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DCF Order 15 and 24

### **Case Practice FAQ's During the COVID-19 Pandemic**

This communication serves to provide an update on guidance previously issued in DCF orders #24 and #15. As our state and local communities attend to the changing expectations around COVID-19, the DCF wants to ensure the guidance provided is updated to reflect the changes.

In March of 2020, many local child welfare and youth justice agencies began making certain face-to-face contacts with children, youth and families through technology in order to reduce the risk of exposure to COVID-19. Guidance from state and local public health, state emergency and executive orders, and the Department of Children and Families (DCF) has guided this process. DCF has been asked to provide updated guidance on face-to-face contacts. With respect to caseworker-child/youth and caseworker-family contacts, the DCF is rebalancing the guidance towards how we as a field can accomplish home visits and in-person contacts with children, youth and families while maintaining local flexibility to handle exceptional circumstances and/or localized outbreaks of the virus. DCF has also issued updated guidance regarding face-to-face family interactions that similarly seeks to rebalance the guidance along the same lines (<https://dcf.wisconsin.gov/files/press/2020/covid/f2f-update.pdf>).

As the circumstances of COVID-19 continue to evolve, it has become apparent that total elimination of the risks of infection with this disease will not happen soon. We know that face-to-face contacts with children, youth, parents, and out-of-home caregivers are essential in assessing safety, creating engagement and in case planning. They are also necessary for timely and positive outcomes for children and youth.

The federal Administration for Children and Families' Children's Bureau ("Children's Bureau") has provided updated guidance related to whether technology may be used in order to meet the federal statutory requirement for monthly caseworker visits for children in out-of-home care. That guidance provides, in part:

"[T]here are limited circumstances in which a title IV-B agency could waive the in-person aspect of the requirement and permit monthly caseworker visits to be accomplished through videoconferencing. Such circumstances are limited to those that are beyond the control of the caseworker, child, or foster family, such as a declaration of an emergency that prohibits or strongly discourages person-to-person contact for public health reasons; a child or caseworker whose severe health condition warrants limiting person-to-person contact; and other similar public or individual health challenges.... The waiver of the requirement would be narrowly limited to the timeframe during which the public or individual health challenge or issue renders it impossible or ill advised to meet the in-person requirement....Scheduling conflicts and the like are insufficient grounds for waiving the in person requirement."

See Federal Child Welfare Policy Manual, Title IV-B, Section 7.3, Question no. 8.

In light of this federal guidance and the continuing COVID-19 pandemic, local agencies are encouraged to consider all information available to them including individual circumstances, any county or local orders that may be in effect, community public health advisories, and CDC recommendations, in determining the best course of action, with preference towards home visits and in-person contact when they can be achieved with minimal risk to the parties involved. Multiple protection strategies are necessary when resuming in-person contact to minimize risk to children, youth, parents, out-of-home caregivers, child welfare professionals, and others in our homes and our community. Re-instituting and maintaining home visits and in-person contact should be pursued in a planful manner and will require additional precautions.

Local child welfare and youth justice agencies should refer to the Center for Disease Control (CDC) for additional guidance and resources (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>) as procedures for decision-making are established by each agency.

The documentation guidance and frequently asked questions (FAQs) laid out in the DCF orders #24 and #15 have been updated and combined in this one document, which replaces those previous orders.

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**Documentation of Face-to-Face Contacts:**

On March 18, 2020, the Administration for Children and Families (ACF) updated its guidance relating to the federal caseworker-child visitation requirement for out-of-home care to permit contacts through video-conferencing in limited circumstances. In addition, on April 15, 2020, ACF issued new guidance relating to face-to-face caseworker contacts for children living in out-of-home care. This includes the following:

*Caseworker Visits in the Child’s Residence (States Only) Section 424(f)(2)(A) of the Act requires that each state must ensure that not less than 50 percent of the total number of monthly caseworker visits during a federal fiscal year occur in the residence of the child. The Children’s Bureau identified this requirement as an administrative condition that it may modify under the Stafford Act authority.*

