger-printing completed at a state patrol office, local sheriff's office or police department's office. DHHS RD and foster placing agencies will follow the below guidance when completing a walk-through for home study purposes as well as face-to-face contacts for monthly visits:

- A physical walk-through of the home using the DHHS approved walk-through checklist will be completed prior to home study approval.
- Any meetings or interviews with the relative, kinship or foster home family will only be done virtually, based on the family's circumstances and current DHMs.
- All necessary precautions regarding social distancing and safety precautions will be followed during the walk-through of the home:
  - Before the walk-through:
    - Detailed discussions with all those involved in the visit should occur and include discussion of the use of PPE and maintaining 6 feet of distance whenever possible.
    - Wash your hands, if you are unable to wash your hands use hand sanitizer.
    - Avoid touching your face.
    - Only bring items necessary for the walk-through (including cloth or surgical mask) into the home and leave any bags in your vehicle.

  - During the walk-through:
    - Allow families to open and close doors or use a disposable barrier (Kleenex, paper towel, etc.) when touching doorknobs or other surfaces.
    - Encourage everyone to maintain 6 feet distance between people.
    - Avoid placing belongings on tables, counters and floors or touching surfaces.
    - Wear a cloth mask to help lower your risk.

  - After the walk-through:
    - Wash your hands, or if you are unable to wash your hands, use hand sanitizer.
    - Avoid touching your face.
    - Items should be cleaned and sanitized such as your phone, any pens used, name badge, keys and any other supplies used while in the family home. Visit the CDC to learn more about recommended disinfectants: **https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2**
    - If any party involved in the visit begins exhibiting symptoms 2-14 days following a visit please notify your local public health department and follow guidance provided.

Parent-Child & Sibling-Child Time

In these unique times, offering robust parent-child time remains a critical and essential part of maintaining and developing connections between a parent and child. Parent-child time ensures reasonable efforts are met and is a significant predictor of positive outcomes. Later decisions regarding reunification, termination, and adoption will look back at this time and it will be expected that there has been continued support for parents and children. To reiterate at this time, CFS expects child welfare providers to conduct face-to-face visits, though exceptions may occur.

- Child and Family Teams are in the best position to factor in all nuanced care considerations in determining how to best ensure robust and safe parent-child time, as well as time that needs to be scheduled with siblings to promote this lifelong connection. The worker, parents, Court Appointed Special Advocate (CASA) providers, attorney, parental defense, child's placement and other essential team members such as providers are encouraged to utilize creative solutions in safely preserving meaningful family time. Those supervising any face to face visits should be physically present for the visit. The team will:
  - Consider the physical and emotional safety of all participating children, the parent, the child's placement, the parent's living arrangement, and the community's welfare.
  - If you are aware of an adult connected to a case that is a high-risk individual (as described here) and there are concerns about their safety and health regarding visits, please engage them in conversations with the Child and Family Team to create safe, balanced visitation arrangements. Precautions under these circumstances could include:
    - Mitigating risk for any close contact in-person visits.
      - > Evaluate what interventions are necessary for the safety of the high risk individual in regards to visits.
      - > The use of protective equipment such as masks and gloves or the use of a thermometer should be explored. Any close contact visits that would require full PPE under CDC guidelines, which include contact with individuals who are confirmed or suspected to be COVID-19 positive should be done remotely until criteria for self-isolation are resolved.
      - > If solutions for safe visitation cannot be created, the team may explore an alternative placement to ensure the child and their family are still able to engage in reunification services.

    - Any home-based placement with an individual who is at higher risk due to age or an underlying medical condition that is not well controlled as described by the CDC here should not be considered for new placements during the COVID-19 pandemic unless there is a familial connection. Home-based placements with individuals that have a well-controlled underlying medical condition that can safely support in-person parent-child and/or remote parent-child and sibling-child time may still be considered.

  - Explore a variety of options for in-person and/or remote parent-child and sibling-child time. This includes discussions regarding locations, durations, frequencies, safe transportation, and individuals providing supervision.
  - Strive to create a plan that conforms to social distancing and optimally protects the health and safety of all parties.
  - If the child and family team has decided to not resume face-to-face visits based on the family circumstances and current DHMs, ensure that quality remote visits occur at a frequency and duration that supports maintenance and development of the family and child connections, especially if in-person parent-child and sibling-child time is not occurring.
  - Consider who is critical to the parent-child and sibling-child time in order to reduce unnecessary exposure to other parties. Now is generally not the time to physically introduce new people to the child and families involved.

