

This communication replaces prior versions of Communication Issuance (CI) 20-032. Prior versions are obsolete. The following provides guidance for Michigan Department of Health and Human Services (MDHHS) and contracted child placing agency Children's Protective Services (CPS), Foster Care, and Juvenile Justice caseworkers regarding conducting in person contacts, parenting time, and sibling visits for children and families in response to current COVID-19 health concerns.

As of July 1, 2020, in person casework requirements were required to resume according to policy with few exceptions based on locally developed county/agency plans outlining specific safety precautions (screening, use of personal protective equipment, etc.). The MDHHS Children's Services Agency (CSA) recognizes that COVID-19 cases continue to rise in some areas of the state and encourages county/agency plans be regularly reviewed and modified as needed based on regional circumstances, Executive Orders and local public health guidance to promote continued safety of staff, children and families. The information below outlines minimum in person requirements that must be met regardless of local plan modifications.

### **Allowable Alternatives**

Allowable alternatives may include phone calls, Microsoft Teams, FaceTime, or other technology that allows verification of child safety and ability to address concerns impacting the child.

Videoconferencing is the preferred method of contact if in person contact cannot occur; phone calls may only be approved by a supervisor as an allowable alternative if use of videoconferencing is not feasible due to lack of access or internet service. Allowable alternatives should be documented within the social work contact section of MiSACWIS with the rationale "COVID-19" and a brief description. Please see the Data Entry section below for further details.

## Immediate Child Health/Safety Concerns

In person contact must occur if an immediate child health/safety concern is present. In these circumstances, caseworkers should communicate with their supervisor for guidance on how to proceed with in person contact to mitigate risk of staff exposure.

## **CPS Investigations**

For CPS investigations, in person contact must be made with all children (alleged victims and non-victims) in the household, the alleged perpetrator, and the primary caregiver. Allowable alternatives are permitted for all other investigative contacts.

# **CPS Ongoing**

For CPS ongoing cases, in person contact must occur monthly with all children who live in the home (victims and non-victims) and with each primary caregiver for every participating household. In higher risk cases where additional monthly contacts are required, and are not being completed by a contracted provider, in person contact requirements should occur according to policy unless an exception to use an alternative is approved by second line management or the county/agency director.

#### **Foster Care and Juvenile Justice**

For foster care and juvenile justice cases, one in person contact must be made with the child each month. If additional in person contacts with the child are required by policy, an allowable alternative may be utilized with supervisory approval.

In person contact requirements with the parent(s) and foster parent/caregiver should occur according to policy unless an exception to use an allowable alternative is approved by the supervisor to minimize the worker's exposure in areas of high risk for COVID-19.

If the child is scheduled to return home, one in person contact must occur with the parent(s) at the home the child is returning to within one month prior to the child returning home.

### If In Person Contact Cannot be Made Due to COVID or Other High-Risk Concerns

In situations when the child and/or the parent being visited, or anyone in the child or parent's current household is confirmed or has symptoms consistent with COVID-19 or is under quarantine, in person contact must only occur if necessary to address an immediate child health or safety concern; videoconferencing must be used to complete any policy-required in person contacts in these circumstances. If use of videoconferencing is not feasible due to lack of access or internet service, caseworkers are required to consult with their supervisors to determine the best and safest way to see the child and address any identified concerns.

If a required in person contact cannot be made for another reason, caseworkers should consult with their supervisor for further direction. Collaboration with the local public health department and/or law enforcement may be needed.

### **Parenting Time and Sibling Visits**

As of June 11, 2020, agencies were required to resume in person parenting times and sibling visits using locally developed plans. Parenting time and sibling visits should continue to occur according

to local plans and case plans; the following practices and criteria for conducting in person parenting time and sibling visits remain in effect:

- 1. **Staff and household members are healthy** All visit participants and members of their respective households are not displaying symptoms of COVID-19, have fully recovered from any illness, including COVID-19, and have not had recent known exposure to anyone with COVID-19.
- 2. **Screenings completed with "no" responses** Ensure the following screening questions are asked of all involved participants/case members and inquired of for each participant's household members prior to in person contact:
  - a. Is there any reason you have been instructed to self-quarantine or isolate? If yes, why?
  - b. Have you had contact with any Persons Under Investigation (PUIs) for COVID-19 within the last 14 days, OR with anyone with confirmed COVID-19?
  - c. Do you have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, shortness of breath or difficulty breathing, chills, muscle pain, new loss of taste or smell, nausea or vomiting, diarrhea)?
- 3. In person contact is safe for all participants If an individual is at high risk due to age, compromised immune system, or other risk factor, they may request that in person contact not occur. Caseworkers should honor this request and discuss with their supervisor ways to resume visits as quickly as possible. The matter should be escalated if necessary; see *Escalation Based on Concerns*, below.
- 4. All participants have face coverings to use indoors and outdoors if medically able to do so Children 2 years of age or older should be encouraged to wear a cloth face covering when they are within 6 feet of their parents to the extent that it does not lead them to touch their face more frequently or cause them to feel scared. Caseworkers must wear a face covering.
- 5. Social distancing (6 feet) can be maintained among those who are not a direct part of the visit. Social distancing is not required among the parent, child, and siblings.
- 6. The caseworker's supervisor agrees that the visit may be safely facilitated.
- 7. Guidance for Planning In Person Parenting Time and Sibling Visits is followed, including:
  - Conduct visits outdoors whenever possible.
  - If visits occur indoors, open windows if feasible, and ensure visiting space is thoroughly cleaned/sanitized prior to and following the visit.
  - Visits should include as few people as possible.
  - Visits in local offices are not preferable; however, if this must occur, 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 with instruction to sanitize upon return home. Toys that cannot be easily sanitized should not be allowed.
  - Advise participants that they may bring their own gloves and/or sanitizer to the visit if they
    have them available. For outdoor visits, having ready access to hand sanitizer with at least
    60% alcohol will provide additional protection if used after touching frequently used
    surfaces and before accidentally rubbing one's eye or nose. These items are not widely
    available and are therefore not able to be distributed by MDHHS/agency staff to individuals
    for purposes of participating in a visit.
  - When determining visit location, limit exposure to unsanitized surfaces and large groups of people.
  - Ensure all individuals involved in the visit thoroughly wash/sanitize their hands prior to and following the visit.

- Advise individuals to cover their mouth with a tissue when sneezing/coughing or do so into their elbow.
- All participating individuals should be advised to change and wash clothes upon return home.

## **Escalation Based on Concerns**

If concerns are present that are limiting the ability for in person contact/visits to occur that cannot be resolved at the county/agency or BSC level, the case must be escalated to the executive director of CSA.

## Caseworker/Supervisor Contacts

To comply with current provisions of the Michigan Implementation Sustainability and Exit Plan (MiSEP) that require in person contact between caseworkers and supervisors for approval of case service plans, extensions for CPS investigations and CPS case disposition decisions (FOM 722-06H and PSM 713-01), videoconferencing may continue to be utilized. Other contacts between the caseworker and supervisor, including case supervision meetings may be made using an allowable alternative. Videoconferencing in place of in person meeting for purposes of approving case service plans is anticipated to continue as an allowable alternative until staff are required to return to their physical work location.

## **Data Entry**

Caseworkers utilizing Microsoft Teams, FaceTime, or any videoconferencing alternative to make in person contacts must select Video Conference as the Contact Method as demonstrated below:

Activity Details			
Create Date:	07/20/2020	Create Time:	02:52 PM
Created By:		Created For:	Employee Search
Contact Date: + *	07/20/2020	Contact Time:*	V ET V
Contact Duration:	V		
Contact Method:*	Video Conference		
Contact Type:*	V		
Scheduled:		Contact Occurred:*	

As noted above, all contacts made using allowable alternatives should be documented within the social work contact section of MiSACWIS with the rationale "COVID-19" and a brief description.

## Parenting Time for Children in Child Caring Institutions (CCIs)

As indicated in CI 20-093 issued on July 1, 2020, CCIs and caseworkers should be working cooperatively to schedule and convene regular in person visits at the CCI and off-site supervised, unsupervised and overnight visits with the child's parents, foster parents, and prospective adoptive parents. Current detailed provisions regarding allowance of visitor entry into CCIs, and release of residents from CCIs, can be found in the MDHHS Director's Emergency Order Under MCL 333.2253 – Exceptions to temporary restrictions on entry into congregate care and juvenile justice facilities. CCIs are required to adhere to its provisions. Details regarding this emergency order, including requirements of CCIs to conduct and allow in person visits for youth can be found in CI 20-093, Resumption of In Person Visits and Outings for Youth in Child Caring Institutions (CCIs).

#### Resources

Staff should regularly check the <u>Centers for Disease Control and Prevention (CDC) Coronavirus Disease 2019 (COVID-19) website</u> and <u>State of Michigan Coronavirus website</u> for updates. Additionally, the following resources may be helpful:

- Caring for Children in Foster Care During COVID-19
- Cloth Face Coverings for Children During COVID-19
- Hand Washing: A Powerful Antidote to Illness
- Social Distancing: Why Keeping Your Distance Helps Keep Others Safe

### **Questions**

CSA understands each case has unique circumstances. If a private agency has questions regarding the face to face contact or the visitation plan for a particular case, contact the local MDHHS office for guidance. If a local MDHHS office has questions, contact the Business Service Center (BSC).