



Operational Services Report

Department:	Child Protection	Date:	March 22, 2020 Updated June 4, 2020
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Proposed Service Delivery Model (includes PPE / Sanitizing Supplies)

Describe how your department functions will operate under the “new normal” (i.e. eliminating face to face meetings; prioritizing who we see and how we’ll service them; considering Governor’s waivers; what PPE is needed; what types of sanitizing is being done and supplies needed).

- **Function A: Guidance for Central Intake**

Protocols

- All maltreatment reports will be made virtually (e.g. phone/email/fax)
- Screening meetings will primarily be held virtually. For any staff attending in-person masks will be worn and social distancing will apply.
- Screeners will ask the Customer COVID Symptom Screening questions. These questions will be consistent with most current CDC guidelines as posted on SCOOP site.

- **Function B: Guidance for CP Investigations and Assessments**

Protocols:

Importance of Seeing Children During Assessment/Investigation:

- Child safety remains the top priority, and children must be seen, in accordance with timelines, during an assessment/investigation to appropriately assess safety
- If parent/guardian is denying access to see the child, citing concerns for COVID-19, investigator will consult with supervisor and may need to engage County Attorney’s Office to consider ex parte order from the court.
- It may be helpful for the worker to educate parent/guardian by providing copy of CDC guidelines about limiting the spread of the virus and explaining SC staff are taking necessary precautions, such as handwashing, social distancing, etc.
- Revising initial contact guidelines to make contact virtually prior to in-person visit allowing for flexibility on the mechanisms that can be used to INITIATE investigations, including telephone, Skype, WebEx, Doxy.me to minimize contact, **so long as they are sufficient to determine whether a child may be in immediate danger of serious harm**. CP workers will ask the CDC health screening questions during these initial contacts. These virtual contacts are counting towards timeline compliance on certain cases, based on DHS waiver.
- When conducting home visits, workers will make every attempt to social distance (e.g. meet outside when possible). If unable to social distance agency staff will wear masks. Clients should be encouraged to wear their own masks. If a client doesn’t have a mask, a mask may be provided.
- It is recognized that social distancing and the wearing of masks may not be possible if it impedes a worker’s ability to thoroughly assess child safety and effectively engage children and parents.
- **There will be cases where face to face contact will need to occur prior to any contact with the family or even if family members screen positive to COVID Screening questions**. All workers will have a complete PPE kit in their possession before going to these assessments. All workers are required to wear full PPE when meeting with people who are COVID positive or who answer “yes” to any of the COVID screening questions.

- Supervisors have discretion to deviate from timeframes when there is no presenting physical safety concern (e.g. educational neglect) or when the alleged offender has no access to the child and the reported abuse is historic (allegation is 1 year or older) consistent with DHS waivers.

Face-to-Face Mandates and Exceptions

- Continuing face-to-face visits for all families who respond “no” to the Customer COVID Symptom Screening questions as indicated above under Function A. If able, screening questions should be asked at intake and prior to face-to-face contact. (e.g. call ahead if appropriate and or verify with families through the door, prior to entering a home)
- If a client answers “yes” to any of the screening questions above, case managers must work with supervisor to develop a plan that ensures the safety of child(ren) in home, including:
 - Remote contact, if there are no significant safety concerns.
 - CP investigators/assessment workers who need to conduct in-person home visits will, when possible, ask Customer COVID- Symptom Screening questions prior to entrance into a home. If in-person home visits are required and an individual answers “yes” to any of the screening questions appropriate PPE kits are to be used and social distancing will be followed as much possible. Upon ensuring child (ren) safety, and exiting the home, case worker should follow CDC recommended hygiene practices: washing hands/using hand sanitizer, disposing of all PPE gear; washing clothes, etc.

Approved Technology for Client Contact

Current status: (3/19/2020)

- Only Skype, WebEX and Doxy.me should be used for videoconferencing with clients.
- Any videoconferencing systems should be vetted and determine secure by IT.
- Face Time may be used for foster parents to use with parents to help support frequent contact.

Documentation

- Enter all COVID-19 related case notes into SSIS per Scott County documentation SOP. Examples:
 - Ex: “Per XX County Emergency Response Plan regarding COVID 19, this client contact was conducted remotely through alternative means”.
 - “...Facility denies access due to State emergency orders”
 - “...Family responded ‘yes’ to X question(s), and there were no immediate safety concerns”
 - Remote contact, if there are no significant safety concerns.
 - “...Family responded ‘yes’ to X question(s); visit was conducted in person following PPE safety protocols”
 - “...Family refused entry with concerns of COVID-19, XX authority was contacted to ensure face-to-face contact was made”
 - Monthly contacts with children/youth in foster care must be done via video conferencing. County subservice “COVID related” should be picked along with “phone” as the method of contact.