*Thus, during the major disaster period, the title IV-E agency may include the monthly caseworker visits that occur by means of video conferencing as “in the child’s residence” for meeting the requirement in §424(f)(2)(A) of the Act.*

In light of this flexibility, case notes may be documented as follows:

**Documentation of virtual F2F contacts for children who are served in-home:**

These F2F contacts should be documented in an eWiSACWIS Case Note in the following way:

**Type:** Face-to-Face

**Type detail:** (optional field) Use discretion

**Face-to-Face Location:** Home Visit

**Face-to-Face Results:** Occurred

**Narrative box:** Include the following statement to the content of the case note:

COVID-19 virtual contact

**Documentation of virtual F2F contacts for children in the out-of-home care placement:**

These F2F contacts should be documented in an eWiSACWIS Case Note in the following way:

**Type:** Face-to-Face

**Type detail:** (optional field) Use discretion

**Face-to-Face Location:** Out of Home Care

**Face-to-Face Results:** Occurred

**Narrative box:** Include the following statement to the content of the case note:

COVID-19 virtual contact

**Access FAQs:**

**How are agencies fulfilling Access duties remotely?**

Local agencies may decide how to best receive Access reports during this time, in accordance with Chapter 48 and the DCF Access and Initial Assessment Standards (I.B. Availability to Receive Access Reports). Agencies may consider call forwarding, answering service, and returning messages as options to receive calls when operating outside of the traditional office environment.

**Are there any different requirements for screening Secondary Caregiver Assessments during the period of the COVID-19 pandemic?**

Secondary Caregiver Assessments are still subject to the same screening standards as they were prior to the COVID-19 pandemic.

**Can agencies screen out Services Reports?**

The ability to screen out reports that do not meet the statutory criteria for CPS intervention remains unchanged during the period of the COVID-19 pandemic. Agencies must still comply with all applicable state and federal laws.

**What should happen with reports relating to COVID-19 and neglect? For example, a parent reporting that another parent is exposing their child to COVID-19?**

There will be situations where children may be exposed to COVID-19 while they are with their family members or out-of-home care placement. Efforts to quarantine and manage this in the home or placement may be occurring. This is a reality for many families, and absent any information that constitutes child abuse or neglect, these may be screened out.

Local CPS agencies may receive reports that include information relating to COVID-19 exposure and also concerns of maltreatment. Any information received that constitutes child abuse or neglect, or threatened child abuse or neglect, continues to be required to be screened in.

**Initial Assessment FAQs:**

**How do I respond to CPS Reports with a response time of “within 5 business days”?**

All response times should continue to be met.

**Do CPS professionals need to conduct a face-to-face contact with the child who is the subject of an Initial Assessment or can this be virtual?**

The initial face-to-face contact with the child needs to occur in-person. See the document on the DCF COVID-19 website, titled *Case Practice: Face-to-Face Caseworker Contacts*. Local CPS agencies are encouraged to have in-person contacts with children throughout the Initial Assessment process unless circumstances warrant virtual contact in order to ensure the health of the child, family and child welfare professional.

**Do CPS professionals need to complete an in-person visit to the home where the alleged maltreatment occurred, or where a danger threat is identified?**

If the alleged maltreater(s) continues to reside in the same home as the child(ren), Chapter 48 requires that the Initial Assessment [investigation] shall include a visit to that home, if possible. See Wis. Stat. § 48.981(3)(c)1.b.

Local child welfare agencies should consult with their local public health department as to how to safely proceed with home visits. In instances where a visit to the home is not possible due to specific exposure concerns, a virtual contact may suffice but the exception to standards decision and rationale should be documented in a case note.

**Do CPS professionals need to have in-person contact with the alleged maltreater in order to make maltreatment and/or maltreater decisions at the conclusion of the Initial Assessment?**

**Primary Assessments**

- Local CPS agencies are encouraged to conduct face-to-face contacts with all household members, unless circumstances warrant virtual contact in order to ensure the health of the child, family and child welfare professional.
- When in-person contact with the alleged maltreater(s) is not possible, virtual contact must occur. Whether the contact is in-person or virtual, CPS staff must still advise the alleged maltreater of the allegations made against him or her. In addition, as noted in XX.C of the [Access and Initial Assessment Standards](#) (pg. 61), local child welfare agencies must notify persons against whom a substantiated finding of child abuse or neglect has been made that they have a right to appeal that decision.

