

# Guidance for Conducting Comprehensive Safety Assessments During COVID-19

This guidance is provided as a supplement to FACS Policy Memo 20-01, Disaster Plan Update, COVID-19 Staff Protocol for Client Contact. This guidance is effective immediately and will remain until FACS Policy Memo 20-01 is no longer in effect.

- Ensure that all intakes accepted for assignment are reviewed prior to assigning for information regarding the child or family status related to COVID-19.
- When contacting the referent, determine if they have information they can provide regarding the child or families status related to COVID-19.
- Upon arrival at the home, the worker should complete the screening questions for all household members at the door prior to entering the home:
  - Have you, or any member of your family, been exposed to someone who has a confirmed case of COVID-19?
  - Are you or anyone in your household being tested for COVID-19?
- Do you have any of the following symptoms as listed by the CDC? Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms or combinations of symptoms may have COVID-19:
  - Cough
  - Shortness of breath or difficulty breathing
  - *Or at least two of these symptoms:*
    - *Fever*
    - *Chills*
    - *Repeated shaking with chills*
    - *Muscle pain*
    - *Headache*
    - *Sore throat*
    - *New loss of taste or smell*

**If the answer to any of these questions is “yes,” do not enter the home. Consult with your supervisor on alternative assessment plans.**

In addition, please utilize the additional guidance below:

- If the safety assessor is unable to see the child(ren) face to face as required by the comprehensive safety assessment due to the presence of COVID-19, the alternative means of assessment must be documented in ESPI. When face to face is not an option you should utilize video conferencing technology like Facetime, Skype or another video technology. If this is not an option a supervisor must approve utilizing telephone or other options. All alternative methods must be approved by a supervisor.
- Request a variance from the supervisor
  - All variances granted for not seeing a child face to face must be entered as **“Professional Judgement”** in ESPI.
  - The justification for the variance shall state: **Due to the possibility or confirmed presence of COVID-19, the child(ren) could not be seen face to face. See additional justification on how child was assessed under child functioning.**

- By what method, and how the assigned worker assessed the safety and functioning of the child must be documented in “Child Functioning” portion of the assessment. For example, this would include:
  - Due to the child and family having been exposed to COVID-19 through the father’s employment, the child could not be seen face to face. It is the professional judgment of the worker and supervisor that the child could safely be assessed by phone to limit the exposure to the virus. This decision was based on the child’s age of 8 years and historical information in the file that indicated the child was open and engaging with previous workers. The family did not have access to a video conferencing. The child told this worker they were in their bedroom and both parents were in the living room during the phone interview. The child reported feeling comfortable with this form of communication and openly engaged in conversation with this worker, sharing information about family game nights during the stay at home order.
  - This justification is in addition to other information you would normally include in child functioning.
- For all cases with a formal or informal safety plan, the worker will contact the safety monitor on a weekly basis, at a minimum, to confirm their continued ability to serve as a monitor.
- Staff will conduct visits with parents/caretakers by video conferencing as available or by phone to discuss the wellbeing of children in their care, ongoing case planning and to assess for the needs of the parents/caretakers.
- The social worker will ensure that age appropriate children, parents, relative/kinship providers, and safety monitors have their and their supervisors contact information as well as the number for Centralized Intake.