The following guidance is based on the most current Iowa Department of Public Health (IDPH) guidance. The health and safety of children, family, staff and administrators are of the utmost importance. This guidance is not intended to address every potential scenario that may arise as this event evolves.

Keep open lines of communication at all levels daily within your organization. Open communication decreases anxiety for workers as well as families. It is important that child welfare service contractors and Department of Human Services (DHS) workers maintain constant communication with one another. Home visitation and in-person visits with families are an essential aspect of providing services designed to ensure the protection of children and families.

MITIGATION PRACTICES MUST BEGIN FOR ALL INDIVIDUALS INVOLVED IN FAMILY INTERACTION, HOME VISITATION AND OTHER SOCIAL WORK PRACTICES REQUIRING IN-PERSON CONTACT WITH FAMILIES

1. Implement common-sense practices for preventing disease spread, such as covering a cough, staying home when sick, and washing hands. The CDC recommends washing hands for at least 20 seconds.

2. Call in advance of conducting home visits or other in-person meetings (see screening questions below. These should be asked in advance).

3. During in-person meetings, do not sit within 6 feet of anyone in the home.

4. Avoid handling paperwork during the meeting.

5. Avoid touching your face or hair during the meeting.

6. Wash hands for at least 20 seconds with warm, soapy water or hand sanitizer before and after the meeting.

Workers should also answer the screening questions for themselves prior to making a home or in-person visit. If any of the answers are ‘yes,’ workers should contact their primary care provider,
follow the primary care provider’s direction and not conduct any home visits to DHS children/ 
families until cleared by their primary care provider to do so. Workers should also notify their 
supervisor of the above.

CONTAINMENT DECISION-MAKING PROCESS
When preparing or scheduling appointments for home-based visits, be sure to ask all parents/ 
caregivers or applicable family members the following questions:

Do you currently have any of the following?

- Fever
- Shortness of breath
- Cough
- Sore Throat

Have you had contact with anyone who has known or possible exposure to the COVID-19 in the last 14 days?

Are you on home quarantine or isolation due to possible contact with someone with possible or confirmed COVID-19 or due to travel?

Have you or anyone in the household recently discharged from a hospital due to confirmed COVID-19 or due to travel?

If no pre-screening phone call is made in advance of contact with a family, workers should conduct 
the screening questions outside of the family home within a safe distance from one another.

If parents/caregivers answer no during pre-screening for the above questions, then proceed with 
home or in-person visit.

If parents/caregivers answer yes to the above questions:

- Do not conduct the home or in-person visit.
- Direct the parent/caregiver to their healthcare provider for medical consultation. Advise them 
to call the doctor before going in. The healthcare provider will report this information as 
appropriate.
  - Advise the parent/caregiver to stay home, except to get medical care and to separate 
    himself/herself from other people and animals.
  - Direct the parent/caregiver to avoid sharing personal household items and to clean high 
    touch surfaces every day.
  - As appropriate, suggest household members stay in another room or be separated from the 
    family as much as possible.
  - Suggest that the family limit non-essential visitors in the home.
- Assess and ensure child safety as well as maintain contact with the family by phone or video 
conference or teleconferencing methods* throughout service delivery.

*When selecting a videoconferencing platform, child welfare services contractors should 
consider HIPAA compliance issues and consult with their own legal counsel. A platform with a 
Business Associate Agreement (BAA) that is HIPAA compliant is sufficient for videoconferencing.
SAFETY PLAN SERVICES

Due to the nature and intent of Safety Plan Services, all contacts should be in-person. Care Coordinators should assess for COVID-19 issues by asking the pre-health screening questions by phone, text, or email. If no pre-screening phone call is made in advance of contact with a family, workers should conduct the screening questions outside of the family home within a safe distance from one another. If parents/caregivers answer no during pre-screening questions, then proceed with home or in-person visit. If parents/caregivers answer yes to the questions, do not conduct the home or in-person visit. You must assess and ensure child safety as well as maintain contact with the family by phone or videoconference or teleconferencing methods throughout service delivery.

- Contacts made through phone or videoconferencing or teleconferencing should be a minimum of 30 minutes to satisfy in-person contacts as required under contract.
- In-person contact and visitation should resume once the symptoms of illness are clear.
- Document screening data within the “summary of service provision or attempt” section on the contact summary log.
- Describe service delivery activities and/or interventions provided during the contact that specifically addresses identified issues that affect safety.

FSRP SERVICES

In-person contacts during provision of Family Safety, Risk, and Permanency (FSRP) Services are suspended through May 30, 2020. In lieu of in-person contacts during this time, you are required to increase phone, videoconferencing or teleconferencing contacts to ensure safety and well-being of the children. These contacts should be a minimum of 15 minutes and occur 2 - 3 times per week to satisfy in-person contacts as required under contract. Face masks must be used during the course of any in the home visits.

