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Guidelines for COVID-19 Exposed/Confirmed Youth

This document provides direction to Illinois Department of Children and Family Services (DCFS) and Purchase of Service (POS) staff regarding youth who have been exposed to or who have tested positive for COVID-19.

Table of Contents

Notifying DCFS	2
Staffing of the Case	3
Considerations for Placement	6
Central Matching	7
Transporting Youth Exposed or Positive	8
Managing the Youth in Placement	11
Child Protection	13
After Hours	15
Reports to SCR	18

May 15, 2020

v3.0

Guidelines for Notifying DCFS of COVID-19 Exposed or Positive Youth

To notify the Illinois Department of Children and Family Services (DCFS) when a youth in the custody or legal guardianship of DCFS has been exposed to, is symptomatic, is awaiting test results or has tested positive for COVID-19, call the **DCFS Guardian's Office Consent Hotline at 1-800-828-2179**.

The DCFS Guardian's Office Consent Hotline operates Monday through Friday from 8:30 a.m. until 5:00 p.m. A designee from the DCFS Guardian's Office will screen calls and complete the DCFS Guardian's Office COVID-19 Youth Data Collection Form. If you leave a voicemail, a designee from the DCFS Guardian's Office Consent Hotline will call you back to collect more information.

The DCFS Guardian's Office designee will request:

- Youth identification and placement information;
- A description of known youth and household member health conditions;
- Known placement concerns.

The DCFS Guardian's Office designee will email the completed form to the DCFS.CLINICALCOVID19@illinois.gov mailbox. A designee from the DCFS Nursing team will review submitted forms, triage the circumstances of the call, and contact callers as needed.

NOTE: The DCFS Guardian's Office Consent Hotline will not provide emergency assistance for health issues or placement disruption. In case of an emergency medical issue, a health care provider should be contacted. In case of an immediate placement disruption, notify the youth's caseworker.

Instructions for Guardian Consent

A designee of the DCFS Guardian's Consent Unit will respond to messages left on the voicemail of the DCFS Guardian's Consent Hotline.

1. DCFS Guardian's Office designees will follow up via phone for calls placed between 8 a.m. to 5 p.m. For calls after-hours, refer to [Guidelines for COVID-19 After Hours](#).
2. DCFS Guardian's Office designees will collect and record information using the DCFS Guardian's Office COVID-19 Youth Data Collection Form (Attachment 1).
3. The completed form is to be emailed to DCFS.ClinicalCOVID19@illinois.gov.

Guidelines for Clinical Staffing Participation

The following assessment is to be facilitated by Clinical Staffing participants and guided by questions listed below. Participants of the Clinical Staffing will include at a minimum, the following people:

- 1) DCFS Chief Nurse or Designee
- 2) Assigned Caseworker and/or Supervisor
- 3) Deputy Director of Clinical Practice or Designee
- 4) The Deputy Director of Placement Resources or Designee

The questions below are to guide in assessing placement sustainability for a youth who has been exposed to or has tested positive for COVID-19.

- 1) Review of the risk factors related to the youth's exposure to COVID-19.
 - a. Does the youth have symptoms of COVID-19?
 - b. Has the youth received a COVID-19 diagnosis from a DCFS or external medical provider?
- 2) Review of the social environment risk factors:
 - a. Age of household members.
 - b. Health conditions that may place household members at higher risk for COVID-19 complications.
- 3) Can the youth maintain the current placement?
 - a. Is there an opportunity to isolate or quarantine the youth within the existing placement?
 - b. What resources are needed to maintain the current placement of the youth?
- 4) If the youth cannot be maintained within the current placement:
 - a. What are existing barriers to placement (i.e., behavior, initial level of care needs)?
 - b. What is the recommended placement profile?
 - c. Does the youth need to be quarantined or in an isolated environment?
 - i. Are additional resources needed to sustain a DCFS quarantine temporary placement (i.e., medical, psychological, or other specialties)?
 - ii. What is the proper level of containment needed for the youth (i.e., a group or individualized structure)?
 - d. What transportation resources are required?
 - i. For DCFS/POS workers, transportation recommendations shall be followed as referenced in [Guidelines for Transporting COVID-19 Exposed or Positive Youth](#).
 - ii. For DCFS/POS workers, instructions for disinfecting a vehicle are to be followed as referenced in [Guidelines for Transporting COVID-19 Exposed or Positive Youth](#).

