Division of Child and Family Services
COVID-19 Recovery Framework

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*Once the outbreak has **sufficiently declined**, the goal is to progressively open up different types of facilities and industries in a way that allows people to gradually return to their normal lives while **continuing to prevent the spread** of the disease.*
— NV Med. Advisory Team

In response to the current COVID-19 emergency, the Division of Child and Family Services made numerous operational changes across the state and across program areas to protect the families we serve, our DCFS team members, and our communities. As we begin to shift from emergency response to emergency recovery the Division will need to plan for a thoughtful return to normal operations. The plan must be rooted in the goal of continuing to prevent the spread of the disease while at the same maximizing our ability to perform our essential functions on behalf of Nevada families.

Phased Approach: We will follow the Governor's lead in taking a phased approach and align the Division's plan to return with each phase as established by the Governor. It is important to note the key changes of Division operations and then work within each phase to adjust from COVID operations back to normalcy.

We must understand that full recovery and return to normalcy may not be in the near future. The return must:

- Be data-informed and guided by medical expertise
- Focus on community and staff safety
- Embrace new program resilience resulting from the current emergency
- Maintain commitment to our vision of Safe, Healthy, and Thriving Kids in Every Nevada Community

Just as our approach to helping each family is different and tied to the strengths and needs of that family, our approach to returning to normal operations will be different based on each program. It is also likely that as COVID response continues, we may see differences in approach based on geography. We will need to be nimble in the event specific communities respond to localized outbreaks.

This document is a living document. It will be updated based on guidance from the Governor, the Nevada Medical Advisory Team, the Local Empowerment Advisory Panel, federal guidance, and the facts on the ground as they unfold.

The Governor has established 5 phases

    0) Stay Home for Nevada
    1) Battle Born Beginning
    2) Silver State Stabilization
    3) On the Road to Home Means Nevada
    4) Homes Means Nevada – New Normal

The Governor's *Nevada United: Roadmap to Recovery* can be found here: [Nevada United](#)

Support, Management, and Execution: As the Governor has outlined in his *Nevada United: Roadmap to Recovery* plan, Nevada's approach will be Federally Supported, State Managed, and Locally Executed. We are able to embrace this framework for our DCFS Recovery Framework as well. Just as each Nevada community will need an execution approach that fits the circumstances and resources in their community, DCFS has substantial diversity in our programs. The framework included below established a Division approach and specific approaches for each Division branch. At the end of this framework is a toolkit that can be used for each program to plan and document their next steps in COVID Recovery.

DCFS COVID Recovery Group: In addition to the creation of our recovery framework, we have established the DCFS COVID Recovery Group. The Recovery Group has been tasked with ensuring a coordinated approach to our Division's Recovery process and to provide assistance to all DCFS programs as they proceed through the recovery process. Due to the unique nature of pandemic emergencies, they will also be tasked with coordinating appropriate response in the event of a generalized second wave or localized outbreaks. The team members and assignments are as follows:

Coordinator – Kathryn Roose

Communications Infrastructure – Jason Benshoof

Facilities – David Anderson

Personnel – Lisa Alfred

Operations Recovery – Tom Smith

Safety – Sheila Tompkins-Hess

Health – Dr. Megan Freeman

Messaging – Karla Delgado

Finance – Kelsey McCann-Navarro

Program leadership will be required to respond timely to requests from the Recovery Group but will also be able ask the Recovery Group for guidance or assistance in planning and executing individualized program recovery.

Review of Key Changes of Operations During COVID-19 Emergency	
Community Services	**Child Welfare** • Caseworker visits moved to mostly video-based visits, face-to-face where appropriate abiding by CDC guidance • Adjusted response times in compliance with FPO guidance and relaxed federal guidelines • Family Visitation face-to-face utilizing CDC guidelines and PPE, video-based conferencing as needed • Staff to wear masks and other PPE as necessary and available during home visits • Reduction of staff in office
	Children's Mental Health • Group in-office sessions and services canceled • Expanded tele-health delivery utilizing various platforms • Mobile Crisis shifted to tele-health services in most circumstances, or face-to-face abiding by CDC guidance and utilization of PPE • Reduction of staff in office
	Youth Parole Bureau • Expanded telephonic or video supervision of youth • Remote court appearances when possible • Utilization of CDC guidelines and PPE in face-to-face circumstance and transports • Monitoring symptoms of youth pre, during, and post transport • Reduction of staff in office