Topics to cover with parents should include questions such as:

- How have you been impacted by the current health crisis?
- How has this impacted your parenting?
- What is the hardest or best part of your day?
- Have your sleeping or eating habits been disrupted?
- Are you able to go outside each day while also ensuring social distancing?
- Do you need ideas for how to support your children during this stressful time?

In addition to having conversations with parents/caretakers, you must closely assess the child’s safety and if developmentally appropriate, speak with them alone. Topics to cover with children will vary depending on age, development, and circumstances of the case. Suggested questions for child contacts include:

- What are some of the activities or things you are doing?
- Have you experienced changes in your routine and how are you coping with those?
- How are you currently feeling?
- Are you missing school?
- How are you spending your time at home?
- Do you feel safe in your home?

If you choose to conduct in-person meetings at your own discretion, you must follow all Centers
for Disease Control and Prevention (CDC) guidelines. This means contacts should occur outside (weather permitting) whenever possible. Personal protective equipment (PPE) must be used as well as other mitigation strategies outlined in DHS and CDC guidance.

If decisions made at the local DHS and contractor level determines in-person contact is required on certain cases, follow all CDC guidelines.

COMMUNITY CARE

▶ The assigned Community Care case manager should adhere to the same procedures identified above for FSRP Services when reaching out to families to offer services.

KINSHIP NAVIGATOR PROGRAM

▶ The assigned kinship specialist should adhere to the same procedures identified above when reaching out to kin or fictive kin caregivers to offer services.

▶ Contacts made through phone or videoconferencing or teleconferencing should be a minimum of 30 minutes to be considered substantive to replace in-person contacts as required under contract.

FAMILY TEAM DECISION-MAKING (FTDM) AND YOUTH TRANSITION DECISION-MAKING (YTDM) MEETINGS (ATTENDANCE/FACILITATION)

When it comes conducting FTDM meetings, the family maintains the decision to choose the method of their meeting.

If the family chooses to have an in-person FTDM meeting, an in-person meeting will be held at the local contractor office with the following expectations:

▶ Face masks must be used during the course of any in the home visits.

▶ The FTDM meeting facilitator and family are required to be in-person and there should be less than 10 people in the room.

• The room should be clean with the table/chairs and other equipment wiped down with disinfectant wipes.

• The room should be equipped with hand sanitizer.

• No one should sit within 6 feet from one another in the room.

▶ All other team members, including the DHS worker and the FSRP Services care coordinator, will call into the meeting.

If the family chooses not to have an in-person meeting, videoconferencing is the next option to conduct the meeting. If videoconferencing is not available, a meeting by phone is allowed. If no meeting is held, document if canceled or postponed and include the reason.

The above FTDM meeting procedures apply to facilitation of YTDM meetings with the youth having decision to choose the method of their meeting.

FAMILY INTERACTIONS

In typical times, in-person family interaction is an essential activity to ensure children are connected to their family and to promote reunification. Though we know telephone communication and videoconferencing are not adequate substitutes to socializing with family members in person, our science-based understanding of how COVID-19 is transmitted is changing.

Balancing the needs of children to see their parents in person is currently at odds with the need...
to practice social distancing to protect the overall health of the public. Effective immediately, DHS is required to re-evaluate each case and determine how to safely implement family meetings and interactions. DHS strongly encourages the use of videoconferencing and telephone conferencing in lieu of in-person interactions. Reach out to kin/fictive kin caregivers and foster parents to see what they need in order to use technology to maintain connection, help facilitate virtual interactions/contact, etc.

As you work with families to transition to phone and video options, those families with exceptional circumstances, who wish to request an in-person family interaction, must contact their social worker, who will elevate the request to leadership for approval. If an in-person family interaction occurs, personal protective equipment (PPE) such as a face mask, must be used.

DHS will reevaluate this policy as the Centers for Disease Control and Prevention (CDC) and the Iowa Department of Public Health (IDPH) release new information and recommendations.

Child safety remains a top priority of the child welfare system, as does maintaining family connections. DHS is committed to resuming in-person contact as soon as is reasonably possible.

GENERAL RESOURCES

The situation related to COVID-19 is changing rapidly. Visit the websites below for up-to-date information:

- **Centers for Disease Control and Prevention**
  

- **Iowa Department of Public Health**
  
  or Copy this link: [https://idph.iowa.gov/Emerging-Health-Issues/Novel-Coronavirus](https://idph.iowa.gov/Emerging-Health-Issues/Novel-Coronavirus)

- **COVID-19 DHS Resources**
  
  or Copy this link: [https://dhs.iowa.gov/COVID19](https://dhs.iowa.gov/COVID19)

The information outlined in this document is further subject to change due to the rapidly evolving situation related to COVID-19. This guidance remains in place until further notice.

*If you become aware of a confirmed or presumptively positive case, please notify the DHS referring worker, your supervisor, and Mindy Norwood, Program Manager over Family-Centered Child Welfare Services at mnorwoo@dhs.state.ia.us.*