- Promote safety by encouraging adherence to the following guidelines:
  - In-person visits that adhere to social distancing of 6 feet among all participants and remote visits via electronic means (Google Hangouts, FaceTime, phone calls, etc.) are encouraged.
  - We recognize during visits with families it will be difficult to maintain social distancing. Below are recommendations to follow regarding how to provide increased safety during face-to-face visits:
    - Disinfection of surfaces and commonly touched objects (doorknobs, tables, etc.) – BEFORE and AFTER the visit.
    - Handwashing for 20 seconds with soap and water – BEFORE the visit begins and AFTER the visit occurs.
    - Wearing cloth masks
    - Wear eye protection if there is a concern that the 6 feet of separation will be broken
    - Individuals should avoid touching their eyes, nose or mouth during the visit
    - Public Health defines close contact as within 6 feet of distance for more than 10 minutes OR physical interaction such as touching or hugging.

  - Locations for family time should be clean, safe, and chosen to minimize exposure to others (including avoiding public playgrounds or crowded parks). CFS offices remain open for scheduled parent-child visits.
    - Visits may also take place at the supervising agency's office.
      > When parenting time services are provided in the service providers facility, all PPE and safety precautions outlined for that facility will be followed by the family members and CFSS staff during the visit.

    - The location of the visits should ultimately be chosen by the family team.

  - If virtual visits are necessary, plan virtual visits in a way that promotes family and child engagement in developmentally appropriate ways.
    - CFSS will assist families that do not have access to technology in order to conduct virtual visits. CFSS will reach out to the Service Area Administrator for technology requests.

  - Protocols for closer proximity in-person visits determined necessary by the team:
    - All parties that will be in close proximity, but 6 feet away, should answer the following questions:
      > Is anyone in the home experiencing any symptoms, not limited to: coughing, shortness of breath, or a fever of 100.4F or higher? Review additional potential symptoms on the CDC website: **https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html**
      > Has anyone been in contact with anyone with a confirmed case of COVID-19?
      > Has anyone traveled domestically or internationally in the last 14 days?

    - During visits parties should practice the following:
      > Follow CDC hygiene guidelines by washing hands for 20 seconds with soap and water before and after visitation and/or using hand sanitizer frequently.
      > Follow CDC recommendations for the use of cloth masks as an additional health measure. Find more information here: **https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html**
        - *Please note that cloth masks SHOULD NOT be worn by children under the age of 2, or by any individuals who are unable to remove their masks on their own.*

    - Ensure any toys are sanitized.
    - Avoid touching of faces or any non-sanitized surfaces.

- If family time occurs in a CFS visit room, the visit room will need to be wiped down with disinfectant before and after.
- Further protective gear is not required, but is allowed if it makes participants more comfortable.
- All except those involved directly in the visit should maintain the 6 feet distance.

Visits between Children and Parents

At this time CFS expects CFSS and child welfare providers to hold face-to-face visits, though exceptions may occur. All visits with children and parents should be face to face unless otherwise decided by the child and family team based on the family's circumstances and current DHMs. If the family team is unable to come to a decision regarding whether or not face-to-face visits should begin, the CFSS will consult with their Service Area Administrator.

Precautions before Any In-Person Contact

- Before a visit:
  - Detailed discussions with all those involved in the visit (providers, parents, children) should occur and include discussing the use of PPE and maintaining 6 feet of distance whenever possible.
  - Wash your hands or, if you are unable to wash your hands, use hand sanitizer.
  - Avoid touching your face.
  - Only bring items necessary for the visit (including cloth or surgical mask) into the home and leave any bags in your vehicle.

- During a visit:
  - Allow families to open and close doors or use a disposable barrier (Kleenex, paper towel, etc.) when touching doorknobs or other surfaces.
  - Encourage everyone to maintain 6 feet distance between people.
  - Avoid placing belongings on tables, counters and floors or touching surfaces.
  - Wear a cloth mask to help lower your risk.

- After a visit:
  - Wash your hands, or if you are unable to wash your hands, use hand sanitizer.
  - Avoid touching your face.
  - Items should be cleaned and sanitized such as your phone, any pens used, name badge, keys and any other supplies used while in the family home. Visit the CDC website to learn more about recommended disinfectants: **https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2**
  - If any party involved in the visit begins exhibiting symptoms 2-14 days following a visit, please notify your local public health department and follow guidance provided.