**Secondary and Non-Caregiver Assessments**

- With respect to a Secondary Caregiver Assessment in which the parent is aware and protective, in situations where the alleged maltreater falls into one of the categories listed in Wis. Stat. § 48.981(1) (am) 5. to 8. and does not have continued access to the child, the local CPS agency may elect to conduct the contact with the child virtually (through video technology or telephonically) rather than face-to-face. In-person contact is encouraged unless circumstances warrant virtual contact in order to ensure the health of the child, family and child welfare professional.

**What if a parent is refusing to allow a CPS professional into their home/to see them or their child(ren) due to COVID-19 concerns?**

If consent is not given or there is no court order, the CPS professional must first consult with a supervisor, supervisor’s designee, or legal counsel to determine if there are emergency or exigent

circumstances, or if necessary, make emergency contact with law enforcement. See also DCF Access and Initial Assessment Standards at XIII.B.

### **How do I go about conducting subsequent and collateral contacts?**

#### Subsequent Contacts

- Local CPS agencies are encouraged to conduct these contacts in-person unless circumstances warrant virtual contact in order to ensure the health of the child, family and child welfare professional.
- Local child welfare agencies may use other professional staff as designees for in-person contacts. See the [Ongoing Services Standards, p. 199](#), for more information on contact by designee. When using designees, timely and clear communication is essential and contacts by designees still need to be documented in case notes.
- For more detailed information regarding face-to-face contacts, please reference the document on the DCF COVID-19 website, titled *Case Practice: Face-to-Face Caseworker Contacts*.

#### Collateral Contacts

- In-person contact with collateral contacts is not required; CPS professionals are encouraged to contact and gather information from collateral contacts using phone, text, email, or alternative technologies (such as Skype, FaceTime, Zoom, etc.).

### **Can CPS professionals collaborate with other, external professionals in order to gather information needed to complete the Initial Assessment?**

At times, other professionals (i.e. law enforcement, medical professionals, or other mandated reporters) may have contact with the child(ren), parents/caregivers, and/or other household members and have information that is useful for CPS. CPS should continue to utilize existing collaborations with other professionals in order to gather information and complete the Initial Assessment. Contacts with children and families conducted by other professionals cannot replace face-to-face contact expectations of child welfare professionals.

Local child welfare agencies should work with professionals within their local communities in order to understand how local mandates may be impacting other professionals' ability to interact with children and/or parents in their home.

Additionally, the local child welfare agency must continue to assess the sufficiency and feasibility of other professionals' ability to collaborate and to gather information necessary for CPS decision-making.

## **General Case Practice and Service Information FAQs:**

### **Is protective gear available to local CPS agencies?**

The DCF recognizes the critical supply shortages of personal protective equipment has impacted child welfare professionals. This shortage has been felt in every sector. Local agencies are encouraged to work with their local public health department, local stores or other suppliers, and non-profit organizations to obtain any additional PPE needed.

### **Should I change how I interact and engage with families during this time?**

With the evolution and continuation of COVID-19, the way in which child welfare and youth justice professionals interact and engage with families may continue to change. Agencies have been encouraged to utilize a variety of tools to remotely engage and assess the family including use of alternative technologies (e.g. Skype, FaceTime, Zoom, etc.) when necessary to do so. As community reintegration begins, local agencies are encouraged to resume face-to-face when it is safe to do so. There may be unique individual or family circumstances, or community spikes in COVID-19 confirmed spread, that warrant continuation of, or reverting to, virtual contact and engagement for periods of time. Agencies are encouraged to continually evaluate assessment and engagement strategies as to how to proceed based on individual and community circumstances.

Please refer to virtual engagement resources on the DCF website. <https://dcf.wisconsin.gov/covid-19/guidance>

### **Use of Informal Supports:**

#### **Due to COVID-19 pandemic, some community service providers have suspended some of their services. How should Child Welfare Agencies proceed in meeting the needs of families identified in family Protective and Safety Plans or for ongoing services Case Plans while the agency may be limited in services that are available to be provided?**

Local CPS agencies are encouraged to work closely with parents and caregivers to identify and fully consider available safety management services/options, including informal supports to meet the intended purpose(s) of services identified in the Safety or Protective Plan. Where applicable, local CPS agencies are encouraged to utilize Targeted Safety Support Funds (TSSF) to support children remaining in home under a Safety or Protective Plan.

Informal supports may include a family member, close friend, neighbor or other individuals identified by the family. Services or supports could be provided through means that allow for the most interaction, while mitigating risk to everyone involved to the extent that it is possible.

Local child welfare and youth justice agencies are encouraged to coordinate with service providers in attempting to continue services for families and children. Services could be provided through means that allow for the most interaction. Video-based connections should be maintained and increased, when possible, if they cannot resume in-person.

If services that were controlling for safety threats are suspended, the Safety Assessment and Plan must be reviewed and revised to ensure safety is still maintained or other action is taken to ensure child safety. Any significant changes to safety or protective plans should be made in consultation with supervisors and when necessary, legal counsel.

Any changes in service provision due to the COVID-19 pandemic in the Safety or Case Plan should be documented in accordance with the [Safety Intervention Standards](#) and/or [Ongoing Services Standards](#).

Use your State Permanency Consultants (SPCs) to assist in identifying possible supports.

Consideration should be given to the informal provider's availability, accessibility and suitability as outlined in the DCF [Safety Intervention Standards](#) and any changes in service provision due to the COVID-19 pandemic in the Safety or Protective Plan should be documented in accordance with the DCF [Safety Intervention Standards](#) and/or DCF [Ongoing Services Standards](#).

Due to individual and community limitations related to the COVID-19 pandemic, Safety or Protective plans may require more frequent re-evaluation, changes, or additional provisions. CPS professionals are encouraged to check in with the children and families on their caseloads more frequently during this time regarding how any change in service provision may be impacting child safety, as well as child, caregiver and family well-being.

*In-Home Services:*

**Is Targeted Safety Support Funds (TSSF) ceasing during this time due to COVID-19?**

No, Targeted Safety Support Funds will remain available to County CPS and Tribal Child Welfare Agencies who receive TSSF reimbursement for safety service-related costs.

**Due to the increase of needs for concrete services related to COVID-19, can the TSSF four-month time limit be extended for time-limited services?**

Due to requirements in federal TANF law, there cannot be an extension on the four-month limit on time-limited services that is outlined in the TSSF Program and Fiscal Guide. Local county agencies are to follow the requirements as outlined in the TSSF Program and Fiscal Guide unless further guidance is issued.

**If time-limited services are being provided but are no longer needed due to COVID-19, can the timeframe be suspended? (For example, if childcare is being reimbursed through TSSF, but a parent is now at home and not currently needing the childcare service)**

Time-limited services remain restricted to four months. If all time-limited services previously provided to a family are temporarily suspended due to Covid-19, the four-month time period may be suspended until services resume. The total time that the services were provided pre and post suspension cannot exceed four months total. The local agency should document dates of service to ensure that services provided do not exceed four months total.

If any time limited services continue to be administered, the four-month time limit continues with no suspension and the four-month timeline for services is sequential from the beginning to the end of the services.

**If respite is an identified service on an in-home safety plan to mitigate impending danger threats, can respite still be utilized?**

Many respite services require a child(ren) to leave their home and go into another home, which considering COVID-19 may increase the risk of exposure to the child(ren), the family and the receiving respite care providers. Local child welfare agencies should refer to the Center for Disease Control (CDC) for additional guidance and resources (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>) as procedures for decision-making are established by each agency.

Local child welfare agencies, in consultation with their local public health departments, should provide additional guidance to their workers and supervisors to determine how to proceed with respite, if the above questions indicate possible exposure. Safety and risk of the child(ren), the family of origin and the receiving respite providers should be considered in local guidance.



If respite for a child is no longer available due to these circumstances, consider other steps that could be taken to manage the issue respite was addressing.