After considering the assessment, the staffing shall result in a determination to sustain the youth in the current placement or remove the youth from the current placement.

If it is determined that the youth can be maintained within the current home or placement, the following steps shall take place:

- 1) Confirm all resources or materials needed for the family (i.e. foster parent support specialist support, IPS resources, medical supplies, medical staff support, or connections to community-based resources for support).
- 2) Alert the psychology team (or other medical providers) to provide telehealth consultation to the family and child as needed.

Before a removal takes place, a worker/supervisor must first attempt to identify a respite foster home, Home of Relative or Fictive Kin who is willing to accept the youth. If it is determined that a youth must be removed from the home or placement, the caseworker and supervisor shall do the following:

- 1) Follow existing placement guidelines (if possible) that consider:
 - a. Referrals to temporary placement resources
 - b. Prior barriers to placement (i.e. behavior, or levels of care needs)
 - c. Space availability within placement resources
- 2) Complete referral for Interim Foster Care (IFC) Program following existing [Shelter procedure guidelines \(301.55\)](#), including:
 - a. Decision-Making Criteria
 - b. Admission Notification Procedures involving Child Intake and Recovery Unit (CIRU) for placement in a home
 - c. After hour placement procedures
 - d. Licensing confirmations as needed
 - e. **Protective Custody Documentation Checklist:**
 - i. Completed and approved **CFS 1901**;
 - ii. CFS 415 Consent for Ordinary and Routine Medical and Dental Care;
 - iii. CFS 65, Medical Consent Worksheet
 - iv. Health Passport;
 - v. CFS 431-B, Psychotropic Medication Consent Form as needed;
 - vi. CFS 690, Asthma Action Plan, when applicable;
 - vii. Medication (labeled), prescribing physician/psychiatrist, when applicable;
 - viii. Identification of any special requirements (e.g. dietary restrictions, allergies);
 - ix. Personal belongings, such as clothing, blanket or toys.
 - f. **Placement Disruptions Documentation Checklist:**
 - i. Completed and approved **CFS 1901**;
 - ii. CFS 415, Consent for Ordinary and Routine Medical and Care;
 - iii. Health Passport
 - iv. CFS 431-1, Consent of Guardian to Mental Health Treatment;
 - v. CFS 431-A, Psychotropic Medication Request Form, when applicable;
 - vi. CFS 431-B, Psychotropic Medication Consnet Form, as needed;
 - vii. CFS 600-3, Consent for Release of Information;
 - viii. Medical Cared or CFS 930-C, Notice of Medicaid Coverage for DCFS Clients;
 - ix. Medication (labeled) prescribing physician/psychiatrist.
- 3) Assess the availability of a temporary placement resource through the IFC program:

- a. Access the regional pool of existing resources that will accept a youth within the following conditions:
 - i. Willingness to accept a COVID-19 exposed child/youth
 - ii. Age specification
 - iii. The current social environment in the home (other children, or in-home family network)
 - iv. Confirmation of housing fee (rate) for service
 - v. Determination of child/youth resource needs (i.e. medical supplies, medical staff support, psychologist consultation, or connections to community-based resources for support)
 - vi. Determination of family resource needs (i.e. medical supplies, medical staff support, psychologist consultation, or connections to community-based resources for support)
 - vii. If medical staffing is requested, determine the best terms and hours of support services needed.
- 4) If it is determined that a youth needs to be quarantined or isolated, recommendations from the clinical staffing will guide the process for placing a youth in an isolated/quarantined environment.
- 5) A CFS-1901 ([Emergency Shelter Approval Form](#)) and/or other documentation is to be completed according to existing policy and procedure guidelines. In addition, responses to pre-screened questions (for child/youth, family, social environment) are to be added to the standard documentation.
- 6) The assigned caseworker and other members of the clinical team will follow up to ensure that youth and caregiver's needs are being met and to assess ongoing well-being.
- 7) A transportation recommendation is to be completed to facilitate the movement of the child/youth within the safest and lowest level of risk for both child/youth and staff.

Written recommendations and/or reports will be provided by the Clinical Staffing team to the assigned caseworker. The assigned caseworker and members of the clinical team will provide follow-up services to ensure that youth and caregiver's needs are being met and to assess ongoing well-being.

Guidelines for Placement of a COVID-19 Exposed/Confirmed Youth in the Children's Quarantine Center

The DCFS/POS caseworker and/or supervisor shall complete a referral for a Children's Quarantine Center (CQC) placement after every other resource has been exhausted. During the COVID-19 Placement Team case review, the DCFS/POS worker/supervisor shall explore all other possible placement options and detail that information on the CFS 1452-4 - Documented Efforts to Avoid Shelter Placement form.

When referrals are made, the procedure shall be as follows:

1. A referral packet shall be completed for the DCFS Youth and shall include:
 - a. a determination from a (DCFS or external) **medical provider** that the youth has been exposed to, has symptoms of, or has tested positive for COVID-19;
 - b. CFS1901; and
 - c. CFS1452-4;
2. The referral packet shall be submitted to the DCFS.Shelterapproval@illinois.gov and DCFS.Auntmarthacrc@illinois.gov, mailboxes.;
3. The DCFS Shelter Administrator (M-F 8:30 -5:00 pm) shall ensure that a completed referral packet is sent to the DCFS intake team who will assess the availability of placement options within the CQC program;
 - a. After hours, the After-Hours DCFS Intake team will review the packet for CQC.
4. If there is availability within the CQC program, the DCFS intake team shall notify the CQC Admission Specialist of an admission into the CQC program and plan a transition for the youth;
5. Once Approved by the CQC administrator, Aunt Martha's admissions office (773-617-3979) shall notify the DCFS/POS caseworker and/or supervisor of the confirmed admission and transition plan for the youth;
6. CQC staff shall accept the youth and cooperate with the transition plan as developed.

Guidelines for Central Matching

Central Matching (CMT) would not be the first point of contact if a youth is displaced from a foster home due to COVID-19 concerns. If the youth has tested positive the worker/supervisor should follow the guidelines to have youth admitted to the [Children's Quarantine Center \(CQC\)](#). If the purpose of the move is to prevent the youth from being exposed to COVID-19, the Central Matching unit would be brought in as a last resort to assist with emergency placements after all other efforts have been made to find an alternative home. A worker/supervisor's first attempts should be to identify a respite foster home, Home of Relative or Fictive Kin who is willing to accept the youth.

If one of these homes cannot be identified, the worker/supervisor should complete the CFS-1901 Shelter Approval Form and the CFS-1452-4 Documented Efforts to Avoid Shelter Placement. The urgency of the need for placement should be highlighted on these forms.

These forms are to be sent to the DCFS.ShelterApproval@illinois.gov, DCFSAuntMarthacrc@illinois.gov, and the DCFS.CIRUReferral@illinois.gov email boxes. By submitting these forms, the cases will be brought to the immediate attention of the Shelter Administrator. From 8:30am to 5:00pm the Shelter Administrator will be able to inform the worker/supervisor if a shelter bed is available, begin looking for an Emergency Foster Home or recommend admission to Aunt Martha's Interim Care Center (ICC), if appropriate. If the ICC is not appropriate or full, after 5:00pm, Aunt Martha's ICC will be responsible for looking for an Emergency Foster Home.

If neither of these options are available, the worker/supervisor, Shelter Administrator or Aunt Martha's administrator will contact CMT staff about looking for an emergency placement in one of our Residential or Group Home facilities, that would be appropriate to meet the youth's needs, until a more appropriate placement can be identified.

Guidelines for Transporting COVID-19 Exposed or Positive Youth

DCFS and POS staff shall follow these steps to transport a youth who is exposed to or has tested positive for COVID-19. When possible, DCFS staff should use a state car for transport.

- 1) Use the following procedures to transport the youth:
 - a. Use disinfectant solutions (see guidelines on solutions below) to clean the following surfaces prior to transport:
 - i. Door handles
 - ii. Front and back seats
 - iii. Windows
 - b. Youth will wash hands and apply a mask prior to leaving the original location.
 - c. If youth is unable to tolerate a mask, the transporter and others in the vehicle shall wear masks: [https://www2.illinois.gov/dcf/brighterfutures/healthy/Documents/How to Properly Put on and Take off a Disposable Respirator.pdf](https://www2.illinois.gov/dcf/brighterfutures/healthy/Documents/How_to_Properly_Put_on_and_Take_off_a_Disposable_Respirator.pdf).
 - d. All safety restraints must be used as usual (car seat, booster, seat belt).
 - e. Masks should remain in place until the youth is placed in a private room (or shared room if with another child who is also suspected/confirmed COVID-19).
- 2) Use the following procedures following the transporting of youth:
 - a. After youth leaves the transport vehicle, it shall be cleaned and disinfected (see guidelines on disinfectant solutions below). Special attention should be given to surfaces that the transported youth touched, such as door handles, front and back seats and windows.
 - b. Use dedicated, lined trash can for the disposal of all used cleaning products during and after the transportation of a child/youth. These include: gloves, towels, or masks.
 - c. The transporter is to wash their hands after completing the transport of a youth.
- 3) Use the following procedures for cleaning and disinfecting vehicle:
 - a. Prior to disinfecting and cleaning, wear disposable gloves compatible with the cleaning products being used, as well as, and other PPE required, according to the manufacturer's instructions.
 - b. Ensure there is adequate ventilation when chemicals are in use (open windows and/or doors).
 - c. Gloves and any other disposable PPE used for cleaning and disinfecting the vehicle should be removed and disposed after cleaning.
 - d. Wash hands immediately after removal of gloves and PPE with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer with at least 60% alcohol if soap and water are not available.

When initiating an in-person visit, please refer to the section, "[Intact Family or Placement/Permanency In-Person Visit Guide](https://www2.illinois.gov/dcf/brighterfutures/healthy/Documents/COVID-19_In_Person_Visit_Guide_Intact_Placement_042320.pdf)" ([https://www2.illinois.gov/dcf/brighterfutures/healthy/Documents/COVID-19 In Person Visit Guide Intact Placement 042320.pdf](https://www2.illinois.gov/dcf/brighterfutures/healthy/Documents/COVID-19_In_Person_Visit_Guide_Intact_Placement_042320.pdf)) for procedures.

Disinfectant guidelines for cleaning solutions

Disinfecting works by using chemicals to kill germs on surfaces. If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. Wear disposable gloves when cleaning and only use them once: [https://www2.illinois.gov/dcf/brighterfutures/healthy/Documents/COVID-19 Proper Glove Use.pdf](https://www2.illinois.gov/dcf/brighterfutures/healthy/Documents/COVID-19_Proper_Glove_Use.pdf).

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

- b. **To make a bleach solution, mix:**

5 tablespoons (1/3rd cup) bleach per gallon of water

OR

4 teaspoons bleach per quart of water

- 2) **Use an alcohol solution with at least 70% alcohol.**
- 3) **Use of household cleaners and disinfectants:** Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.

Follow the instructions on the label to ensure safe and effective use of the product.

Many products recommend:

- a. Keeping the surface wet for several minutes to ensure germs are killed.
- b. Precautions such as wearing gloves and making sure you have good ventilation during use of the product.

Intact Family or Placement/Permanency Services In-Person Visit Guide

COVID-19 QUESTIONS

1 Has anyone in the home experienced symptoms: sore throat, body aches, coughing, shortness of breath, or a fever of 100.4 °F or higher within the last 14 days?

2 Within the last 14 days, has anyone in the home been in close contact (closer than 6 ft for at least 15 minutes without use of a mask) with someone confirmed to have COVID-19?

IF YES TO ANY

- Listen to reassure and engage with the parent
- Maintain 6 ft of social distance
- In consultation with your supervisor, explore alternatives with the parent that preserve everyone's safety
 - If outdoors is available with reasonable privacy & social distancing, meet there
 - Ask parent to use video call to walk the worker through the home to assess the condition of the home
- If you must break the 6 ft of social distance in order to care for or transport a child, or due to exigent circumstances, correctly use available protective equipment (Follow CDC/OSHA guidelines).

IF NO TO ALL

- Proceed with the visit being careful to maintain social distancing and proper hygiene guidelines to limit possible exposure.
- If you cannot maintain social distancing, a mask and/or gloves are encouraged.
- Ensure that you are using protective items correctly in accordance with CDC/OSHA guidelines.

HYGIENE AND SOCIAL DISTANCING




BEFORE A VISIT

- Wash your hands if possible, or use hand sanitizer
- Avoid touching your face
- Only bring items necessary for the visit into the home. Leave any bags in your vehicle.



DURING A VISIT

- Ask the COVID-19 questions (above) prior to entering
- Allow families to open and close doors, or use a barrier (tissue, paper towel) when touching doorknob
- Maintain the recommended 6 ft social distance between people
- Avoid placing belongings on tables, counters, floors or touching surfaces




AFTER A VISIT

- Wash your hands if possible, or use hand sanitizer
- Avoid touching your face
- Items you should be cleaning and sanitizing regularly include: smart phone, pen, name badge, keys and any additional supplies



IF UNABLE TO ASSESS SAFETY

If an Intact Family Services or Placement/Permanency Worker has concerns about child safety but is unable to sufficiently interview and assess safety due to any "yes" answers to the COVID-19 questions, they shall consult with their supervisor regarding additional next steps.

The supervisor shall consider with the worker the following efforts to ensure/assess safety:

- Contacting law enforcement and/or EMS
- Contacting the DCFS Hotline if/when there is a new allegation of abuse or neglect

www2.illinois.gov/DCFS



Guidelines for Managing COVID-19 Youth in Placement

Most people with COVID-19 will have only mild symptoms and should recover at home. Care at home can help stop the spread of COVID-19 and help protect people who are at risk for getting seriously ill from COVID-19.

Ensure that the following is available within a home, residential facility, shelter, or any other site to be used as a quarantine isolation site:

- 1) Personal Protective Equipment (PPE) material:
 - a. Medical or surgical masks
 - b. Disposable gloves
- 2) Cleaning solutions, to include:
 - a. Alcohol solutions (with at least 70% alcohol to water ratio)
 - b. Household cleaners
 - c. Disinfectant
- 3) Garbage bags

COVID-19 spreads between people who are in close contact (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes.

- 1) If the youth presents ANY of the symptoms for COVID-19, the following steps are to be taken to prevent the potential spread of germs when caring for someone who is sick and needs to be quarantined:
 - a. Have the person stay in one room, away from other people, including yourself, as much as possible.
 - i. If possible, have them use a separate bathroom.
 - ii. Avoid sharing personal household items, like dishes, towels, and bedding
 - iii. Wear a facemask when there are around people, including you.
 - iv. Restrict visitors who do not have an essential need to be in the room
 - v. If the sick person can't wear a facemask, you should wear one while in the same room with them.
 - vi. If the sick person needs to be around others (e.g., within the home, in a vehicle, or doctor's office), they shall wear a facemask.
 - b. Wash your hands often with soap and water for at least 20 seconds, especially after interacting with the sick person. If soap and water are not readily available, use a hand sanitizer that contains at least 70% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
 - i. Avoid touching your eyes, nose, and mouth.
 - ii. Every day, clean all surfaces that are touched often, like counters, tabletops, and doorknobs
 - Use household cleaning sprays or wipes according to the label instructions.

- iii. Wash laundry thoroughly.
 - iv. If laundry is soiled, wear disposable gloves and keep the soiled items away from your body while laundering.
 - v. Wash your hands immediately after removing gloves.
 - vi. Avoid having any unnecessary visitors.
 - vii. For any additional questions about their care, contact their healthcare provider or state or local health department.
- 2) Monitor the person's symptoms – If they are getting sicker:
- a. Notify a healthcare provider to make arrangements to have the person seen by a medical provider.
 - b. Wear a cloth to cover face (covering the nose and mouth). If you are unable to cover your face, cover your coughs and sneezes another way.
 - c. Stay at least 6 feet away from others.
 - d. Follow the care instructions from your health care provider and local health department.
- 3) Monitor yourself for signs or symptoms of a flu like illness.
- 4) Isolation is not recommended for persons who do not have symptoms of illness. Additionally, a negative test result does not rule out COVID-19, so regardless of test results, those with symptoms should follow self-isolation procedures.

General COVID-19 Guidelines and Resources for Division of Child Protection

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, the CPS shall make contact with the **reporter** of the CA/N and ask the following pre-screening questions. In addition, prior to in-person contact with the child and/or family, the CPSW shall also ask the screening questions regarding the household/facility:

- 1) Are you aware if the child(ren) or family, within the last 14 days, has traveled to an area with widespread COVID-19 according to the CDC?
- 2) Are you aware if the child(ren) or family, within the last 14 days, has had close contact** (six feet) for a prolonged period of time*** with a person with test-proven COVID-19?
- 3) Are you aware if the child(ren) or any member of the household has fever, cough or trouble breathing?

If, following the pre-screening questions it is determined 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 local law enforcement is warranted.

If the information gathered prior to initiation suggests immediate safety concerns for a child, then the CPS shall consult with the supervisor and make contact with local law enforcement to initiate the report.

In fulfilling the mandate to respond and initiate all reports of child abuse, the CPS shall take the following Center for Disease Control precautions when initiating reports at this time:

To protect from exposure:

- If possible, maintain a distance of at least 6 feet from other individuals.
- Practice proper hand hygiene. Wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available use an alcohol-based hand sanitizer with at least 60% alcohol.
- Do not touch your face with unwashed hands.

All children taken into protective custody:

- Child will wash hands and apply mask prior to leaving the original location.
- If the child is unable to tolerate mask, transporter and others in the vehicle should wear a mask.
- All safety restraints must be used as usual (car seat, booster, seat belt).
- Masks should remain in place until the youth is placed.
- Provide receiving caregiver with **Caring for Someone in Your Home:** <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html>
- After youth leaves the transport vehicle, it should be cleaned and disinfected per CDC recommendations.

- a. Detailed Instructions in the [“Guidelines for Transporting COVID-19 Exposed or Positive Youth”](#) protocol.

Notifications:

The child protection specialist in collaboration with the supervisor, shall make notifications to parties as outlined in the ["Guidelines for Notifying DCFS of COVID-19 Exposed or Positive Youth"](#) protocol.

When the child protection specialist is reporting on a youth identified as exposed/symptomatic/confirmed COVID-19, the CPS, in addition to notifying the DCFS Guardian’s Consent Hotline, shall communicate with the permanency worker and document all communication in SACWIS.

** Data are limited to define close contact. Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), whether the individual has symptoms (e.g., coughing likely increases exposure risk) and whether the individual was wearing a facemask (which can efficiently block respiratory secretions from contaminating others and the environment).

***Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Recommendations vary on the length of time of exposure from 10 minutes or more to 30 minutes or more. In healthcare settings, it is reasonable to define a prolonged exposure as any exposure greater than a few minutes because the contact is ill. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the person cough directly into the face of the individual) remain important.

Guidelines for COVID-19 After Hours

The following guidance provides direction to Child Protection Staff and other DCFS staff after-hours/standby when working with a youth exposed to or test-positive for COVID-19.

Child Protection Specialists (CPS) are expected to fulfill their mandate to respond in-person to all hotline response codes, including during after-hours/standby.

When initiating an investigation after hours, please refer to the section, "[Division of Child Protection In-Person Visit Guide](#)" for procedures.

When after-hours/standby staff is responding to an immediate disrupted placement of a youth in care, the child protection staff or other responding DCFS staff shall make contact with the caregiver and ask the pre-screening questions below of the household/facility.

- 1) Are you aware if the child(ren) or family, within the last 14 days, has had close contact (6 feet) with a person with test-proven COVID-19?
- 2) Are you aware if the child(ren) or any member of the household has fever, cough or trouble breathing?

If the answer is YES to either of these two questions, additional questions will prompt a description of the social environment of the youth:

- a. Are there any adults over the age of 60?
- b. Is there a pregnant person in the home?
- c. Does anyone have lung disease such as: asthma, COPD, oxygen dependent?
- d. Does anyone have heart disease?
- e. Does anyone have diabetes?
- f. Does anyone have a weakened immune system such as: cancer, HIV, sickle cell disease?

In cases where exposure to COVID-19 is identified, the process outlined in "[Guidelines for Notifying DCFS of COVID-19 Exposed or Positive Youth](#)" for alerting DCFS of risk to a youth or family shall be followed. Details regarding the youth's pre-screened condition shall be included in the communication. For an immediate placement disruption, the permanency worker shall also be notified, and all communications documented in SACWIS.

Because the Guardian Consent Line does not respond after 5:00 PM or before 8:30 AM, the report to the Consent Line should be immediately followed by contacting the CLINICAL AFTER HOURS CONTACT COVID-19 PLACEMENT SUPPORT TEAM to initiate finding a placement for the youth.

Refer to "[Guidelines for Considerations for Placement COVID-19](#)" to better guide you as you work with the COVID-19 PLACEMENT SUPPORT TEAM. These guidelines will familiarize you with temporary placements, including the use of Emergency Foster Care (EFC) Program, or DCFS quarantine resources.

Once a placement has been located, review the following guidance document before proceeding to transport and place the youth:

Before entering a home where exposure to COVID-19 is identified, review "[Division of Child Protection In-Person Visit Guide](#)" ([https://www2.illinois.gov/dcf/brighterfutures/healthy/Documents/COVID-19 In-Person Visit Guide Child Protection 042320.pdf](https://www2.illinois.gov/dcf/brighterfutures/healthy/Documents/COVID-19%20In-Person%20Visit%20Guide%20Child%20Protection%20042320.pdf)) document.

Before transporting the youth, follow the [“Guidelines for Transporting COVID-19 Exposed or Positive Youth”](#) protocol.

Before leaving the youth in a placement, refer to the [“Guidelines for Managing COVID-19 Youth in Placement”](#) Protocol.

Clinical Coverage for After hours and Weekends

Below is the list of on call Clinical staff for After Hours protocol. When all other efforts have been exhausted (non-custodial parent, relative, Traditional or Specialized Foster Care, Shelter, Emergency Foster Care), then the on-call clinical staff person shall be called to jointly identify an emergency placement and/or to discuss Integrated Care Center/unit (ICC/U) eligibility.

Clinical staff will work with providers to assist with needed resources and to facilitate placement in emergency situations. *After a youth has been admitted to an emergency placement, it is important the youth move to an appropriate and permanent placement as soon as possible.*

Please contact the identified Clinical staff listed below. Should you have any questions or issues during this process, please notify Jill Tichenor at 217-722-0930.

COVID-19 PLACEMENT SUPPORT TEAM CLINICAL AFTER HOURS CONTACT				
Coverage	Week	Contact Number	Back-up	Contact Number
Jill Tichenor	April 27, 2020	217-722-0930	Steven Minter	312-835-1300
Lauren Williams	May 4, 2020	312-519-5452	Jennifer Marett	630-701-5311
Juliana Harms	May 11, 2020	217-494-4639	Lauren Williams	312-519-5452
Steve Minter	May 18, 2020	773-490-7743	Jill Tichenor	217-722-0930
Jennifer Marett	May 25, 2020	630-701-5311	Juliana Harms	217-494-4639
Jill Tichenor	June 1, 2020	217-722-0930	Steven Minter	312-835-1300
Lauren Williams	June 8, 2020	312-519-5452	Jennifer Marett	630-701-5311
Juliana Harms	June 15, 2020	217-494-4639	Lauren Williams	312-519-5452
Steve Minter	June 22, 2020	773-490-7743	Jill Tichenor	217-722-0930
Jennifer Marett	June 29, 2020	630-701-5311	Juliana Harms	217-494-4639

*The assigned week starts on Monday 12am and goes through Sunday 11:59pm.

Division of Child Protection In-Person Visit Guide

COVID-19 QUESTIONS

1 Has anyone in the home experienced symptoms: sore throat, body aches, coughing, shortness of breath, or a fever of 100.4 °F or higher within the last 14 days?

2 Within the last 14 days, has anyone in the home been in close contact (closer than 6 ft for at least 15 minutes without use of a mask) with someone confirmed to have COVID-19?

IF **YES** TO ANY

- Listen to reassure and engage with the parent
- Maintain 6 ft of social distance
- In consultation with your supervisor, explore alternatives with the parent that preserve everyone's safety
 - If outdoors is available with reasonable privacy & social distancing, meet there
- Ask parent to use video call to walk the worker through the home to assess the condition of the home
- If you must break the 6 ft of social distance in order to care for or transport a child, or due to exigent circumstances, correctly use available protective equipment (Follow CDC/OSHA guidelines).

IF **NO** TO ALL

- Proceed with the visit being careful to maintain social distancing and proper hygiene guidelines to limit possible exposure.
- If you cannot maintain social distancing, a mask and/or gloves are encouraged.
- Ensure that you are using protective items correctly in accordance with CDC/OSHA guidelines.

HYGIENE AND SOCIAL DISTANCING



BEFORE A VISIT

- Wash your hands if possible, or use hand sanitizer
- Avoid touching your face
- Only bring items necessary for the visit into the home. Leave any bags in your vehicle.



DURING A VISIT

- Ask the COVID-19 questions (above) prior to entering
- Allow families to open and close doors, or use a barrier (tissue, paper towel) when touching doorknob
- Maintain the recommended 6 ft social distance between people
- Avoid placing belongings on tables, counters, floors or touching surfaces



AFTER A VISIT

- Wash your hands if possible, or use hand sanitizer
- Avoid touching your face
- Items you should be cleaning and sanitizing regularly include: smart phone, pen, name badge, keys and any additional supplies



IF UNABLE TO ASSESS SAFETY

If the child protection specialist is unable to sufficiently interview and assess child safety due to any "yes" answers to the COVID-19 questions, they shall consult with their supervisor before leaving the home. The supervisor shall consider with the child protection specialist the following efforts to ensure/assess safety:

- Contacting law enforcement and/or EMS
- Protective custody
- Consultation with the Child Protection Area and/or Regional Administrator

SCR COVID-19 General Guidelines and Resources

Protocol Questions:

New Protocol Questions for all intakes for COVID19: Call Floor Workers shall ask the reporter the following questions, and document them in the narrative with standard protocol questions. The standard narrative language reference will be **COVID-19**.

- 1) Are you aware if the child(ren) or family, within the last 14 days, has traveled to an area with widespread COVID-19 according to the CDC?
- 2) Are you aware if the child(ren) or family, within the last 14 days, has had close contact** (six feet) for a prolonged period of time*** with a person with test-proven COVID-19?
- 3) Are you aware if the child(ren) or any member of the household has fever, cough or trouble breathing?

For intakes with referenced concern about COVID-19 for any subject in any intake, the Call Floor Worker shall email a copy of the intake to Trista Cox and Gayle Hopper for tracking purposes.

General Guidelines to Assist Callers:

- 1) If this is a medical emergency, hang up and call 911.
- 2) Seek medical expertise to guide any and all decision-making for COVID19.
- 3) Refer callers for additional information on COVID-19 Disease to:
 - CDC Website <https://www.cdc.gov>
 - Illinois Department of Public Health <https://www.dph.illinois.gov>

DCFS Resources Available:

- 1) Callers with COVID-19 related concerns regarding Youth in Care may contact the DCFS Guardian's Consent Hotline 1-800-828-2179 (Mon-Fri 8:30a-4:30p) to report questions or concerns related to our youth and COVID-19. After hours, callers may leave voicemails.
Note: The Hotline shall always assess the call and document information provided by the caller in the intake.
- 2) Callers may be referred to the DCFS external website to submit an Online Report <https://www2.illinois.gov>; select option 2 "Reporting Abuse or Neglect" and follow the link to using the Online Reporting System.
- 3) The DCFS external website also has resource links to obtain COVID-19 information.
<https://www2.illinois.gov/dcfs/brighterfutures/healthy/Pages/Coronavirus.aspx>

** Data are limited to define close contact. Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), whether the individual has symptoms

(e.g., coughing likely increases exposure risk) and whether the individual was wearing a facemask (which can efficiently block respiratory secretions from contaminating others and the environment).

***Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Recommendations vary on the length of time of exposure from 10 minutes or more to 30 minutes or more. In healthcare settings, it is reasonable to define a prolonged exposure as any exposure greater than a few minutes because the contact is someone who is ill. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the person cough directly into the face of the individual) remain important.