**Note: When in doubt, ask your supervisor.*

● **Function C: Guidance for Visits Related to Ongoing Case Management**

Protocols:

- Workers are required to conduct in-person face-to-face visits for open cases where there is a current safety concern. Indicators of a safety concern may include: SDM high risk, determined high risk for placement, transition from assessment/investigation to case management (e.g. new case management case) and child (ren) remain in the home. Workers should ask the COVID Symptom Screening Questions as outlined under Function A above. If family answers “yes” to the COVID Symptoms Screening questions , workers must use PPE kits during visit.

- When conducting home visits, workers will make every attempt to social distance (e.g. meet outside when possible). If unable to social distance agency staff will wear masks. Clients should be encouraged to wear their own masks. If a client doesn't have a mask, a mask may be provided to the client.
- It is recognized that social distancing and the wearing of masks may not be possible if it impedes a worker's ability to thoroughly assess child safety and effectively engage children and parents.
- Workers are not required to conduct in-person field visits for current open cases where safety is secured and there is demonstration of follow through with a safety plan. The assigned worker shall attempt to reach the parent/caretaker via verbal/technology communication, where possible. Videoconferencing is the preferred method of contact if face-to-face contact is not provided. To the extent possible, individual contact with each child in the family is encouraged via phone or other technology methods (i.e. prioritize videoconferencing). *Skype or WebEx is encouraged for younger children who may not be able to communicate verbally.*
- Workers should be in regular remote communication with clients, safety network members, collaterals including relative caregivers to check-in and assess stressors and protective factors.
- For in-person court hearings, the worker will contact the parent/caretakers prior to the hearing, conduct the COVID Symptom Screening questions, depending on the outcome of the screening, work with the County Attorney's Office to determine if the hearing should be safely postponed.
- Case Prioritization:
 - **Required monthly Face to Face contacts should be advised**
 - ❖ Cases open less than 30 days,
 - ❖ In-home cases involving children birth-to-five,
 - ❖ High risk cases where safety concerns remain,
 - ❖ Children on a Trial Home Visit for less 30 days,
 - ❖ Extended foster care youth in SILS
 - **Monthly face to face contact may be via videoconferencing in consultation with supervisor**
 - ❖ Cases with children in placement,
 - ❖ Cases opened more than 30 days where a visit has occurred in the past 30 days
 - ❖ Reunification within past 30 days,
 - ❖ SDM moderate risk case based on risk reassessment
 - **Priority 3-Monthly contacts can be via videoconferencing**
 - ❖ Child has been reunified 30+ days with no presenting safety concerns
 - ❖ Low risk cases based on risk reassessment
 - ❖ Child Welfare cases
 - ❖ Children in Pre-adoptive homes
 - ❖ ICPC Courtesy Supervision cases

For Children/Youth in Traditional/Kin Placement

- For emergency placements:
 - Workers will attempt to screen children for COVID symptoms by engaging parent(s) and children in the COVID Symptom Screening questions. Placing workers and or licensing workers will communicate with foster parents/caregiver any concerns about a child's COVID symptoms or exposure.
- If a child has a positive COVID test while in placement it is expected that foster parent will continue to care for the child(ren). Agency staff will assist/support the foster parent in accessing medical care for the foster child and encourage the foster parent to consult with their own medical provider regarding necessary interventions/treatments/precautions for their own family.
- If a child tests positive for COVID while in placement and the foster parent demands the child be removed, the agency will look to other county foster providers or other foster parents across the