Residential Services	**Juvenile Justice** • In-person visits suspended with increased option for video or telephonic visits • School has become remote in all but one facility • Social Distancing has impacted movement in the facilities and in common areas • Non-essential service providers not on campus • Staff health screening at beginning and end of shift • Enhanced screening and separation intake process • Mandated screening by county detention prior to transport to DCFS facility
	Mental Health • In-person visits for youth in the programs suspended with increased options for video or telephonic visits • Tele-therapy has been instituted and school is being delivered remotely
Quality & Oversight	**Child Welfare** • The Family Programs Office moved to telecommuting for almost all staff
	Children's Mental Health • The Planning and Evaluation Unit moved to telecommuting for all staff
	Juvenile Justice • The Juvenile Justice Programs Office moved to telecommuting for all staff

	Fiscal
	- The majority of staff are telecommuting as much as possible and only going into the office for tasks that cannot be completed remotely - Staff without sufficient resources or who prefer not to use their personal equipment to effectively work from home are reporting to work
	Information Services - The majority of staff are telecommuting as much as possible - IT Technicians and Training staff are only going into the office for tasks that cannot be completed remotely
Administrative Services	**Victim Services** The majority of staff are telecommuting as much as possible and only going into the office for tasks that cannot be completed remotely
	Buildings - Staff are working onsite to complete building maintenance, custodial services, food service, laundry, and other tasks that can only be completed onsite - Enhanced sanitation for buildings and offices
	Human Resources - The majority of staff are telecommuting as much as possible and only going into the office for tasks that cannot be completed remotely - Established specific COVID email for employee requests related to COVID

Phase 1 – Battle Born Beginning
Encourage Telework

Division Approach:
- Maintain maximum telework scheduling when possible with appropriate manager oversight
- Continue to expand telework capacity through VPN requests or technical assistance
- Offices may not operate on any given shift with more than 20% of staff present

Community Services:
- Majority of staff can maintain productivity levels while teleworking
- Minimal staff are working in office and is based on job duty functions that are not able to be done via telecommuting
- VPN's are still in process of being processed
- Tele-health options still under exploration for long term utilization

Residential Services:
- Staff who have been telecommuting will maintain telecommuting schedule and only come to the facility when necessary to complete essential tasks

Quality and Oversight:
- Majority of staff can maintain productivity levels while teleworking
- Some staff require occasional access to physical work supplies located at the office. When that occurs, a schedule of visits is developed to ensure low levels of personnel in the building
- Quality Assurance activities will be scheduled and completed as possible with remote observation or file analysis

Administrative Services:
- Majority of staff can maintain productivity levels while teleworking
- Some staff are required to work onsite periodically due to the processing of paperwork, mail, other duties that cannot be done remotely, or a preference for the employee to not telecommute. Schedules have been developed to minimize close contact while staff are working in the office and to telecommute as much as possible
- Some employees, such as building maintenance, custodial, food service and laundry are essential and cannot be completed remotely

Return to Work in Phases

Division Approach:
- Each program will develop a return to work schedule set in stages prioritizing direct services for return first
- During phase 1 offices may not operate on any given shift with more than 20% of staff present but should plan for increasing staff presence throughout phase 2

Community Services:
- Continued Telecommuting and hybrid schedules for each office location
- Decisions about returning to work in phases will be made from program to program taking into considerations valid reasons to continue working at home (e.g., vulnerable populations, child care). Take into consideration proximity of work stations when developing a phased return to work
- Staff with shared offices will not work the same schedule

Residential Services:
- Non-essential staff will return to work by necessity of tasks and transition to full return to the worksite

Quality and Oversight:
- Decisions about returning to work in phases will be made office-by-office taking into considerations valid reasons to continue working at home. Take into consideration proximity of cubicles when developing a phased return to work. For example, staff in adjoining cubicles should not work the same schedule, or consider moving staff to vacant cubicles to maintain adequate distance
- Staff with shared offices should not work the same schedule

Administrative Services:
- Scheduling will continue to focus on minimizing proximity in workplace
- Plans will be developed for increasing staff in the office beginning with those who could achieve the most productivity based on the nature of their workload and those employees who would prefer to work in the office rather than telecommute
- Staff will still utilize a combination of working onsite work and telecommuting part time to minimize close contact in the office

Close or Restrict Common Areas

Division Approach:
- Conference rooms and other common areas will be assigned a new maximum capacity that ensures appropriate social distancing with new capacity posted at door
- Kitchens will be limited to one staff utilizing the area at a time for food retrieval; no sitting or hanging out in kitchen areas
- Doors to lobbies and or waiting areas will remain locked with restricted access
- Face coverings will be required to be present in common areas such as copy rooms, kitchens, conference rooms, or training rooms