Prior to any in-person contact, workers and providers should continue to assess for COVID-19 issues by asking the following screening questions by phone, text or email:

1. If anyone in the household is currently sick with any symptoms, including but not limited to: (fever over 100.4, cough, trouble breathing, sore throat, etc.).
2. If anyone in the household has been in close contact with anyone known to have COVID-19 or are under evaluation for COVID-19.
3. Has anyone traveled domestically or internationally in the last 14 days?
4. If anyone in the family has an underlying health condition.



If any of the above questions are responded to with a YES, the face-to-face contact or visit will not occur at that time and should be done virtually. This face-to-face contact or visit will be re-evaluated after 14 days or after any quarantine is lifted by their local health department or medical provider.

Positive COVID-19 Tests

- If a child in DHHS custody tests positive for COVID-19, the CFSS will communicate this positive test result to the parents, whose parental rights are still intact, as well as the foster parents or placement if the child is placed out of home.
  - Positive test results will only be shared with case participants on a need-to-know basis. This may include the following:
    - Child's guardian ad litem.
    - Assigned Juvenile Court Judge.
    - Foster parents.
    - Service providers who are providing face-to-face services for that child.
    - Probation officer for state wards who are dually adjudicated.

  - Positive test results of children will first be shared with parents and in-person when possible or using secure email, via phone, video conferencing or in person when possible.

- If a parent tests positive for COVID-19 and it is an out-of-home case, the CFSS will encourage the parent to communicate this information with their child(ren) and the foster care placement so necessary precautions can be taken.
  - If the parent is uncomfortable with sharing this information, the CFSS will obtain consent to share this information by having the parent fill out the HHS-160 form prior to sharing this information with the child and placement. If the CFSS is unable to obtain written consent through the HHS-160 then the CFSS will obtain verbal consent and ensure the date of verbal consent is documented prior to sharing the positive test results.
  - If the parent will not consent to the release of the health information the CFSS may take necessary precautions to ensure that visitation only occurs virtually until the parent is symptom free or cleared by a medical professional.

- If a foster parent tests positive for COVID-19, the CFSS will encourage the foster parent to speak with any foster children in their house, the foster children's parents, the foster parent's foster placing agency, as well as any service providers that are providing face-to-face services or in home services to that foster home.
  - If the foster parent is uncomfortable with sharing this information, the CFSS will obtain consent to share this information by having the foster parent fill out the HHS-160 form prior to sharing this information with the child and parent. If the CFSS is unable to obtain written consent through the HHS-160 then the CFSS will obtain verbal consent and ensure the date of verbal consent is documented prior to sharing the positive test results.

- CFSS will ensure any families that have positive COVID-19 test results have the necessary resources to seek medical care. This may include:
  - Working with the family to identify family members or safety networks that can help with isolation needs or quarantine needs.
  - Ensuring they can seek medical care or assisting them in applying for Medicaid.

- In situations where a family member, child, CFSS or service provider has a confirmed case of COVID-19 and this is known by the CFSS or service provider, the family team may explore alternatives to having any face to face contact, such as:
  - Holding virtual visits until the member of the family team receives a negative test.

- If a service provider tests positive for COVID-19, the family team will work with the provider agency to obtain a different service provider staff or will discuss the option for a virtual visit if agreed upon by the family team. If a service provider does not have other staff available, the CFS staff should make a referral to another agency able to conduct supervised parenting time.

For cases where virtual visits will continue based on the decision of the child and family team, video-based visits are strongly encouraged. Telephone contact should only be utilized in the event that video is not possible. When possible and appropriate efforts should be made to speak privately with the child or vulnerable adult during these contacts. When technology is being used in lieu of in-person caseworker contacts, this must be documented in the NFOCUS contact narrative and the decision to have virtual visits instead of face to face should be clearly articulated. Workers are encouraged to meet with the children on their caseloads more frequently when having contact via technology, and to check in specifically on how the conditions of a placement may have changed or adapted in light of COVID-19.

Local child welfare agencies, in coordination with their local public health departments, should provide additional guidance to their workers and supervisors to determine how to proceed with the in-person contact if the above questions indicate possible exposure. Safety and risk of the child or vulnerable adult and the CFSS worker should be considered in local guidance.

Social distancing should be practiced in all face-to-face settings, in the office, at the court, etc.

Court Hearings

Please follow court guidance provided by the Supreme Court and your local Court jurisdiction.

Local Health Department Guidance

The above guidance will be followed unless otherwise directed by your local health department regarding quarantine restrictions.