

**Procedure Title:** DHS COVID-19 Emergency Guidance for Investigations and Casework Contacts

**Applies To:** DHS Social Work Services Staff  
CUA Staff

This protocol provides guidance to DHS Social Work Services Staff (including Hotline, Investigations, OSR, Adoption, and Kinship Care Unit) as well as CUA Case Managers on conducting casework contacts during the COVID-19 emergency in Philadelphia, prioritizing the health and safety of families and staff.

Where in-person contacts are necessary to maintain safety, the guidance below describes methods to conduct such contacts while taking appropriate health precautions. This guidance also describes methods for casework contacts by video and telephonic conferencing.

During these extraordinary times, as a guiding principal, remember that communication is critical. Parents are particularly concerned about their children in care during this time. As such, it is important to maintain consistent communication by phone, text, or email to keep parents informed. Similarly, resource parents will need support and should receive regular updates from agency staff.

## PROCEDURES and PRACTICE CONSIDERATIONS

### PROCEDURE SUMMARY

DHS requires that all staff follow Centers for Disease Control (“CDC”) guidelines and routinely employ infection prevention strategies to reduce transmission of common respiratory viruses, including COVID19. These include:

- During home visits and other in-person contacts, personal protective equipment (such as disposable gloves and CDC approved masks, including cloth masks) **must** be worn.
- Maintain a 6-foot distance from all household members. Avoid close contact with anyone who is sick. After contact, launder clothes at the earliest opportunity and avoid shaking the clothes.
- Greetings should not include handshakes or physical contact; they should be done at a distance.
- Refrain from touching any surfaces in the home unless necessary.
- Cover your mouth and nose with a tissue when coughing or sneezing (in the absence of a tissue, cough or sneeze into your shirt sleeve or bent arm).
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based sanitizer if soap and water are unavailable.
- Maintain hand hygiene after physical contact with any household members and after visiting.
- Avoid touching your eyes, nose, or mouth with unwashed hands.

To reduce anxiety, explain to families that these are precautions and that the staff member is without any symptoms. Staff with symptoms of COVID-19 or any other illness should stay home until symptom free and medically cleared. Self-quarantining employees who can work from home must not conduct in-person visits until after completing their quarantine.

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**ROLES AND RESPONSIBILITIES**

This section provides guidance on casework contacts by DHS and CUA staff with children, parents, and resource parents. In-person casework contacts with children (determined by reference to the criteria below) must be conducted with all appropriate health precautions. All other casework contacts should be conducted via video (preferred) or phone. In all instances, all contacts, and all attempts at contact, must be documented in the Structured Progress Notes (“SPN”). When conducting a video conference, please make sure to identify it as a “face-to-face” contact with location as “other” on the SPN.

**All Child Protective Services Investigations must be conducted in-person by DHS Social Work Services Staff utilizing the above health and safety procedures. These in-person contacts are considered necessary.**

DHS Social Work Services Staff or CUA Case Managers, consulting with their supervisors and administrators, must assess, on a case by case basis, the safety and risk concerns using the following in order to determine whether potential safety threats or service needs exist which require in-person contacts:

- The team’s assessment of safety and risk given their most recent in-home and other contacts with the family and any other information the team deems relevant;
- The presence of domestic violence and potential for associated safety concerns that could not be detected via video or phone;
- The presence of a safety plan, and the degree to which the safety plan is not viable due to the family’s current circumstances;
- The children’s age and ability to communicate with the case planner over the phone or video chat;
- Children in resource homes where there may be a potential safety or risk concern (such as resource homes where the COVID-19 public health crisis causes safety, health, or childcare challenges).

Unless necessary, in-person contacts should NOT be conducted during this outbreak with children who have special medical conditions that increase their risk for COVID-19. This includes but is not limited to those in specialized medical care, especially those that have heart, lung or immune-related conditions. Instead, video conferencing is to occur.

**In-Person Casework Contacts with Children**

If there are safety concerns and there is a household member with symptoms of COVID-19, supervisors and administrators should weigh the health risks versus child welfare risks (and consult with their directors as needed). A DHS Nurse consultation must occur to discuss health risks and factors. If the child welfare risks can be addressed via video, they should be conducted as such, increasing frequency if necessary, to assess safety. If the child welfare risks cannot be addressed via video, conduct in-person casework contacts while taking health precautions.

**Advance Screening for In-Person Contacts**

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DHS Social Work Services Staff should contact children, parents, and resource parents prior to attempting in-person contact where doing so can be done without compromising an investigation. This is to assess the family for COVID-19 symptoms rather than exposure. They should not discuss the specific allegations via phone. Only the type of report received (GPS / CPS) should be discussed with parents.

When preparing or scheduling appointments for in-person visits, the parent or caregiver should be asked:

- If anyone in the household has symptoms of a respiratory infection (e.g., cough, sore throat, fever, shortness of breath), or
- If anyone in the household has been directed to self-quarantine by a medical professional.

