

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

**ACTION TRANSMITTAL 2020.09**

**COVID-19: CASEWORKER-CHILD CONTACTS**

**DATE:** July 24, 2020  
**TO:** Permanency and Intact Caseworkers, Supervisors and Administrators  
**FROM:** Marc D. Smith, Acting Director  
**EFFECTIVE:** Immediately

**I. PURPOSE**

This Action Transmittal provides guidance to DCFS and Purchase of Service (POS) permanency and intact caseworkers as they resume in-person caseworker-child contacts, while promoting the safety and well-being of children, caregivers, parents, and staff during the COVID-19 public health crisis.

This updated Action Transmittal rescinds and supersedes ALL other memos related to COVID-19 and Permanency caseworker contact with children in traditional, specialized, licensed and unlicensed home of relative foster care as well as Intact Family caseworker contact with children and families involved in intact services.

**II. PRIMARY USERS**

Primary users of this Action Transmittal include DCFS and Purchase of Service (POS) Permanency and Intact Caseworkers, Supervisors, and Administrators.

**III. INSTRUCTIONS**

**Effective immediately, permanency caseworkers shall make in-person contact with any child in traditional, specialized, licensed and unlicensed home of relative foster care who has not been assessed and observed since July 1, 2020. Thereafter, permanency caseworkers shall resume procedural and contractual requirements for in-person contact with all children in these foster home settings. Caseworkers shall ensure that children in out of state foster home settings are seen in-person by the ICPC worker, and request documentation of such. The request shall be documented in SACWIS.**

**An Action Transmittal regarding parent and caseworker contact with youth in congregate care settings is forthcoming. Caseworkers shall continue to make virtual and phone contact with youth in residential and group home settings.**



**Effective immediately, intact family caseworkers shall make in-person contact with any child on their intact caseload who has not been assessed and observed since July 1, 2020. Thereafter, the intact caseworker shall resume procedural requirements for in-person contact with all children and families being served by intact family services.**

Prior to in-person contact with the child in foster care and intact family homes, the caseworker shall ask the foster parent, parent, or caregiver the Pre-Screening Questions related to all household members as well as the child prior to arriving at the home.

Pre-Screening Questions are as follows:

1. Within the last 14 days, have you or anyone in your home experienced symptoms: loss of sense of taste or smell, headache, sore throat, body aches, coughing, shortness of breath, nausea/vomiting, diarrhea or a fever of 100.4° F or higher?
2. Within the last 14 days, have you or anyone in your home been in close contact (closer than 6 feet for at least 15 minutes without use of a face covering) with someone confirmed to have COVID-19?

If the answer to any of the questions is “yes,” the caseworker shall notify their supervisor. The supervisor shall determine if a **video or phone visitation must be arranged by the caseworker and document that critical decision.** If phone or video conferencing must occur, the worker shall **notify the caregiver and parent of the critical decision, document this notification and** hold a discussion with the child separate from the caregiver or parent if able. A note shall be entered in SACWIS to reflect the discussion with the child.

Precautions shall be followed to ensure the safety of all involved. Caseworkers should follow the In-Person Visit Guide for Intact and Placement/Permanency Services ([https://www2.illinois.gov/dcf/brighterfutures/healthy/Documents/COVID-19\\_In\\_Person\\_Visit\\_Guide\\_Intact\\_Placement.pdf](https://www2.illinois.gov/dcf/brighterfutures/healthy/Documents/COVID-19_In_Person_Visit_Guide_Intact_Placement.pdf)) when conducting home visits. If the caseworker makes in-person contact with the child outside of the residence due to the public health crisis, the caseworker must meet with the child outside of the presence of the caregiver. A note shall be entered in SACWIS to reflect the discussion with the child.

The caseworker shall ensure that **face coverings are always worn, covering the nose and mouth**, by the youth when the worker is making in-person contact with the youth in the foster home setting. In-person settings can also include outdoor spaces at the home, including a backyard or patio area. Face coverings should not be used for children under age two, or by those who cannot remove the covering without assistance or who are having difficulty breathing.

**Note:** There may be other circumstances that make it difficult for a person to wear a face covering (e.g., sensory challenges, hyperactive children, children with intellectual disabilities). In these circumstances, the caseworker shall make accommodations as needed to ensure a visit takes place.

The caseworker shall **wear a face covering that covers the nose and mouth and follow social distancing requirements** during in-person contact with the youth-in-care. Social distancing requirements include maintaining at least a six-foot social distance from other individuals, washing hands with soap and water for at least twenty (20) seconds as frequently as possible or using hand sanitizer before and after the visit, covering coughs or sneezes (into the sleeve or elbow, not hands), avoiding touching unnecessary surfaces, and not shaking hands.

In-person caseworker contact with youth should continue to be outside the presence of the caregiver. When having contact with a child in care, the caseworker should observe the child's visual appearance for any bruises, cuts, scrapes or injuries and general wellness including but not limited to height, significant weight gain or loss, clothing, living environment and inquire about the safety and well-being of the child by asking the following assessment questions:

- How is the child feeling (both physically and emotionally)?
- How are things going in their home? How is the child spending their day? What activities or routine do they have?
- What did the child have to eat (ask the child to identify both meals and snacks)?
- When did the child last talk to their birth family members (as appropriate)?
- How are things going with other children in the home (if applicable)?
- For video contacts, observations of the child's behavior and indicators of their status are important. Pay attention to what is heard and observed in the background, as this can provide important information about the status of the home.
- Inclusive of programs identified for the youth via assessments or service plans, the caseworker should ask, how are your programs going? (e.g. Have you seen your counselor/mentor/tutor recently? Received or taken any medication?)

The caseworker shall ensure that interpreter services are used in cases that involve children and parents who do not speak English as their primary language. This includes children and families who may need brail or sign language services to communicate.

### **Contact with medically complex children**

Child and Family Team Meetings (CFTM) are an integral process in the planning and delivery of services and set the tone for casework with the family. These meetings provide an opportunity for families and service providers to communicate and work together effectively in the best interest of the child. The CFTM provides a forum that encourages honest and open discussions about case planning.

**Effective immediately**, all caseworkers shall schedule and conduct a CFTM using video or phone conferencing on all permanency and intact family cases involving medically complex, compromised, or fragile children. CFTMs should be held no later than 7 business days after the issuance of this Action Transmittal – i.e., on or before July 31, 2020. The purpose of the CFTM shall be to determine if it is in the best interest, health, and welfare that the child participate in caseworker-child contact in accordance with procedure. The

CFTM shall include the foster parent, parents, supportive individuals, the child(ren) (as age appropriate), the home health care agency (if applicable), the GAL (if able to attend), CASA (if applicable) and the medical professionals and doctors who are knowledgeable about the child's medical condition. The doctors shall be asked to render a medical opinion as to the health and safety of the child participating in caseworker-child contact. Consensus by all medical providers involved in the care of the child is needed in order to resume caseworker-child contact under the COVID-19 health crisis. The recommendations and decisions of CFTM shall be documented. If the Child and Family Team decides to **not** resume caseworker-child contact, the medical rationale shall be documented, and the caseworker shall schedule another CFTM to revisit resumption of visitation every 30 days.

If medical providers confirm that caseworker contact with the child may resume with precautions, the caseworker shall document the precautions that need to be taken as well as conditions under which caseworker-child contact may resume. The worker shall also establish with the medical provider(s) the reasons that would warrant caseworker-child cancellation.

#### **IV. QUESTIONS**

Staff, supervisors and managers may direct their questions through their chain of supervision. POS agencies may contact their APT monitors for additional guidance. All other staff can direct their questions by e-mail through Outlook at DCFS.Policy. Non-Outlook users may send questions to [DCFS.Policy@illinois.gov](mailto:DCFS.Policy@illinois.gov).

#### **V. FILING INSTRUCTIONS**

Staff should **remove** Action Transmittal 2020.07 that was issued on June 15, 2020 in the following sections of Procedures 301 and 315; and replace it with this updated Action Transmittal:

- 301.55 h), Visitation (temporary placement in Emergency Shelter Care)
- 301.255, Sibling Visitation With and Among Adult Siblings
- Appendix A, Family Visit Planning – Critical Decisions and Documentation Protocol
- Appendix B, Family Visit Planning Guide to Practice
- Appendix C, Sibling Placement and Visitation; Special Considerations
- 315.65, Prepare and File Initial Visitation and Contact Plan
- 315.150, The Visitation and Contact Plan