

March 28, 2020

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 20-28

This All County Letter provides requirements and interim guidance for social workers and juvenile probation officers regarding investigations of child abuse and neglect during the declared California State of Emergency due to the outbreak of Novel Coronavirus (COVID-19).



KIM JOHNSON
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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GAVIN NEWSOM
GOVERNOR

March 28, 2020

ALL COUNTY LETTER NO. 20-28

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL CHILD WELFARE SERVICES PROGRAM MANAGERS
ALL TITLE IV-E AGREEMENT TRIBES

SUBJECT: INTERIM GUIDANCE FOR EMERGENCY RESPONSE SOCIAL WORKERS AND PROBATION OFFICERS DURING THE NOVEL CORONAVIRUS (COVID-19) CALIFORNIA STATE OF EMERGENCY

REFERENCE: PROVIDING OPTIMAL CHILD WELFARE AND PROBATION SERVICES TO CHILDREN AND FAMILIES DURING CORONAVIRUS (COVID-19) CALIFORNIA STATE OF EMERGENCY [ALL COUNTY LETTER \(ACL\) 20-25](#); CHILD WELFARE AND PROBATION VISITATION CONTACT, NONMINOR DEPENDENTS IN COLLEGE DORMS, AND DISASTER PLAN CHANGES DUE TO THE STATEWIDE OUTBREAK OF CORONAVIRUS (COVID-19) [ALL COUNTY LETTER \(ACL\) 20-23](#); [GOVERNOR'S PROCLAMATION OF A STATE OF EMERGENCY, MARCH 4, 2020](#)

The purpose of this letter is to provide county child welfare agencies and juvenile probation departments with guidance on completing Emergency Response (ER) Investigations during the current state of emergency related to COVID-19. California is actively engaged in efforts to *prevent the spread of COVID-19*. At the same time, we also have a critical responsibility to ensure that children are safe from abuse and neglect and that their overall health, safety and well-being are protected. As always, we want to remind counties that the state's Integrated Core Practice Model contains a set of practice behaviors and values that will support service delivery in a manner which minimizes trauma and supports foster youth and their caregivers.

As counties implement the following guidance, they must also ensure that they continue to work with tribal governments and partners to ensure the needs of Indian children are appropriately met when responding to allegations of abuse and neglect regarding Indian

children. This may include developing or modifying interim inter-governmental protocols with Indian tribes.

CHILD WELFARE INVESTIGATIONS

On March 20, 2020, Governor Newsom clarified that county workers responding to abuse and neglect of children, elders and dependent adults are among [essential personnel](#) referenced in executive order [N-33-20](#) issued on March 19, 2020. All County Letter (ACL) 20-25 clarified that investigations are essential government functions and shall continue in order to protect the safety and well-being of children and families. It is critical to protect both the safety and well-being of children and families and the safety of county staff who are carrying out these duties. The following guidance is intended to address both critical functions.

HOTLINE ASSESSMENTS

In accordance with existing practice, as outlined in Welfare and Institutions Code [Section 16504](#) and state regulations contained in the Child Welfare Services Manual of Policies and Procedures (MPP) [Section 31-015](#), when a call is received at the Hotline, the Emergency Response (ER) protocol should be utilized to gather as much information as possible about a family's situation. Hotline workers should try to collect as much information as possible from the caller to help inform the circumstances around the allegations and to gather additional information necessary to determine whether an in-person investigation is necessary. This can also include contacting collateral individuals to gather additional information to help inform the response priority. If the safety of a child can be confirmed at the hotline through collateral contacts, the circumstances at intake should be documented using the screener narrative and the Structured Decision Making (SDM) Hotline Tools. To the extent that a referral can be evaluated out, county hotline workers should thoroughly document the circumstances and rationale for doing so.

During the use of the ER protocol, hotline workers should include questions to assess for awareness of potential or known exposure or confirmed presence of the COVID-19 virus, such that ER staff can be prepared when an in-person investigation may be necessary. It is important to collect as much pertinent information as possible through the Hotline to better prepare the investigating worker for responding to the allegations.

When a reporting party is a HIPAA covered entity and/or expresses concerns about sharing information when responding to these health questions, hotline workers may reference the [guidance](#) issued by the California Office of Health Information Integrity, regarding the sharing of critical information by covered entities during disaster response

and emergencies. Hotline workers, prior to the initial in-person visit, should ask the following questions:

- Has anyone in the home tested positive for COVID-19 in the past 14 days?
- In the past 14 days has anyone in the household had any of the following symptoms:
 - Fever
 - Cough
 - Shortness of breath
- Has anyone in the household had close contact with a person who tested positive for COVID-19 with a laboratory confirmed testing in the last 14 days?
- Is anyone in the home under quarantine by the local public health department or a medical professional?

If the answer to any of these questions is “yes,” the hotline worker should relay this information immediately to the investigating worker so that the information is known prior to the initial in-person visit. Prior to attempting in-person contact, the investigating worker should take additional precautions as directed by their county protocol and public health [guidance](#) and communicate with their supervisor so that the investigation can be safely completed as required.

USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) DURING INVESTIGATIONS

Counties should follow the guidance issued by the California Department of Public Health (CDPH) and local public health agencies on the [Use of Personal Protective Equipment During COVID-19 Outbreak](#). CDPH recommends that a facemask be used by people who have COVID-19 and are showing symptoms, such as a cough. This is to protect others from the risk of getting infected. For individuals who are healthy, CDPH only recommends the use of PPE if social distancing cannot be accomplished, and they have prolonged contact while taking care of a person with suspected or confirmed COVID-19 infection. For healthy individuals, apart from the above situations, CDPH does not recommend the use of PPE, but does recommend precautionary measures, such as washing hands with soap and water, avoiding touching eyes, nose or mouth, covering a cough or sneeze with a tissue or elbow, and following other public health guidance. Should a county need additional supplies of PPE for recommended uses, the process for requesting those is to contact the local Office of Emergency Services.

IN-PERSON CONTACT DURING A CHILD ABUSE/NEGLECT INVESTIGATION

State regulations contained in the [MPP Sections](#) 31-125.2 through 31-125.221 require that the investigating worker effectively engage in an in-person investigation with all of the children alleged to be abused, neglected or exploited, and at least one adult who

has information regarding the allegations. If the referral is not unfounded, the worker shall conduct an in-person investigation with all children present at the time of the initial in-person investigation, and all parents who have access to the children in the allegation(s). A noncustodial parent shall be considered to have access if they have regular or frequent in-person contact with the children. Before making a home visit, an investigating worker may call the family to assess exposure to COVID-19 using the questions above, if the social worker has sufficient information that such a call will not jeopardize the safety of the child or the effectiveness of the investigation. If the family does not have a phone or cannot take calls or if it would jeopardize the safety of the child or effectiveness of the investigation to ask in advance, the investigating worker should ask the questions outlined above upon arrival to the home and prior to entering the residence, when feasible to do so in a manner which maintains confidentiality.

The investigating worker must also make any necessary collateral contacts with individuals who may have information about the children's circumstances and condition, including tribes, Indian organizations, or other Indian service providers when the child is or may be Indian, in accordance with MPP [Section 31-125.222](#). State regulations do not specifically require collateral contacts to occur in-person. Investigating workers may utilize technology and alternative methods to communicate with collateral contacts, as appropriate, provided that the investigating worker can still verify the identity of the collateral contact. As always, effective listening and engagement are paramount to the successful identification of safety, risk and needs.

If entry into a home is refused due to concerns over COVID-19, the investigating worker should inquire as to whether the child or other pertinent individual can come outside to talk. If entry to the home or access to the child is refused for this or another reason, the investigating worker shall consult with their supervisor and seek assistance from their county counsel to determine the appropriateness and suitability of seeking a warrant or assistance from law enforcement. A refusal of entrance to the home and/or access to see the child does not remove the requirement to complete the in-person investigation. The investigating worker should always document all efforts made to engage and make in-person contact.

