



Lori A. Shibinette
Commissioner

Joseph E. Ribsam, Jr.
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR CHILDREN, YOUTH & FAMILIES

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-4451 1-800-852-3345 Ext. 4451
Fax: 603-271-4729 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

March 20, 2020

Dear Colleagues,

As a result of the latest developments regarding COVID-19 in the State, we continue to monitor and adjust our practices to meet the needs of the children and families who depend upon us within the social distancing framework outlined by the Centers of Disease Control and the New Hampshire Division of Public Health Services. COVID-19 is a respiratory illness transmitted through droplets¹, and while it is highly contagious, the risk is mitigated by limiting interpersonal contact and following recommendations to frequently wash hands, maintain six feet of distance from others, and clean frequently touched services. The latest information regarding COVID-19 can be found at: <https://www.nh.gov/covid19/> and <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

Our dedication and responsibility to the children and families of New Hampshire is unwavering. Concurrently, we can responsibly limit both our own exposure and the risk of amplifying the spread of COVID-19. Accordingly, we are updating our guidance to DCYF staff and supervisors to empower you to make decisions about when personal contact with children, families, and professional colleagues is necessary and when our objectives can be accomplished via telephonic or video conferencing.

Reducing Staff Contact with Other People:

We must ensure we are conducting visits in a manner that allow us to assess and meet the needs for children, youth, families, providers, and themselves in the safest possible manner. Effective immediately, supervisors are being given supervisory discretion to consider whether the primary objective of a contact that would typically be conducted face-to-face can be safely and appropriately achieved utilizing various modalities, including video conferencing² and telephonic. If a determination is made that we can and will safely and appropriately achieve the primary objective of a visit by any other means than in-person, this must be documented in Bridges with a brief statement of how we came to this decision.

Please be cognizant that video conferencing contacts will count towards an in person meeting which means those should be documented in Bridges using the "face to face" selection just as we would normally capture as an in person contact. In the event you are unable to utilize video conferencing and the decision is made to

¹ <https://www.cdc.gov/coronavirus/2019-ncov/prepare/transmission.html>

² DHHS is actively pursuing enhanced video conferencing options for staff in the field, and use of video conferencing is always preferred over telephonic contact.

conduct a telephone contact, please document those in Bridges choosing “telephone”. In both scenarios the contact log should begin with a brief statement about how we came to make the decision to utilize an alternative means of an in person contact.

Similarly, many residential providers are limiting visitors at this time, and we will try to align with their visitation limitations by utilizing telephone and video conferencing where appropriate. However, we will continue to conduct in person visits where we have heightened concerns and for the purpose of a child abuse or neglect Special Investigation Unit investigation as outlined below.

Prior to all in-person interactions, staff must initiate a telephone screening regarding symptomology and exposure. This may not eliminate our need to have contact but it will allow staff to prepare for the interaction. Ask the screening questions:

- Does anyone who will be met have a cough, fever, or shortness of breath?
- Has anyone who will be met had cough, fever, or shortness of breath in the past 72 hours?
- Is anyone who will be met quarantined?
- Is anyone who will be met positive for COVID-19?

If the answer to any of those questions is “yes,” we should strongly consider whether the objective of the visit can be met through video or telephone conferencing.

During all in-person interactions, staff should follow the recommended guidelines of social distancing. This includes but is not limited to:

- decreased frequency of any interpersonal contact by limiting the number of personal contacts to the minimum necessary;
- decreased duration of interpersonal contact by only personally interacting for the necessary aspects of the visit and conducting the balance of the visit through video or telephone conferencing;
- decreased frequency and duration of time in homes and other locations by only spending as much time in the location as necessary to achieve the primary objective and conducting the balance of the visit through video or telephone conferencing;
- observe 6 feet of personal space;
- stand during a visit;
- use private space outside of the home to meet and conduct interviews;
- do not take personal belongings into the visit area;
- limit surface contact;
- frequently and thoroughly wash your hands;
- utilize a hand sanitizer after any contact;
- do not share items such as pens;
- utilize items such as gloves, wipes, or paper towels if you must touch surfaces such as door knobs;
- wipe down phones, electronics, and other items before and after use; and
- do not touch your face.

Communicate with people with whom you are interacting and advise them that the measures you are taking is to benefit their safety as well as your own. Recommend they take similar protections for themselves and their families.

Additionally, The Division of Public Health Services (DPHS) has agreed to support DCYF staff in field by providing DCYF leadership access to an emergency contact for consultation and advice in the event that we must have in-person contact an individual indicates they have symptoms of COVID-19, are quarantined, or have tested positive for the virus. In the event that in-person contact is indicated with a person who has tested positive for COVID-19, always initiate consultation with DPHS. Supervisors should promptly gather pertinent information and reach out to their Field Administrator if such a situation presents itself and additional guidance is needed. In consultation with the Division of Public Health Services, we will determine how to most appropriately proceed.

Considerations for Determining Whether Face-to-Face Contact is Necessary:

As a child welfare agency, we have the continued duty to ensure children, youth, families, and communities are safe. When making a determination regarding the type and frequency of visits, we should utilize our safety and risk tools; such as Juvenile Justice Policy 1410, NHIA and the Low and Moderate Risk Assessment Policy for Child Protection.

Child Protection Assessments:

For low/moderate risk assessments, such as those that are screened in level two and level three referrals, supervisors and staff should initiate some assessment activities such as calling the referent and other collaterals, consulting any history in DCYF records, and consider the nature of the allegation to determine whether the primary objective of the in-person visit can be conducted via video or telephonic conference. In all instances, if we have interviewed alleged victims and the information received would not support a finding of child abuse or neglect and does not indicate a higher level of risk, supervisors can approve conducting sibling and parent interviews via video or telephone conference. As always, collateral contacts should be utilized to help us assess the situation.

For high risk assessments including level one referrals, assessments of children/families that recently required a safety plan, and assessments involving children who were previously found to be at significant risk of harm, in-person contact with the alleged victim should occur in adherence to the guidelines set forth above. If we have interviewed alleged victims and our concerns have been mitigated, supervisors can approve conducting sibling and parent interviews via video or telephone conference. As always, collateral contacts should be utilized to help us assess the situation.

Child Protection Family Service & Juvenile Justice Cases:

For CPS and JJ cases that are either low risk or “administrative,” video and telephonic visitation options are appropriate. If we cannot conduct a form of video conferencing for the monthly visit, than biweekly telephone calls must occur for these situations.

For CPS and JJ cases that are considered moderate risk, video and telephonic visitation may be appropriate. Supervisors and staff may engage with collateral contacts in advance of the visit to inform the decision about whether an in-person visit is necessary. If we cannot conduct a form of video conferencing for the monthly visit, than biweekly telephone calls must occur for these situations.

For CPS and JJ matters that are considered high risk, face-to-face contact should occur. Staff must screen the family for symptoms, and follow the protocols established above.

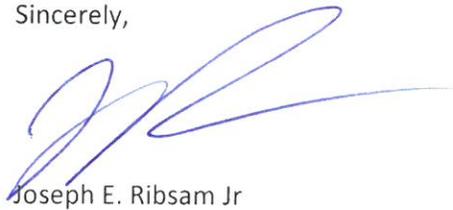
How to Talk to Children about COVID-19:

Below are resources to assist in talking to children and youth about what is happening. Please use these resources yourselves, share them with parents and caregivers, and help parents and caregivers have these conversations. It is important to help children and youth understand that this is serious, while not causing them to be afraid.

- [Talking about Diseases in the News](#)³ (Bradley Hospital)
- [How to Talk to Your Kids about Coronavirus](#)⁴ (PBS)
- [How to Talk to Kids about Coronavirus](#)⁵ (NY Times)
- [Talking To Children During Infectious Disease Outbreaks](#)⁶ (attached, from SAMHSA)

Thank you for your continuous dedication to our children, youth, and families during this most challenging time.

Sincerely,



Joseph E. Ribsam Jr

Director

Division for Children, Youth, and Families

³ <https://www.bradleyhospital.org/talking-about-diseases-news>

⁴ <https://www.pbs.org/parents/thrive/how-to-talk-to-your-kids-about-coronavirus>

⁵ <https://parenting.nytimes.com/childrens-health/coronavirus-kids-talk>

⁶ <https://store.samhsa.gov/product/Talking-With-Children-Tips-for-Caregivers-Parents-and-Teachers-During-Infectious-Disease-Outbreaks/PEP20-01-01-006>