

MEMO

**TO:** Division of Operations, Purchase of Service (POS) Agencies  
**FROM:** Marc D. Smith, Acting Director, Illinois Department of Children and Family Services  
**DATE:** 3-20-20  
**RE:** COVID-19 and Modifications to In-person Contact Requirements

This memo is to be used to guide Operations direct service staff in the fulfillment of work duties, while also ensuring safety and well-being for staff, as well as that of the children and families we serve.

The health, safety and well-being of all our youth in care and all of our child welfare staff at DCFS and POS agencies, along with our ability to continue to protect children in every corner of the state, are our top priorities. During the current health crisis and outbreak of COVID-19, DCFS is working closely with and taking guidance from the Illinois Department of Public Health (IDPH), Illinois Emergency Management Agency (IEMA), and other state agencies experienced at responding to infectious disease outbreaks. We are closely monitoring the information available and are providing guidance to you in the work you do on behalf of children, youth, and families each and every day. Outlined in this memo are specific protocols regarding in-person Child Welfare practice that are *effective starting March 23, 2020* and that will remain in effect until further notice is given.

This guidance is not intended to address every potential scenario that may arise as circumstances evolve, and all policy guidelines shall be followed with the exception of in-person contacts. The use of phone, video and any other form of technology is encouraged to ensure continuity of service for our children and families.

In all required contacts, extra precaution shall be taken such as social distancing, frequent handwashing, use of protective gear and compliance with other CDC recommendations. DCFS is working diligently to secure these items to provide to each office.

**With all the below exceptions, it is critical for all staff to thoroughly document decisions made and the rationale for their decisions.**

**A. Recommendations for Child Contacts by Caseworker (Relative Foster Placement, Licensed Foster Placement, Specialized Foster Placement, Youth Receiving Reunification Services, Residential setting, Group home, Emergency Shelter, Transitional Living Program/Independent Living Options):**

Workers are not required to conduct in-person field visits for currently open foster care cases in Relative Foster Placement, Licensed Foster Placement, Specialized Foster Placement, Youth Receiving Reunification Services, Residential setting, Group home, Emergency Shelter, Transitional Living Program/Independent Living Options. The assigned worker shall attempt to reach the parent/caretaker via video or audio communication, where possible. Individual contact with each child in the family is required by video or audio communication method. *FaceTime, Zoom, or WebEx is encouraged for younger children who may not be able to communicate verbally.*

In lieu of in-person worker visits with children in foster care, workers shall have video or audio contact *at least weekly with all children and caregivers individually*. Ensure that a discussion is held on the impact of COVID-19 on their lives and any hardships experienced. All attempts to contact the children or caregivers must be documented. If the worker is unable to make audio or video contact for two weeks (14 days), the caseworker is required to conduct an in-person visit.

For children placed with a caregiver where there are safety concerns or the placement is at risk of disruption, an in-person visit shall be held. When conducting home visits, contact the caregiver and conduct a pre-screening for COVID-19 using the below protocol.

**B. Recommendations for Child Contacts by Caseworker (TPSN youth living independently with their child, and Intact):**

Contact with Intact families shall include *weekly video or audio contact*. In-person contact shall be conducted monthly, following the use of pre-screening questions. All attempts to contact the children or caregivers must be documented. If the worker is unable to make

audio or video contact for one week (7 days), the caseworker is required to conduct an in-person visit, following the use of pre-screening questions.

The assigned Intact worker shall attempt to reach the parent/caretaker via video or audio communication, where possible. Individual contact with each child in the family is required by video or audio communication method. *FaceTime, Zoom, or WebEx is encouraged for younger children who may not be able to communicate verbally.*

Contact with TPSN youth living independently with their child shall continue as required, in-person, 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 audio contact is required.

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) shall be contacted.

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

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