PREVENTIVE RECOMMENDATIONS FOR SOCIAL WORKERS

The [Center for Disease Control guidance](#) recommends actions which any social worker or probation officer can take to help keep illness from spreading at work, at home, and in our communities. These best practices should be implemented during investigations to prevent the spread of COVID-19 and as safeguards for staff. Child Welfare Services (CWS) agencies should issue guidance to social workers that includes the common-sense precautions outlined in public health guidance in order to reduce their exposure

to COVID-19 during all in-person interactions while in the field. Additional actions may include:

- While workers must make efforts to observe the physical environment of the home to evaluate safety of the child(ren), the remainder of the visit may be conducted outside of the residence, when feasible to do so in a manner which maintains confidentiality.
- Avoid touching surfaces in the residence as much as possible. Use a tissue or appropriate hand coverings to touch a surface when needed.
- Avoid shaking hands with family members or engaging in other forms of physical greetings.
- After each home visit, clean and sanitize by washing hands with soap and warm water or using hand sanitizer or sanitizing wipes.
- Photograph any evidence, safety plans, and/or documents that require a signature, leaving the physical copy with the family. Alternatively, the social worker can document the family's agreement to the safety plan on the signature page.
- Ensure extra pens or other supplies are on hand to give to the family so that these items do not need to be returned.
- When available, use hand sanitizer or antibacterial wipes, wash hands, and wipe down anything that was brought into a home immediately upon leaving the residence. To the extent these supplies are available, the CWS agency can provide sanitizing kits that include these items to social workers conducting in-person visits.
- After each home visit, remove and wash clothes as soon as possible.
- Avoid Duplicative Contacts. CWS agencies should be mindful of the potential for duplicate visits. Combining contacts when possible should be arranged to limit excessive exposure to staff and families. CDSS recommends coordinating between assigned workers to reduce the number of visitors in homes or facilities. Supervisors and Managers can work together for this to occur across units and agency functions.

SAFETY PLANNING AND MONITORING

It is important to remember that exposure to COVID-19 or a positive COVID-19 test is not, in and of itself, a safety threat and, by itself, should not trigger an investigation. At the same time, exposure or a positive test may present risk factors that should be assessed to best determine how to assist the family with access to resources that meet the child's needs and support the safety and well-being of the family. Safety plans may need to include considerations regarding response to the COVID-19 outbreak. Safety plans often identify and include other family members and close friends that act as a part of the family's support network in carrying out the safety plan. It is important that through the development and monitoring of safety plans, the social worker ensures that

the plan is still feasible if a person in the family's support network has fallen ill, has tested positive or been exposed to the virus. The safety plan will need to be updated accordingly to make certain that the safety concerns can still be mitigated. Communication and family engagement during ongoing monitoring of the safety plan is critical. Communication with individuals who provide support in the safety plan may be completed with means other than face to face visits, however, all parties' commitments and their willingness to support the plan must be verified and thoroughly documented.

Additionally, if natural or informal supports via the community or tribal partners were added to the safety plan to help stabilize and strengthen the family unit, the social worker should check the most current information of those individuals, partnering agencies, and/or services to confirm that they are still available and have not been impacted by COVID-19 or related mandatory closures. All efforts to arrange for the services of the family and continuously monitor and update the safety plan as needed shall be documented in the case record.

Upon the completion of an initial safety plan, or an update to an existing one, the social worker may first sign and deliver the plan to the family. This can occur without in-person contact. The social worker may then ask the family to sign and take a photo of or mail back the completed document.

EMERGENCY PLACEMENTS

In the event of an after-hours emergency placement, counties may continue to call the Department of Justice Command Center at (916) 227-3244 for access to the California Law Enforcement Telecommunication System (CLETS) after business hours and on weekends. The line is available to county child welfare agencies for this purpose 24 hours a day, seven days a week. If a county social worker is working remotely and needs a criminal history check, they may call the Command Center using their personal cell phone. The social worker will need to verify their identity and explain that they are working remotely and are unable to email the request and do not have access to their landline office phone. The CLETS results cannot be shared over the phone but will be emailed to the requesting social worker's county email address.

For Child Abuse Central Index (CACI) requests, investigating workers will still need to submit via fax the Facsimile Inquiry for CACI Search Form 4084 to the Command Center. The Command Center's contact information via fax is (916) 731-2101 during business hours and (916) 456-0351 for after hours, weekends and holidays. The form also includes the fax numbers as well as the CACI inquiry phone number. As an alternative during emergency situations, if use of a fax machine is not available, the CWS worker may take a photograph of the completed form and submit this using their county email address to caciexp@doj.ca.gov. Additionally, the form may be scanned

and emailed or e-faxed. If the investigating worker has submitted a request via fax or email and has not received a response within two (2) hours, they may call the Command Center line at (916) 227-3244.

It is important that every time contact is made with a family, resources are always considered and offered that may support and stabilize the family. This is especially critical during times of crisis and where there are many additional stressors that families face. Counties should provide social workers with basic information for parents to utilize in their homes and with their families, such as that outlined in the attachment to this letter.

Counties may reference the CDSS [COVID-19](#) information page, as well as on the [California COVID-19 Response](#) page, for additional resources and continually updated information. Please note that the CDC and the CDPH are the primary state and federal resources for public health information. Counties should stay up to date on guidance issued by their local public health department for public health information specific to their locality. The federal Department of Labor and Cal/OSHA continually update guidance governing workplace health and safety that counties should monitor as well.

EFFECTIVE PERIOD OF THIS GUIDANCE

The guidance and flexibility provided in this letter shall expire on June 30, 2020, or sooner if determined by the Department. Once all flexibilities in this ACL have expired, all prior statutory, regulatory, and written guidance requirements modified herein shall be reinstated, unless the effective date of this guidance is extended.

For questions related to the COVID-19 outbreak, please contact the Child and Family Services Division at cfcd@dss.ca.gov. For questions related to the hotline or emergency response investigations, please contact the Child Welfare Policy and Program Development Bureau at (916) 651-6160 or at childprotection@dss.ca.gov.

Sincerely,

Original Document Signed By

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

Attachment

ATTACHMENT

RESOURCES FOR PARENTS/CAREGIVERS

Social workers can provide support by assisting families with COVID-19 prevention planning and providing education about local resources. Social workers may assist a family in developing an adequate emergency plan using the following strategies:

- Educate about how to keep an adequate supply of water, food, pet food, and household supplies in the home, including connecting families with available community resources.
- Gain access to food and medications.
- Assist the parent or caregiver to contact their health care provider, pharmacist, or insurance provider about keeping an emergency supply at home.
- Keep a working thermometer and over-the-counter medicine to treat fevers on hand.
- Create an emergency contact list of family members, friends, neighbors, health care providers, teachers, employers, and others.
- Ask about employers' preparedness plans, including sick-leave policies and telework options.
- Provide information about local community resources for food, utility, and financial assistance.
- Learn about the preparedness plans of their children's childcare facilities, schools, and/or colleges.
- Develop backup plans for childcare during temporary school closures, or in the event a primary caregiver becomes ill.
- Share tips for staying healthy and the importance of self-care
- Talk with parents or caregivers about the importance of maintaining a routine with educational activities. Encourage them to talk with the child's teacher to obtain grade appropriate activities. Include ideas for keeping children busy and active and for managing stress while under stay at home orders.
- Assist the family to develop a plan for what will happen if someone in the home becomes ill or tests positive for the virus:
 - If the primary caregiver becomes ill, who will supervise children?
 - Who can bring meals and/or provide food?
 - Who can care for the children if the caregiver is hospitalized?
 - What is the plan to keep the ill person away from others?
- Provide information for local health and safety resources including mental health, substance abuse treatment and respite care.
- Connect to Foster Care Nurses or other to health care practitioners and services.
- Educate about child abuse and neglect prevention.
- Provide domestic violence resources.

- Talk with children about COVID-19, validating known fears, and providing calm, empathetic and empowering verbal support and referring them to trustworthy and developmentally appropriate sources of information.