If the parent or caregiver answers “yes” to either of the above questions, staff should:

- Direct the parent or caregiver to remain at home with their household members and contact their medical professional, if they have one. Staff should help find contact information of the family medical provider if needed; or provide information where a family can reach a doctor.

**If anyone in the household is positive for COVID-19, DHS Social Work Services Staff or a CUA Case Manager should consult with their chain of command before taking further action.**

If the parent or caregiver answers “no” to the advance screening questions (i.e. reports that no one in the household has symptoms and they have not been directed to self-quarantine) staff must arrange an in-person contact, either at home or at an alternate location (e.g., an outdoor location allowing for more social distancing **but where confidential information can remain private**).

If there are child welfare concerns but the household cannot be reached by phone, go to the home and ask screening questions through the closed door, if the family is present.

### **Re-Screening If Needed**

If, upon arriving at the home (or alternate location for the contact), staff finds or believes that a family member is exhibiting symptoms, they should contact DHS Nurses, follow infection control strategies outlined above, and re-screen using the questions and guidance above. If the answer to either screening question is “yes”, calmly and kindly end the visit by setting up a follow-up teleconferencing plan. If the family continues to report that no one is symptomatic, staff should conduct the home visit.

### **Casework Contacts Children and Caregivers Via Video and Phone**

For all families, CUA Case Managers may conduct regular casework contacts with children electronically, using video technology whenever possible (for example FaceTime or Zoom). Every child in the household must be seen and spoken with (as age and developmentally appropriate).

If the CUA Case Manager makes contact with the caregiver but is unable to see and speak with every child, they should make a concrete plan to arrange video or phone contact with the child as soon as possible.

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Where the CUA Case Manager would normally use visuals to assess safety and well-being (e.g., seeing that there is food in the home and the home environment appears safe) they should do the same via video.

Where in-person contacts with children are made, DHS anticipates that contact with those children's resource parents will likely happen at the same time. However, DHS is not requiring that the resource parent contact be face-to-face. Casework contacts between the CUA Case Manager and childcare staff at congregate care programs should be done via video or phone.

In addition, staff should increase their frequency of phone, text, and email communication with resource parents to provide as much support as possible during the COVID-19 outbreak.

### **Casework Contacts and Communication with Parents or Permanency Resources**

In-person contacts with parents or permanency resources whose children are currently living with them must be prioritized and completed according to the guidelines above.

When considering reunifying a child or when exploring moving a child to a less restrictive placement, an in-person home assessment (using the above listed pre-screening and infection prevention strategies) should be conducted within:

- Thirty days prior to the move; or
- Where new information received causes the DHS Social Work Services Staff or a CUA Case Manager, in consultation with their supervisors and administrators, concern requiring the need for an in-person reassessment.

Otherwise, a DHS Administrator or CUA CM Director, on a case by case basis, may find a virtual home assessment appropriate.

After consulting with the Law Department and obtaining Court authorization to move a child, an in-person walk through should still occur (using the above listed pre-screening and infection prevention strategies).

Contacts with parents whose children are not residing with them should be completed by video where possible or by phone. Share information to address parents' questions and concerns as much as possible, clearly explaining the purpose of any new protocols (e.g., use of text or apps for video conferencing, etc.).

CUA Case Managers should inquire about parents' own safety and well-being and refer them to available services as appropriate. If parents and children are experiencing a disruption in needed services (mental health, substance abuse treatment, etc.), staff should seek to help them connect with available services. This includes connecting them with tele-health services from their current or other available providers.

**This guidance will be updated as necessary in the coming weeks.**

## REVIEW AND APPROVAL

### Policy and Procedure Guide

Effective Date: Immediately

#### RELATED DOCUMENTS AND RESOURCES:

Attachments:

Forms:

Related Policies or Procedures: Hotline Guided Decision Making – December 2018  
Safety Assessment and Management Process Reference Manual – March 2019  
Safety Assessment and Management Process (In-Home Cases) – July 2018  
Guide for DHS Workers and CUA Case Managers on Mandatory Consultations (Redistributed January 19, 2017)  
Frequency of Ongoing Contacts with Children and Youth Accepted for Service – March 1, 2013  
High Profile Cases – May 19, 2014  
CUA Guidance - 2017

Other Resources: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>  
<https://www.phila.gov/programs/coronavirus-disease-2019-covid-19/>  
<https://www.phila.gov/documents/resources-for-foster-parents/>  
<https://www.phila.gov/documents/philadelphia-juvenile-justice-service-center-pjjscresources/>

#### ***PROTOCOL REVIEW AND APPROVAL***

APPROVED BY: Kimberly Ali, Commissioner

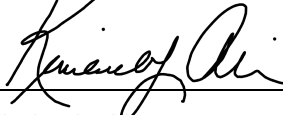
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Date:

4/20/2020