



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Child Protective Services Guidance COVID-19

April 3, 2020

COVID-19 presents North Carolina with an unprecedented crisis that is disrupting most businesses and activities. Governor Cooper issued a statewide “stay at home” order, effective at 5 PM on March 30th, that includes limited exceptions for essential activities and services. The situation with COVID-19 has been and promises to continue changing rapidly. Thus far the impact on counties varies widely.

In this unprecedented environment, this guidance is to assist in the continued provision of essential child protective services. The preliminary guidelines here have been informed by actions taken in other states and by consultation with North Carolina county DSS leaders.

The challenge we face is how best to protect children, staff and family during this challenging and fluid situation. We will start with three basic premises:

- 1) Child Protective Services (CPS) is an essential service responsible for assuring the safety of children who are suspected or who have been found to be abused, neglected or dependent. Face-to-face (F2F) contact between CPS workers and children has long been a cornerstone in assuring children are safe.
- 2) CPS also has a responsibility to make working conditions for CPS staff as safe as possible. CPS cannot adequately protect children if it does not also protect staff.
- 3) The COVID-19 virus represents an unprecedented challenge. Because of the nature of the virus, face-to-face contacts required in CPS policy carry a risk of contagion to staff, to children, and to the adults in children’s lives responsible for their care and safety. The risk to the child of not having a face-to-face visit must be weighed against the risk of contagion when deciding whether an otherwise required face-to-face visit should take place and how it should be modified to reduce overall risk. Additionally, each county may need to make decisions in the context of the changing reality of their staff resources.

Below are questions and guidance for consideration. The guidance is not meant to be a full listing of all applicable situations and is intended for each county to apply to their individual situation:

What are the situations in which a face to face visit remains most critical to assure safety?

(All face to face contact required in policy is important and serves the purpose of increasing protections for children and families. We recognize, however, that the current crisis poses new risks and challenges and may force prioritization.)

1. An initial face-to-face initiation is a critical element to assuring safety when CPS receives a new report accepted for investigative or family assessment.

2. Face-to face initiations are even more critical for the following categories of accepted reports:
 - a. Any report that would require immediate response
 - b. Reports including serious domestic violence
 - c. Reports including serious substance abuse or mental concerns
 - d. Reports involving very young children especially reports in which young children are alleged to have suffered injuries
 - e. Reports from households in which a child has previously died or experienced serious harm as a result of abuse or neglect
 - f. Reports from households with a child who was recently returned to a home from which the child was removed
 - g. Other reports that in the professional judgment of the county staff represent elevated risk
3. Follow up visits should be prioritized in CPS assessments when children have been found to be conditionally safe and when continued monitoring is needed to assure ongoing safety and adherence to a safety agreement.
4. Face-to-face visits should be prioritized for CPS in-home services when continuing monitoring is needed to assure ongoing safety and adherence to safety agreements.
5. Face-to-face visits should be prioritized whenever a child is moving to a new household as part of a safety agreement.

When face-to-face visits are going to be attempted, what strategies should counties use to mitigate the risk of contagion to staff and families?

Counties and staff should consider the following:

1. Temporarily adding questions to the intake protocol about whether anyone in the household has been diagnosed with COVID-19, has symptoms of COVID-19, or has known exposure to COVID-19.
2. Calling the family to arrange visits whenever the call is not inconsistent with the child's safety, inquiring about COVID-19 diagnosis, symptoms or exposure, and planning ahead on how the visit will be conducted.
3. When it is not possible to call ahead, asking the family at the door about COVID-19 diagnosis, symptoms, or known exposure.
4. Taking steps to maintain social distance during visits. In some cases, this may mean meeting outside, meeting on the other side of a glass door, or meeting at an alternate location that allows observation and interaction safely.
5. Using personal protective equipment appropriate to the situation. Normal procedure includes wearing gloves when you have contact with someone's skin directly or contact with contaminated surfaces and should be followed. See additional guidance: <https://files.nc.gov/ncdhhs/documents/files/covid-19/NC-Interim-Guidance-for-PPE-in-Non-Medical-Setting.pdf>
6. Communicating with the county health department prior to an initial visit.

What alternative strategies to face to face visits can counties use, and should they consider to assure safety and promote well-being?

1. Counties should consider whether a video conferencing option is available, feasible and consistent with maintaining child safety.
2. When a video conferencing option is not available, counties can consider whether a telephone contact is consistent with maintaining child safety.
3. Counties should consider whether other persons in or close to a child's household can provide reliable and accurate information about a child's safety. In making this determination, counties may want to consider the number of people who can provide information, their access to accurate information, and their motivation to share accurate information with the county.

What are some face to face CPS visits that could be done virtually?

1. Visits with non-custodial parents who were not alleged to be perpetrators
2. Visits with children in Temporary Parental Safety Placements when there are no concerns about the child's safety
3. Visits with biological parents when children are placed in Temporary Safety Placements
4. Follow up visits with older youth and their parents when the youth have access to cell phones, and it is feasible to believe youth would be forthcoming in sharing concerns about their safety.
5. Cases that remain open pending Child Medical Exams with no threat to child safety

What are some ways of limiting the number of face to face contacts needed?

1. Ask questions about the family's needs at Intake so that relief can be provided at initiation such as providing food assistance if that is a concern
2. Preplan initiation so that all relevant information can be addressed at first home visit
This includes the following:
Background Checks: CW Assist, WORM
Consider families service needs and referrals needed
Contact any collaterals on the report prior to initiation so that there are no surprises

What if children need referrals to outside providers to ensure safety or assist in CPS Assessments?

1. Agencies should continue to make referrals as normal to the CMEP (Child Medical Evaluation Program) and CFEP (Child Family Evaluation Program) and follow the guidance given by the provider for the scheduled visit
2. Agencies should continue to make referrals to community providers as normal, working with the provider for the best way to serve the family following community and statewide ordinances during the COVID 19 pandemic.