Modify timelines and face-to-face requirements for Child Protection responses to alleged maltreatment

TOPIC
Policy modification for face-to-face contact requirements and timelines for child protection assessments and investigations in limited circumstances related to COVID-19 precautions.

PURPOSE
Provide information on circumstances in which a modified timeline or face-to-face contact requirements are permissible as a temporary measure to limit exposure to COVID-19.

CONTACT
Child Safety and Permanency Division
dhs.csp.safety@state.mn.us

SIGNED
NIKKI FARAGO
Assistant Commissioner
Children and Families Administration

TERMINOLOGY NOTICE
The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.
I. Background

As Minnesota experiences the COVID-19 pandemic, Minnesota Department of Human Services (department) staff are reviewing circumstances in which modification of policies and practice are needed to align with measures to slow the spread of COVID-19 through social distancing and quarantine.

Face-to-face contact with a child reported to be maltreated, and with their primary caregiver/s, is required and must be sufficient to complete a safety assessment and ensure immediate safety of the child. Face-to-face contact with the child and primary caregiver shall occur immediately if sexual abuse or substantial child endangerment are alleged, and within five calendar days for all other reports. If an alleged offender was not already interviewed as the primary caregiver, the local welfare agency shall also conduct face-to-face interviews with alleged offenders in the early stages of assessment or investigation. [Minnesota Statutes, section 626.556, subdivision 10(j)]

II. Modified policy

Governor Tim Walz signed Emergency Executive Order 20-12 on March 20, 2020, permitting the department’s commissioner to temporarily waive or modify state statute. In response to the Minnesota statute waiver, the commissioner approved a waiver to modify requirements and timelines of face-to-face contact with alleged victims, primary caregivers, and alleged offenders [Minnesota Statutes, section 626.556, subdivision 10(j)] in child protection assessments or investigations by the responsible social services agency [Minnesota Statutes, section 626.556, subdivisions 3c and 3e] in limited circumstances.

In most cases, contact must continue to be made within established time frames identified below, and in some cases, alternative contact methods other than face-to-face may be used. These circumstances may apply to various types of reports and include:

Reports of substantial child endangerment or sexual abuse

1. If the alleged victim is seen by law enforcement or hospital staff, this contact will suffice for the face-to-face contact required to be made immediately with the child and the child’s primary caregiver. If the alleged offender is not the primary caregiver, the face-to-face contact required to be made with the alleged offender in the early stages of the assessment or investigation may be made by alternative means of a video call or telephone call.

2. If the alleged victim is not seen by law enforcement or hospital staff and the child’s primary caregiver is the alleged offender, face-to-face contact is still required to be made immediately with the child and the primary caregiver.

3. If the alleged victim is not seen by law enforcement or hospital staff and the child’s primary caregiver is not the alleged offender and the alleged offender does not and will not have access to the child (for example, because the child is in foster care or a facility, or the alleged offender is in another state or is incarcerated), contact must occur within five calendar days. In such cases, contact with the alleged offender may be made by alternative means of a video call or telephone call. Contact with the alleged victim and the child’s primary caregiver must be made
within five calendar days, and may be made by the alternative means of a video call or telephone call using the factors described below for all other reports.

Other reports of maltreatment

Follow the guidelines below for other reports of maltreatment:

County or tribal staff, in consultation with their supervisors, will review the allegations and determine whether alternative means of a video call or telephone call may be used in place of the requirement for initial face-to-face contact. Contact is still required to be made within five calendar days with the alleged victim and the child’s primary caregiver, and in the early stages of the assessment or investigation with the alleged offender if different than the primary caregiver. However, face-to-face contact may be replaced by alternative means of a video call or telephone call, taking into consideration the following factors:

1. Current or past history with the family; presence of domestic violence, substance use, or mental health concerns; age and number of children; and other reported risk factors.
2. The location of the child and the location of the alleged offender, and whether immediate safety can be assured using alternative means of a video call or telephone call in place of the initial face-to-face contact.
3. For allegations of educational neglect, contact may be made using alternative means of a video call or telephone call. The focus of these assessments should be to ensure the child has access to and support in using distance learning, including a plan for follow-up.

Alternatives to a face-to-face initial safety assessment should be used sparingly, as the point of initial assessment or investigation is when the child welfare system knows the least about a child, family, and risk/safety factors. The preferred alternative method of contact is video (e.g., Face Time, Vidyo, Google Meet, etc.), and when not available, phone contact is allowed. The first timely face-to-face contact is paramount to safety intervention. Face-to-face protocols should be followed as outlined in section III. When using alternative methods other than face to face, if an immediate safety threat becomes known to a caseworker, face-to-face contact may be necessary. Consult with supervisor or designee for guidance.

Collateral contacts are encouraged using alternative methods other than face to face, whenever possible.

Given potential interruption in services caused by the COVID-19 crisis, it is especially critical that safety plans be developed and regularly reviewed and updated with all applicable family members.

Reports subject to any of the modified policies, must be reviewed and approved by a child protection supervisor or designee. This approval must be clearly documented in the Social Service Information System (SSIS) case notes using COVID-19 coding as indicated below.