Community Services:
- Main lobbies to remain closed to public
- Staff will continue to use phone and video conference to eliminate the need for conference rooms
- Conference rooms, training rooms and common areas will be arranged to allow for social distancing

Residential Services:
- Social Distancing will be maintained in areas where it has been established until further notice, e.g., schools, cafeteria, etc. Sports will be allowed where social distancing can exist
- Conference rooms, training rooms and common areas will be arranged to allow for social distancing

Quality and Oversight:
- Staff will continue to use phone and video conference to eliminate the need for conference rooms
- Doors will be propped open when reasonable to eliminate the need for contact
- Doors that cannot be propped open for safety or privacy reasons should be cleaned on a regular schedule. Each office will create a rotating schedule of cleaning utilizing gloves and wipes to wipe down any common surfaces

Administrative Services:
- Staff have become proficient in the use of GoTo Meetings, Teams, and teleconference lines to conduct meetings, eliminating the need to use conference rooms even while working in the office
- The use of kitchen areas can be reduced by only allowing storage or preparation of food, but not for staff use for break or lunch times
- The use of restrooms and elevators is largely unavoidable but can be wiped down with disinfectant wipes several times each day

Minimize Non-Essential Business Travel

Division Approach:
- Maximize distance attendance at trainings, conferences, or other activities that typically require travel
- All non-routine agency travel will require additional justification and Deputy Administrator approval. Non-essential travel will not be permitted for direct care staff
- Program will need to plan any extra precautions necessary for the staff upon return

Community Services:
- Essential transports will continue following CDC guidance and utilization of PPE

Residential Services:
- Travel by plane will be limited to youth being released when driving is not practical.

Quality and Oversight:
- Use Phase 1 to evaluate "essential travel" and determine if some tasks may be performed virtually or in another innovative manner. Consult with your supervisor and the DAGs on any proposed plan to move in-person work requiring travel to phone/virtual/video
- Will resume travel for statutorily required activities (e.g., juvenile justice Correctional Program Checklist, inspections of out-of-state facilities) if video is not an option, grant monitoring/compliance if video is not an option to comply with state/federal law
- Staff that travel will work from home for at least 14 days following travel

Administrative Services:
- Most travel is non-essential and can be postponed or cancelled
- GMU will conduct subrecipient monitoring as much as possible through email and tele/videoconference
- IT Technicians will still be required to travel to the Division's offices to provide in-person technical assistance for staff and equipment
- Trainers can work onsite during instructor-led online courses and telecommute between classes

Special Accommodation for Vulnerable Populations

Division Approach:
- Establish a screen to be utilized by human resources to properly identify vulnerable team members
- Each program will develop an approach to provide special accommodation for vulnerable populations noting that accommodations are least likely for essential service positions
- Each direct service program will develop a protocol for working with families who have vulnerable family members

Community Services:
- Community Services staff will be aware of families on their caseload with household members who meet the vulnerable population definition and will modify services as appropriate to minimize risk of exposure to the household
- Staffing assignment will take into consideration staff who meet the vulnerable population or who have members of their household who meet the vulnerable population definition

Residential Services:
- The majority of staff in facilities are considered essential. Opportunities for vulnerable staff will be explored within the confines of the job duties and availability

Quality and Oversight:

- Staffing, travel and, other assignments will take into consideration staff who meet the vulnerable population or who have members of their household who meet the vulnerable population definition

Administrative Services:

- Staff who are determined to be in a vulnerable population can continue to telecommute as long as they can continue productivity levels
- Staff reporting to work will validate their fitness for duty through a daily temperature screening as equipment is available

Non-Essential Visits or Services at Facilities

Division Approach:

- Non-essential visits or services will be permitted on an appointment basis only
- Each program will develop a protocol for allowing non-essential visits or services that prioritizes the best interest of the child
- Special priority should be given to health services and for youth preparing to return home

Community Services:

- Non-essential visits to juvenile justice facilities, residential treatment centers, or other facilities will be by video communication when possible

Residential Services:

- In person visitation will resume by appointment only. Precautions utilizing PPE will be instituted to minimize risk to youth and the facility
- Education will resume with teachers in the facility as the Lincoln and Clark County School Districts allow teachers to return to the classrooms
- Youth activities offsite will resume where social distancing requirements can be met

Quality and Oversight:

- Quality Assurance activities for facilities will be executed to minimize physical presence. Physical visits will be thoroughly planned to minimize exposure to the facility

Administrative Services:
- Any projects for building maintenance, modification, or construction will be evaluated for necessity. Projects related to health and safety will be prioritized while other projects may be delayed
- In person visitation will resume as the restrictions on social distancing are lifted. Precautions utilizing PPE will be instituted to minimize risk to youth and the staff

