

MEMO

**DATE:** March 18, 2020  
**TO:** DCFS and POS Direct Service Staff  
**FROM:** Desiree H. Silva, Chief Deputy Director of Operations  
**CC:** Lori Gray, Hope Carbonaro, Tierney Stutz, Denice Murray, Stefanie Polacheck  
**RE:** COVID-19 (Division) Preparation Plan and Emergency Contact List

This memo is to be used to guide DCFS and POS direct service staff in the fulfillment of work duties, while also ensuring safety and wellbeing for staff, and that of the children and families we serve.

Some recommendations below involve the use of video contact. DCFS Operations is working with IT on a secure solution for iPhone and android users, and is planning to roll out Training of Trainers in the immediate future to DCFS and POS staff.

**Recommendations for Child Contacts by Caseworker (Placement and Intact):**

Contact with children in foster care and intact family services should continue as required, following the use of pre-screening questions.

Prior to in-person contact with the family, phone contact should be made, and the following screening questions asked:

- 1) Within the last 14 days, have you traveled to an area with widespread coronavirus according to the CDC?
- 2) Within the last 14 days, have you had close contact (6 feet) with a person with test-proven COVID-19?
- 3) Do you have fever, cough or trouble breathing?

If the answer to any of the questions is “yes”, a family or child is determined to be in medical isolation due to exposure, or a family or child is determined to be quarantined, video or phone contact should be arranged if possible.

Caseworkers shall not make in-person contact with a medically fragile or complex child. Staff shall arrange for phone or video conference to minimize the risk of exposure to the child.

If there is **immediate concern for the safety of a child** who exhibits flu-like symptoms, is in isolation, or is quarantined, the hotline and police or Emergency Medical Services (EMS) should be contacted.

**Recommendations for Foster Parent/Home Contacts by Caseworker:**

Prior to in-person contact with the foster parent, the following pre-screening questions should be asked:

- 1) Within the last 14 days, have you traveled to an area with widespread coronavirus according to the CDC?
- 2) Within the last 14 days, have you had close contact (6 feet) with a person with test-proven COVID-19?
- 3) Do you have fever, cough or trouble breathing?

If the answer to any of the questions is “yes”, a family or child is determined to be in medical isolation due to exposure, or a family or child is determined to be quarantined, video or phone contact should be arranged if possible.

**Recommendation for Parent-Child Visitation:**

Workers should suspend **supervised** in-person parent-child visits until further notice has been given by DCFS. Caseworkers should encourage and facilitate, to the extent possible, alternate means of communication such as video conference and phone calls.

For **unsupervised** visits, the below screening should be conducted before proceeding with the visit:

- 1) Within the last 14 days, have you traveled to an area with widespread coronavirus according to the CDC?
- 2) Within the last 14 days, have you had close contact (6 feet) with a person with test proven COVID-19?
- 3) Do you have fever, cough or trouble breathing?

If the answer to any of the questions is “yes”, a family or child is determined to be in medical isolation due to exposure, or a family or child is determined to be quarantined, video or phone contact should be arranged if possible.

An Action Transmittal is forthcoming.

**Recommendation for Sibling Visitation:**

Workers should suspend in-person sibling visits until further notice has been given by DCFS. Caseworkers should encourage and facilitate, to the extent possible, alternate means of communication such as video conference and phone calls.

An Action Transmittal is forthcoming.

**Recommendation for Staff with Children in Residential Facilities:**

Residential Monitoring or a local DCFS representative will be completing in-person contacts at residential facilities to observe the environment and assure physical safety. A point person will be identified at each residential facility to assist primary assigned workers in conducting phone or videoconference contacts at least monthly. Those point people will be posted on the DNET COVID-19 information link (<http://dcfsnet/ooc/coronavirus/SitePages/Home.aspx>).

**Recommendation for Staff with Children in Temporary Shelters:**

Arrangements are being made to have identified staff complete contacts with children in residential facilities. Assigned caseworker shall arrange phone and video contact with the child to discuss child and placement specific matters. Those point people will be posted on the DNET COVID-19 information link (<http://dcfsnet/ooc/coronavirus/SitePages/Home.aspx>).

**Recommendation for Staff with Children in Inpatient Hospital Settings**

For youth in medical hospital settings, required contacts should be made through phone or video conferencing only. For youth in psychiatric hospital settings, the assigned worker should make every effort to coordinate in-person contact with the child at the facility.

**Child Protection Specialists (CPS):**

Child Protection Specialists (CPS) are expected to fulfill their mandate to **respond in person** to all hotline response codes: Normal, Action Needed, and Emergency. When possible, and before initiating an CA/N, the CPS shall make contact with the **reporter of the CA/N** and ask the pre-screening questions:

Prior to in-person contact with the family, phone contact should be made, and the following screening questions asked:

- 1) Within the last 14 days, have you traveled to an area with widespread coronavirus according to the CDC?
- 2) Within the last 14 days, have you had close contact (6 feet) with a person with test-proven COVID-19?
- 3) Do you have fever, cough or trouble breathing?

If, following the pre-screening questions, **the reporter** states that a family or child is in medical isolation due to exposure, or medical quarantine, then the CPS should not proceed to make in-person contact, and should consult with their supervisor to determine if a call to EMS is warranted.

If the CA/N reporter contact suggests immediate safety concerns for a child, then the CPS shall make contact with the local EMS to initiate the report. Children taken into protective custody under these circumstances should wear a protective mask and receive proper handwashing at the time of removal. EMS shall transport any child(ren) taken into protective custody from isolation or quarantined settings.

### **Child Protection Specialist (CPS) and Intact Family Services (IFS) Transitional Visits:**

Child Protection Specialists (CPS) are expected to pre-screen families using the questions above, prior to a transitional visit. Following pre-screened “no” responses, the CPS shall arrange for an in-person meeting for the family and the Intact worker at the residence. If a family accepts IFS but declines an in-person meeting with the IFS worker, the CPS shall document the response and proceed to arrange a video or phone communication between the family and the IFS worker.

In the event the family accepts services and an in-person meeting, but the POS IFS worker is unavailable, the CPS shall proceed to arrange a video or phone communication between the family and the IFS worker.

### **Recommendations to Staff Regarding Meetings:**

Staff should reschedule, postpone, cancel or change in-person meetings to video or phone meetings to minimize any potential exposure. This includes, but is not limited to, team meetings, supervision, community meetings, etc.

Prior to traveling to a court hearing, staff should confirm that the court remains open by using:  
<http://illinoiscourts.gov/Administrative/covid-19.asp>.

Attendance at Administrative Hearings will be conducted by phone.

Attendance at scheduled Administrative Case Reviews should be by phone. Parents should be instructed of this change as well.

Child and Family Team meetings should be conducted using video or phone conferencing.

The Office of Learning and Professional Development (OLPD) has a contingency plan which includes converting all currently essential trainings to an on-demand, teleconference or webinar format so that all participants can continue with essential trainings without physically being gathered together in a training classroom. Where possible, participants will be redirected to already existing online or virtual formats of trainings, such as caregiver in-service and pre-service trainings. Where on-demand training options do not exist, such as caseworker Foundation Training, or where participants do not have access to online learning, such as certain caregiver pre-service participants, trainers will be ready to offer currently scheduled trainings from an adapted telephone conference or WebEx format. It will be possible to reschedule a very limited number of trainings to a future date

when operation returns to normal. The OLPD has also put forth a strategy to postpone the simulation portion of investigator pre-service training to occur once operation returns to normal.

**Employee Business Travel:**

Limit your business-related travel to or from the current CDC designated high-impact areas, and limiting non-essential, business-related, and domestic travel.

Operations staff should limit out of state travel for the purpose of visiting a child in an out of state facilities. Caseworkers shall confirm verbally, and request documentation from the supervising out of state caseworker, that the child has been seen. The caseworker shall arrange for video and/or phone contact with the child.

**Child Related Travel:**

Operations supervisors shall not approve out of state travel for any youth in care until further notice. Exceptions will be determined by the Area Administrator in consultation with the Guardianship Administrator.

**Emergency Phone Deputy Contact List (Operations) – March 2020**

Need/Purpose	Employee	Title	Address	Phone/Email
Department of Operations Policy Lead	Desiree Silva	Chief Deputy Director Operations	401 Brown St. Bloomington, IL 61701	309-838-9175 Desiree.silva@illinois.gov
Divisional authority for waivers of policy or practice	Hope Carbonaro	Deputy Intact Family Services	321A Withers Dr. Mt. Vernon, IL 62864	217-918-4802 Hope.e.carbonaro@illinois.gov
Divisional authority for waivers of policy or practice	Lori Gray	Deputy Permanency Services	2309 W. Main St. Marion, IL 62959	618-305-0672 Lori.gray@illinois.gov
Divisional authority for waivers of policy or practice	Tierney Stutz	Deputy Child Protection	1026 S. Damen Chicago, IL 60612	847-533-6656 Tierney.stutz@illinois.gov

**CDC INFORMATION**

**How COVID-19 Spreads**

**Person-to-person spread**

The virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes.

These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

**Can someone spread the virus without being sick?**

- People are thought to be most contagious when they are most symptomatic (the sickest).

- Some spread might be possible before people show symptoms; there have been reports of this occurring with this new coronavirus, but this is not thought to be the main way the virus spreads.

### **Spread from contact with contaminated surfaces or objects**

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

### **Watch for symptoms**

Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed coronavirus disease 2019 (COVID-19) cases.

The following symptoms may appear **2-14 days after exposure.**\*

- Fever
- Cough
- Shortness of breath

### **Take steps to protect yourself**

#### **Clean your hands often**

- **Wash your hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol.** Cover all surfaces of your hands and rub them together until they feel dry.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands.

#### **Avoid close contact**

- **Avoid close contact** with people who are sick
- Put **distance between yourself and other people** if COVID-19 is spreading in your community. This is especially important for [people who are at higher risk of getting very sick](#).

### **Take steps to protect others**

#### **Stay home if you're sick**

- **Stay home** if you are sick, except to get medical care. Learn [what to do if you are sick](#).

#### **Cover coughs and sneezes**

- **Cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow.
- **Throw used tissues** in the trash.
- Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

### **Wear a facemask if you are sick**

- **If you are sick:** You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) and before you enter a healthcare provider's office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then you should do your best to cover your coughs and sneezes, and people who are caring for you should wear a facemask if they enter your room. [Learn what to do if you are sick](#).
- **If you are NOT sick:** You do not need to wear a facemask unless you are caring for someone who is sick (and they are not able to wear a facemask). Facemasks may be in short supply and they should be saved for caregivers.

### **Clean and disinfect**

- **Clean AND disinfect frequently touched surfaces daily.** This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- **If surfaces are dirty, clean them:** Use detergent or soap and water prior to disinfection.

### **To disinfect:**

Most common EPA-registered household disinfectants will work. Use disinfectants appropriate for the surface.

### **Options include:**

- **Diluting your household bleach.**

To make a bleach solution, mix:

- 5 tablespoons (1/3rd cup) bleach per gallon of water  
OR
- 4 teaspoons bleach per quart of water

Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.

- **Alcohol solutions.**  
Ensure solution has at least 70% alcohol.
- **Other common EPA-registered household disinfectants.**  
Products with [EPA-approved emerging viral pathogens pdf icon\[7 pages\]external icon](#) claims are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).