III. Face-to-face contacts

When a face-to-face visit is required (see section II), prior to entering a home, caseworkers should engage families in completing a health questionnaire to determine risk due to exposure or symptomology using the COVID-19 screening questions below. If caseworkers are unable to call families before a home visit, or if it is intended to be an unannounced visit, ask the COVID-19 screening questions regarding all household members before entering homes.
**COVID-19 screening questions**

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>☐</td>
<td>Yes □ No</td>
<td>Does anyone in the household have a fever, cough or other signs of illness?</td>
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<tr>
<td>☐</td>
<td>Yes □ No</td>
<td>Have you or anyone in your household come into contact with any person under investigation (PUI) for exposure to the COVID-19 Coronavirus, or anyone with known COVID-19?</td>
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<tr>
<td>☐</td>
<td>Yes □ No</td>
<td>Has anyone in the household been tested for the COVID-19 virus?</td>
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<tr>
<td>☐</td>
<td>Yes □ No</td>
<td>If yes, did anyone in the household test positive for COVID-19?</td>
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<tr>
<td>☐</td>
<td>Yes □ No</td>
<td>If a test is pending, is the individual isolated/quarantined while awaiting results?</td>
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If a family indicates “Yes” to any of the screening questions: Caseworkers should consult with their supervisor to determine how contact should be made. In some cases, contact with law enforcement or emergency medical services may be necessary. Consultation with local public health and a county or tribal attorney may be useful in these circumstances.

If the answer is “No” to all questions: Proceed with face-to-face contact.

**Use precaution during and after home visits**

Whenever caseworkers visit a family’s home, they should take common-sense precautions to reduce their exposure to COVID-19, including:

- Avoid touching surfaces in the home as much as possible. Use a tissue to touch a surface when needed
- Avoid shaking hands with family members or engaging in other forms of physical greeting
- Maintain six feet between caseworker and family members during home visits whenever possible
- When possible and when privacy can be maintained, meet outdoors, unless accessing the home is necessary due to the nature of a report
- Clean and sanitize hands both prior to and after each home visit by washing hands with soap and warm water for at least 20 seconds, or using hand sanitizer or sanitizing wipes
- Clean and disinfect home, car, and workspace with alcohol- or bleach-based products often
- Clean and disinfect clothes often
- Avoid touching the face
- Avoid sharing writing utensils and technology devices.

**IV. Conducting virtual visits**

Virtual interviewing is a new way to conduct interviews and home visits. The following are meant as guidelines, adapted according to situations with families. Remember that asking open ended questions is an optimal strategy to obtain the best information possible. These questions should assist in completing Structured Decision Making tools. If a safety plan is indicated, one should be developed verbally.

**Safety**

Safety questions include asking:

- If it is possible to visit with child alone, age dependent, with few or no distractions
• Child if they have any fears regarding their physical or emotional safety. Ask questions about details of any injuries child or parent disclose.
• What persons offer support for the parent/s and child, both in and out of the home.
• Child/parent who visited the home over the past few days.
• Child/parent/s what makes them feel safe.
• For a virtual tour of the home.
• Specifics necessary to assess reported allegations, and observe the condition of the child.

Basic needs

Basic needs questions include asking:

• Child/parent/s what they had for breakfast, lunch, dinner
• How they are getting food, who is preparing the food, who goes to the store
• Child/parent/s if they have enough food, or if they are eating differently since the onset of a crisis
• How they are ensuring cleanliness of the home environment, or if there is a need for supplies
• About housing, whether it is stable or if assistance is needed
• About health care needs of existing conditions or newly developing symptoms
• About clothing needs, including shoes and outdoor gear.

Well-being

Well-being questions include asking:

• If child/parent/s have been receiving services, whether they have connected by phone or video with service providers
• What types of things child/family is doing for fun
• Child/parent/s what their daily schedule looks like
• Child/parent/s what they are doing related to school (is child completing work or have a plan to complete work)
• Child/parent/s whether they have someone to talk to when they have questions or are worried
• Child/parent/s what they do when they feel lonely
• If child/parent/s know how to contact their caseworker if they need to talk
• Child if they know how their parent is getting help or support
• Parent/s about their safety network.

Efforts should be made to have virtual check-ins and follow-up regularly. If a safety threat becomes imminent, consult with supervisor or designee to develop a plan for face-to-face contact.

V. Closing a child protection assessment or investigation

In cases where initial contact is made other than face to face, efforts should be made to conduct future face-to-face visits with alleged victim and their primary caregiver at some point during the 45-day time period. This will
allow caseworkers to more fully complete safety and risk assessments, and to ensure needs are being met and/or to check on safety or case plans.

Exceptions may be made in the following situations, in Family:

- Assessment cases when the SDM Risk Assessment level is low or moderate, and there is not a safety threat
- Investigation cases when the SDM Risk Assessment level is low and there is not a safety threat.

VI. Documenting in SSIS

Allowable modifications to contact method or time frame, as outlined in this bulletin, should be documented in SSIS. When making a child observation/interview via video-conferencing or phone contact in lieu of in person face-to-face contact, the following procedures apply. In the:

- “County sub-service” field, select "87- COVID 19 Related"
- “Method” field, select “face-to-face”
- “Note” field, enter supporting information, such as who conducted an interview, related circumstances, safety issues, and other risks or important information to the investigation or assessment.
The statewide sub-service code “87- COVID 19 Related” allows for local and statewide tracking of work and activities related to COVID-19.

Related General reports in SSIS will not be updated to account for these time-limited changes.

VI. Resources

For information and resources, see the following:

- Centers for Disease Control and Prevention webpage
- Minnesota Department of Human Services webpage (sign up for email notifications)
- Minnesota Department of Health
- BeReadyMN
- Administration for Children and Families, Children’s Bureau
- Monthly Caseworker Visits Modified to Permit Video-conferencing, department bulletin 20-68-11
- Child welfare safety assessment and planning during COVID-19 and social distancing

Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling (651) 431-4630 (voice) or by using your preferred relay service. For other information on disability rights and protections, contact the agency’s ADA coordinator.