



Operational Services Report

Department:	Child Protection	Date:	March 22, 2020 Updated 6/4/20, 5/4/21, 6/1/21
-------------	------------------	-------	---

Proposed Service Delivery Model (includes PPE / Sanitizing Supplies) for When County Buildings Reopen

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).

On June 14, 2021 all Scott County government buildings will re-open to the public following closures related to the COVID-19 pandemic. Safety protocols which apply to the entire organization can be found on the County’s Coronavirus web page at [Scott County Organizational Covid Health and Safety Guidelines](#). Supervisors are responsible for sharing organizational safety protocols and all staff are required to follow current protocols.

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

- Protocols

- The agency will continue to receive all maltreatment reports and request for service requests from the community. Maltreatment reports or service requests may be made via telephone, email, fax or in-person (walk-ins).
 - Screening meetings will be held in-person and or virtually. In-person meetings will follow all CDC, MDH, executive orders, and county guidance including social distancing and mask mandates.
 - 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 face to face, 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.
 - .CP workers will ask the CDC health screening questions during initial contacts. If someone in the household is COVID positive or symptomatic, worker should contact supervisor to determine plan for safe contact. If in-person contact is required to assure safety, PPE kit must be worn.
 - When conducting home visits, workers will make every attempt to social distance (e.g. meet outside when possible). Staff are required to follow MDH, CDC, executive orders and county guidance regarding COVID related safety protocols including social distancing and mask mandates. Clients should be encouraged to wear their own masks. If a client doesn’t have a mask, a mask will be provided.
 - **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.
- CP/CW workers may use meeting rooms at Government center for client meetings.
- Procedure for client meetings in Government Center:
 - HHS Front Desk will notify work when client arrives for meeting.
 - Front desk staff or worker will ask COVID screening questions. If no symptoms present, worker will meet client in HHS lobby and escort to conference room. If client presents with symptoms, client will be asked to reschedule or make alternative meeting arrangements.
 - Worker and client must wear mask while in County building. This includes during the meeting.
 - Worker will social distance to the extent possible in the meeting room.
 - Worker will be responsible for wiping down the room prior to and following the client meeting.

Face-to-Face Mandates and Exceptions

- Workers should resume all regular in-person meeting with children, youth and parents, 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, TEAMS, WebEX, Doxy.me, should be used for videoconferencing with clients.
- Any videoconferencing systems should be vetted and determine secure by IT. Preferred platform is TEAMS.
- Face Time may be used for foster parents to use with parents to help support frequent contact.

Documentation—Is this still needed??

- 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, a minimum of one time per month, for all open cases. Virtual contacts may be used to supplement or enhance service. Workers should ask the COVID Symptom Screening Questions as outlined under Function A above. If family answers “yes” to the COVID Symptoms Screening questions, worker should consult with their supervisor to determine if an in-person visit is necessary to adequately assess safety. In these situations, workers must use PPE kits. If safety can be adequately assessed remotely, virtual contact may be considered.
- When conducting home visits, workers will make every attempt to social distance (e.g. meet outside when possible). Agency staff are required to follow CDC, MDH, executive orders and county guidance regarding COVID safety protocols including social distancing and mask mandates. Clients should be encouraged to wear their own masks. If a client doesn’t have a mask, a mask will be provided to the client.
- Virtual contact with children, youth and parents may be used to supplement or enhance service delivery.
- Workers should be in regular 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.
- CP/CW workers may schedule client meeting in Government Center West as needed.
- Procedure for client meetings in Government Center:
 - Front desk will notify worker when client arrives for meeting.
 - Front desk staff or worker will ask COVID screening questions prior to start of meeting. If no symptoms present, worker will meet the client in the HHS lobby and walk with them to a meeting room. If client presents with symptoms, client will be asked to reschedule or make alternative meeting arrangements.
 - Worker and client must wear masks while in County building. This includes during the meeting.
 - Worker will social distance to the extent possible in the meeting room.
 - Worker will be responsible for wiping down the room prior to and following the client meeting.

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.
- 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.
- Placing and or Licensing workers will ensure a discussion is held on the impact of COVID-19 is having on their lives and any hardships experienced.
- When conducting home visits, worker (placing or licensing) will contact the foster caregiver and ask the COVID Symptoms Screening questions. If any answer to the screening questions is “yes”, consult with 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). Agency staff are required to follow CDC, MDH, executive orders and county guidance regarding COVID safety protocols including social distancing and mask mandates. Workers will use of face coverings and will wear masks during all client meetings. Foster parents should be encouraged to wear their own masks. If a provider doesn’t have a mask, a mask will be provided.
- Worker should resume regular in-person visits with parents. Videoconferencing may be used to supplement or enhance service delivery.

Approved Technology for Client Contact

Current status: (3/19/2020)

- Only TEAMS,, WebEX and Doxy.me should be used for videoconferencing with clients. TEAMS is the preferred platform.
- 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 “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 staff in discharge meetings. Worker and hospital staff will determine if in-person or virtual meeting is most appropriate.
Workers will resume monthly face to face contact with all children/youth in out of home placement.

Family Meetings, including FGDM

- Family Group Conferences may be held in-person if meeting space supports social distancing FGDM conferences may be held virtually at family request or when meeting space does not support social distancing. 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

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. following CDC/MDH guidance)
- Regular and frequent in-person visits between children and parents will resume. Virtual visits may be used to supplement or enhance parent-child connection and relationship building. Research supports that frequent, high quality visits support timely reunification.
- SW Is/workers must follow all CDC, MDH, executive orders and county guidance regarding safety protocols including social distancing and mask mandates.
- If agency staff need to transport a parent, the county van should be used. Staff should wear masks while transporting clients. Clients should also wear masks and sit in back to help support social distancing
- Car seats will be wiped down with Lysol wipes.
- SW I/worker will contact parent to confirm visit 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.
- Front desk staff will notify worker that parent is here for a visit. Front desk staff or worker will ask COVID screening questions. If client answers, “no”, worker will greet the parent in the HHS lobby and escort them to the designated meeting room. If client answers, “yes”, visit will be rescheduled.
- Agency staff must wear masks. Clients/parents must wear masks while in County building.

- Staff will wear masks during visits and socially distance when possible. Parents will also be required to wear masks.
- Children ages two and under are not required to wear masks. Children age six or older will be required to wear masks. Agency staff will review face covering requirements prior to visits.

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 SW staff.

UA Testing

- Onsite drug testing will follow the Community Corrections Operations plan.
- Offsite testing is available at Averhealth.,

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**

- Two of three screeners will be located in the office with a third screener working remotely. Each screener has a county-issued laptop to support remote working. A rotation schedule will be developed to determine which staff are working in the office and remotely.
- All CP supervisors are able to work remotely. Supervisors will be in the office a minimum of three to four days per week. If two screeners are out at the same time for a prolonged period of time, coverage would be considered in this order:
 - 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 able to work remotely.
- 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 regular supervision with staff. In-person supervision is preferred. A hybrid model of supervision may be considered (e.g. 2 in-person per month and 2 via videoconferencing).
- 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 able to work remotely.
 - Supervisors assign and monitor all case management cases based on workloads
 - Supervisors continue regular supervision with staff. In-person supervision is preferred. A hybrid model of supervision may be considered (e.g. 2 in-person per month and 2 via videoconferencing.
 - PPE kids 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.