- state to care for the child(ren). Agency staff will assist child(ren) in accessing needed medical care/screenings.
- If a child tests positive with COVID while in placement, unit supervisor will notify Children’s Services Manager, who will contact Public Health Director to discuss contact tracing process and determine if any other notifications are required.
 - The agency has identified 1-2 foster providers that are willing to care for children who may be symptomatic/COVID positive or whose parents may be sick with COVID or COVID positive.
 - If a Scott County foster parent cannot be identified to care for a child that is COVID positive or exposed, a request will be made to the DHS Foster Care ListServe to explore other foster care resources.
 - In lieu of in-person monthly worker visits with foster children, workers are to have phone/Skype/WebEx contact at least weekly with all children and caregivers individually.
 - Ensure that a discussion is held on the impact of COVID-19 is having on their lives and any hardships experienced.
 - For children placed with a caregiver where there are safety concerns or the placement is at risk of disruption, an in-person home visit is to be held. When conducting home visits, contact the foster caregiver and ask the COVID Symptoms Screening questions. If any answer to the screening questions is “yes”, consult with your supervisor to determine next steps.
 - When conducting visits to a foster home, workers will make every attempt to social distance (e.g. meet outside when possible). If unable to social distance agency staff will wear masks. Foster parents should be encouraged to wear their own masks. If a provider doesn’t have a mask, a mask may be provided.
 - It is recognized that social distancing and the wearing of masks may not be possible if it impedes a worker’s ability to thoroughly assess child safety and effectively engage children, parents and or foster parents.
 - CP /Licensing worker is to contact all Foster Caregivers on all open cases, checking on their overall well-being, apprising them of the face-to-face contact limitations due to the COVID-19 virus, ensuring that they are aware of the assigned worker/supervisor’s contact information.
 - Worker visits with parents. Visits with parents are to be held via Skype, WebEx or phone call individually with all parents. Videoconferencing is the prioritized contact method in lieu of face-to-face contacts unless face-to-face contacts are required to assure and maintain child safety.
 - In-person visits are required when there is a safety plan in place, or any safety concerns, for non-custody children. In this situation, workers will contact parents, and conduct a COVID screening for all household members. Cases where answers to the COVID Symptom Screening are “yes” worker consult with your supervisor to determine next steps.

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Current status: (3/19/2020)

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- “...Family responded ‘yes’ to X question(s); visit was conducted in person following PPE safety protocols”
- “...Family refused entry with concerns of COVID-19, XX authority was contacted to ensure face-to-face contact was made”
- Monthly contacts with children/youth in foster care must be done via video conferencing. County subservice “Covid related” should be picked along with “face to face” as the method of contact.

**Note: When in doubt, ask your supervisor.*

For Children/youth in a Facility/Congregate Setting

- Clients currently in the hospital - work with the hospital to make arrangements to involve our staff in discharge meetings by phone.
- Clients placed in residential/group facilities (setting where multiple individuals reside) are not essential face to face visits. Staff will have monthly contact via video conferencing and enter time as identified in the above section. Workers will prioritize videoconferencing as method of contact.

Family Meetings, including FGDM

- Family Group Conferences will be done primarily through videoconferencing. Consideration for in-person Family Group conferences include:
 - The meeting is needed to develop a safety plan to prevent children from entering out of home placement
 - The meeting is needed to develop a safety plan to expedite reunification; and
 - The family has limited or no access to the technology needed to hold a virtual Family Group conference
- In cases where in-person Family Group conferences are to be held:
 - No more than 10 people, including staff; may attend in-person
 - Masks must be worn by staff and clients. If needed, masks will be provided.
 - Meeting space must be big enough to support social distancing
- FGDM facilitators will ask the Customer COVID Symptom Screening questions when scheduling a meeting. These questions will be consistent with most current CDC guidelines as posted on SCOOP site.
- FGDM facilitators will ask the COVID Symptom Screening questions again when the participant presents for the meeting. If anyone answers “yes” to the screening questions, they will not be allowed to attend.
- Family Group Conferences will be facilitated by Scott County staff. Conferences could be held in a county building. At the end of a FGDM meeting held in a County building, the facilitator is responsible for wiping down tables, chairs and equipment used during the meeting using approved cleaning products.
- If a Scott County employee is responsible for Family Group facilitation in another county, they will check on safety procedures in the county where they are working. If they have concerns, Family Group staff will consult with a supervisor.

Supervised Visitation

We will continue to provide supervised visits under these parameters unless Courts or Governor’s Orders prohibit:

- If parent and or child is sick/has symptoms the visit will be cancelled until people are free of symptoms (e.g. MDH recommends staying home for 10 days and 3 days no fever and improving respiratory symptoms)
- Worker/SWI will talk with parent and inquire if parent is willing to consider alternate contacts (more frequent phone calls, Skype/Face Time). If parent agrees, worker/SWI/Licensing will work with foster parent to facilitate frequent phone and or skype visits. Consideration for a minimum of weekly in-

person visits is strongly advised. Research supports that frequent, high quality visits support timely reunification.

- If neither the parent nor the child has symptoms in-person visits may take place. SW Is/workers should wear a mask if unable to social distance.
- If agency staff need to transport a parent, the county van should be used. Clients should wear masks and sit in back to help support social distancing
- Car seats will be wiped down with Lysol wipes.
- If needed but only as a last resort, supervised visits may be held on-site at the Government Center in rooms GC 102 and or GC 112). These rooms will be available for visitation during workday and evenings.
- Supervisor will alert manager for need for additional rooms or different rooms. Manager will communicate with Facilities Manager for room resources. Continuity of rooms will be important for coordination.
- Parents will be doing weekly confirmation of visits over the phone. SWI/SW will ask COVID screening questions during that call and again at the time the parent comes to the building for the visit.
- SW I's will be responsible for enabling parent's access to the building. Parents will call or text the designated person (e.g. SW I, case manager) when they arrive for the visit. The designated agency staff will greet the parent at the entrance and escort them to the designated meeting room. Agency staff will escort the parent out of the building at the end of the visit.
- Agency staff must wear masks. Clients/parents must wear masks upon entrance into County building. but masks may be removed once in the designated room. The use of masks for supervised visits are not conducive to positive parent-child bonding/connection. Parent(s) will be asked to wear mask upon leaving the visitation room.
- Staff will wear masks during visits and socially distance when possible. Parents will be encouraged to wear masks but may remove them based on individualized decisions for the child's interests. SW I's will discuss with parents, foster parents and children regarding if/when masks will be used during supervised visitations.
- Children ages 12 and over will be required to wear masks. Children between the ages of 2 and 12 will be encouraged, but not required to wear masks unless requested to by their parent.

Cleaning and Sanitation

- Because the SWI or SW supervising the visit will need to direct attention to the child(ren), Cleaning and Sanitation following Supervised visitation within County buildings will be completed by the Facilities cleaning vendors prior to the area being used for other employees.
- Nearing the end of each business day, the manager of Child Protection, or their representative will contact facilities and update them on the schedule for the following day.
- Once Facilities is updated, they will communicate the cleaning needs and timelines to the cleaning vendors.
- If the visit is scheduled for after-hours, vended cleaners will be scheduled to sanitize the area first thing in the morning.

UA Testing

- Onsite drug testing will follow the Community Corrections Operations plan.
- Offsite testing is available at Averhealth, Minnesota Monitoring and RSI Eden as reported via procurement staff.

Level of Staff Changes and Resource Needs

Describe staff changes based on your department's functioning under the "new normal" (i.e. plan for coverage; plan for rotation of staff; monitoring staffing models; resources needed – technology, supplies).

● Function A: Central Intake

- All three screeners have been issued laptops and are working remotely. Should county building re-open, a minimum of one screener will be in the office. A rotation schedule would be developed.
- All CP supervisors are able to work remotely with a minimum of one in the office each day

- Administrative support is in the office to support opening/closing of cases, printing and mailing of required correspondence
- If two screeners are out at the same time for a prolonged period of time, coverage would be considered in this order:
 - Re-deploy CP employee (M.S.), who is at high risk, to screening
 - Re-deploy FGDM worker (A.S.) to screening as she was recently trained. This is a part-time worker so would need to explore availability to increase staff hours. Would backfill FGDM time by increasing hours for the other FGDM staff.
 - Another child protection worker-depending on current staffing levels for assessments and or case management
 - If CP staffing level are too low, will re-deploy CW worker (J.S.) to screening. This would be an out of class assignment.
 - Re-deploy PSOP worker. This would be an out of class assignment.
 - Re-deploy CMH worker. This would be an out of class assignment.

- **Function B: CP Assessments and Investigations**

- All workers have laptops and are working remotely. Some workers may choose to work from county building and some may come to the building to retrieve case file information and or attend court hearings.
- Case assignments are made based on a pre-established rotation. This rotation schedule is on CP Team SCOOP
- Central Intake emails worker to notify of case assignment
- Supervisors continue weekly supervision with staff via videoconferencing to assess individual worker wellbeing, status of overall workforce along with case issues/needs.
- PPE kits are currently accessible to staff. Supervisors will monitor PPE use and notify manager if additional kits are needed.
- Hand sanitizer, wipes, masks and gloves are also available to staff. Supervisors will monitor supply and notify manager if additional supplies are needed.
- Supervisors will apprise manager if staff are out ill.
- If staffing levels should begin to fall (four or more workers out at once for a prolonged period of time), the following coverage plan would be considered (in descending order):
 - Other CP workers (case managers and or screeners) be redirected to support assessment/investigation
 - Re-deploy and train CW workers (J.S., Tracy K.) to conduct assessments/investigations. This would be an out of class assignment.
 - Re-deploy current child support worker (S.N) who is trained to conduct CP assessments. This would be an out of class assignment.
 - Re-deploy and cross train children's mental health case managers. This would be an out of class assignment.

- **Function C: CP Case Management**

- All workers have laptops and are working remotely. Some workers may choose to work from county building and some may come to the building to retrieve case file information and or attend court hearings.
- Supervisors assign and monitor all case management cases based on workloads

- Supervisors continue weekly supervision via video conferencing to assessment individual worker wellbeing, status of overall workforce and case issues/needs.
- PPE kits are currently available to staff. Supervisors will monitor PPE use and notify manager if additional kits are needed.
- Hand sanitizer, wipes, masks and gloves are available to staff. Supervisors will monitor supply and notify manager if additional supplies are needed.
- If staffing levels begin to fall (four or more workers at once for a prolonged period of time), the following coverage plan would be considered (in descending order):
 - Other CP workers (assessment workers, screener) be re-directed;
 - Re-deploy and train CW workers (J.S., Tracy.K.) to provide case management services. This would be an out of class assignment.
 - Re-deploy current child support worker (S.N.) who is trained to provide case management services. This would be an out of class assignment.
 - Re-deploy and cross train children’s mental health case managers. This would be an out of class assignment.

Adherence to Governor’s Executive Orders

Ensuring sick Employees stay home/Identifying sick Employees

Prior to leaving for work, employees are required to perform a self-assessment using the current [Visitor/Employee Health Screening Tool](#) provided in the Health and Safety section of the COVID-19 Site.

If the employee provides a positive response (yes) to any of the health questions, the employee should remain at home and contact their supervisor, who will consult with the Occupational Health Nurse for recommendations and guidance.

Employees who present any of these symptoms while at work will immediately report their condition to the supervisor. If the employee is deemed *sick*, they will be removed from their worksite and sent home or isolated until they can leave work.

Employees who present these symptoms following a work shift (prior to reporting for another shift) will contact their supervisor. They will be directed to remain at home and the Occupational Health Nurse will provide guidance.

In accordance with CDC guidance, the workstation and equipment used by an employee with these COVID-19 like symptoms will be taken out of service and not used for at least 24 hours. At the end of that period, the area and equipment may be sanitized using routine cleaning procedures.

In any case, when the employees’ worksite/station and equipment used cannot be taken out of service for the required 24 hours, the area and equipment must undergo a deep cleaning procedure, following CDC guidelines, prior to being used by other employees.

Identifying Sick Clients:

A client who reports an illness or presents covid-like symptoms while receiving services in a Scott County Facility, will be escorted out of the building or isolated until transportation can be arranged. The areas and equipment used by the client will be isolated and taken out of service for at least 24 hours. Areas visited or used by the ill clients must be disinfected before allowing other client to enter those areas. Following the 24 hour period, the workstation and equipment must be sanitized using routine cleaning procedures.

For clients in Day Treatment, all parents or legal guardians of all face-to-face program clients will be notified of the potential exposure and asked to monitor their child’s symptoms. Additionally, for 14 days, masks must be worn at all times while in programming regardless of ability to social distance.

For clients in Day Treatment who present these symptoms will report these symptoms to their therapist and the therapist will consult with their Supervisor and the Scott County Occupational Health Nurse for guidance.

Training/Communications:

This Operational Service Plan has been communicated to all departmental employees and necessary training is provided to all staff conducting services, including back-up functions. Additionally, all employees will receive ongoing safety and procedural updates as needed.

Managers and supervisors are responsible to monitor the implementation and effectiveness of this plan, and to make recommendations for improvement based on their observations, or the input and observations of department staff. Supervisor will develop a plan to visit the site either virtually or in person on a regular basis.

This plan has been posted on the County SCOOP site and is available to all employees.

Enforcement:

Managers and employees are responsible to monitor and enforce safety processes. Coaching and corrections will take place when violations occur.

Discontinuation of Services / Shut down:

If illness, contamination or other conditions reduce the minimum resources or employees required to provide services in a manner consistent with this Operational Service Plan, the service will be discontinued, and notices given to customers/clients and staff.

Division Director Comments

Strategic Branch Comments

County Administrator Comments

County Administrator Signature _____ Lezlie Vermillion _____

Operational Service Plan Update

This is an updated Operations Plan but also contains program changes specific to Family Group Decision Making (FGDM). Child protection is a critical service and FGDM is used to prevent placements and safely expedite reunification. The changes to FGDM are designed to support this critical service.