Caseworker Visits with Families

Division Approach:
- Compliance with federal or other legal mandates
- Continue to maximize video visits but all decisions on case-by-case basis
- Use of PPE for Division staff interacting face to face with families
- All visits will include discussion of family needs related to COVID

Community Services:
- Continue to maximize telehealth where appropriate
- If face-to-face visitation is necessary due to the circumstances of the case, workers shall utilize CDC guidelines and PPE when available

Outpatient Clinical Services

Division Approach:
- Continue to maximize telehealth where appropriate
- On-site individual or family sessions may resume
- In-person groups of non-family continue to be prohibited

Community Services:
- If face-to-face visitation is appropriate (federal mandates), utilize CDC guidelines and PPE when applicable/available

Quality and Oversight:
- The Planning and Evaluation Unit will provide technical assistance on telehealth and policy flexibility.

Evaluation of Operations & Future Planning

Division Approach:
- Establish the DCFS COVID Recovery Group
- During phase 1, all programs will develop a plan to return to full normal operations
- During phase 1, all programs will develop a plan to resume previous restrictions in the event of a future wave of COVID, a localized outbreak of COVID, and any future operations
- Division will begin to compile data and other information in order to evaluate the consequences of the pandemic

Community Services:
- Evaluate telecommuting for each program and criteria for approval
- Continue implementation and pursuit of telehealth platforms statewide
- Screenings will continue to mitigate the risk of the virus entering the facilities. As the threat is eliminated, or minimized, measures will be lifted as recommended by the CDC and applied in the facility settings
- In person visitation will be resumed when CDC recommendations allow, providing accommodations for social distancing and PPE

Residential Services:
- Screenings will continue to mitigate the risk of the virus entering the facilities. As the threat is eliminated, or minimized, measures will be lifted as recommended by the CDC and applied in the facility settings

Quality and Oversight:
- All site supervisors will regularly solicit input from staff on their perceived safety and health at the workplace and adjust practices accordingly
- Temperature checks will be completed upon entry to the workplace as thermometers are available

Administrative Services:
- As employees return to the office, the schedules, close proximity of staff, work productivity, and general wellness of staff will be closely monitored
- PPE and cleaning supplies needs will be logged and supplies will be provided as they become available
- Employees will be encouraged to provide their input on the status of the transition to make any necessary adjustments and to plan for the next phase

- Staff reporting to work will validate their fitness for duty through a daily temperature screening

Stakeholder Relations

Division Approach:
- Maintain or enhance status as a helpful and knowledgeable resource in each community
- Clear communication with stakeholders of Division's operations status as we move through the different phases of reopening

Community Services:
- Continue communications and engagement with stakeholder/community needs

Residential Services:
- Meetings will be initiated following social distancing requirements and with the use of video conferencing and teleconferencing to accommodate larger groups

Quality and Oversight:
- Meetings will be initiated following social distancing requirements and with the use of video conferencing and teleconferencing to accommodate larger groups

Administrative Services:
- Staff have remained available and reachable while telecommuting. Numerous teleconference and video conference meetings have been held both internally and externally to ensure stakeholder relations are maintained and that work productivity is not significantly affected

Phase 2 – Silver State Stabilization
TBD

Phase 3 – On the Road to Home Means Nevada
TDB

Phase 4 – Home Means Nevada
TDB

DCFS COVID-19 Recovery Program Toolkit			
Program Name:			
Recovery Lead:			
DCFS Branch:	Community Services	Residential Services	Quality & Oversight Administrative

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Program Specific Approach:

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• Program will need to plan any extra precautions necessary for the staff upon return
Program Specific Approach:

Special Accommodation for Vulnerable Populations
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Program Specific Approach

Non-Essential Visits or Services at Facilities
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Program Specific Approach:

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Program Specific Approach:

Outpatient Clinical Services

Division Approach:
- Continue to maximize telehealth where appropriate
- On-site individual or family sessions may resume
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Program Specific Approach:

Evaluation of Operations – return to normal / future preparation

Division Approach:
- Establish the DCFS COVID Recovery Group
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- During phase 1, all programs will develop a plan to resume previous restrictions in the event of a future wave of COVID, a localized outbreak of COVID, and any future operations
- Division will begin to compile data and other information in order to evaluate the consequences of the pandemic

Program Specific Approach:

Stakeholder Relations
Division Approach: • Maintain or enhance status as a helpful and knowledgeable resource in each community   • Clear communication with stakeholders of Division's operations status as we move through the different phases of reopening   Program Specific Approach: