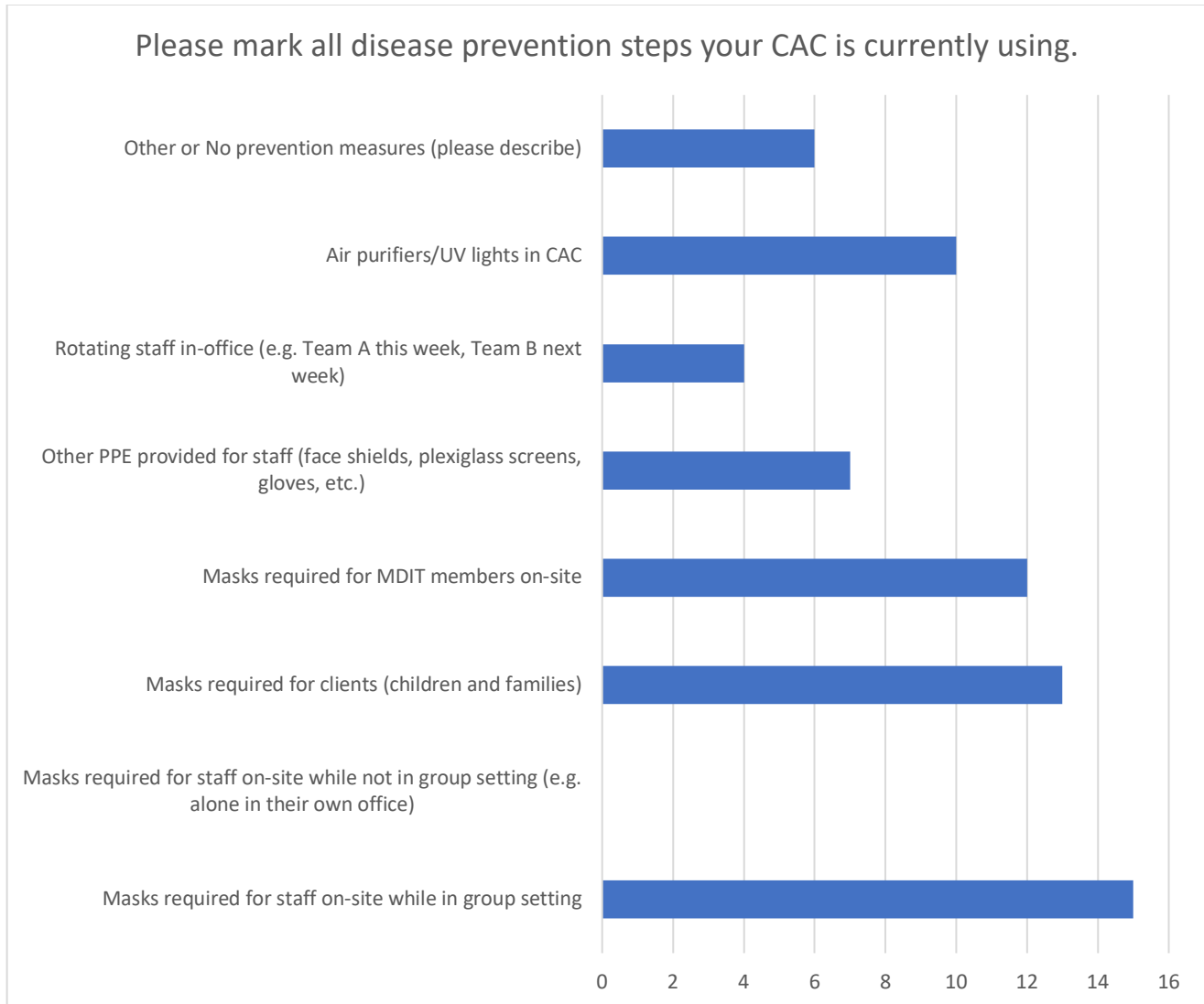


CAC Coronavirus Response Survey

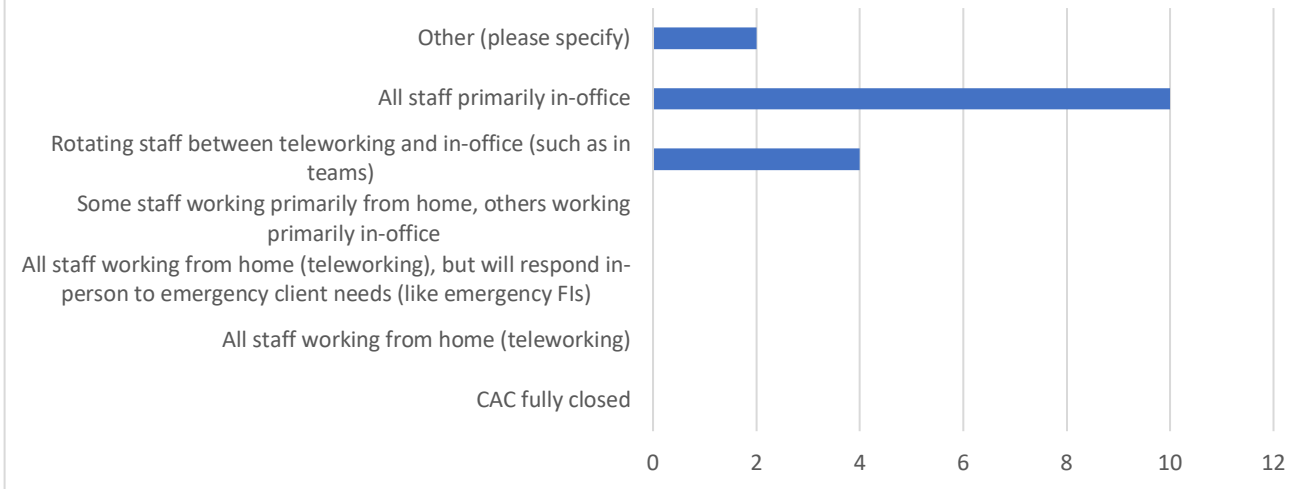
Week of 9/27/21 – 10/1/21



Other: Please Describe

- Office cleaning daily
- Extensive cleaning.
- We have a microban spray we to disinfect after all interviews.
- Generally, try to limit our time in the office and in group settings.
- Clients waiting in their cars - Waiting rooms are all closed
- Taking temps of all entering CAC. Limiting number of people in the lobby. No overlapping appointments. Increased cleaning measures. Maverick testing kits put into place.

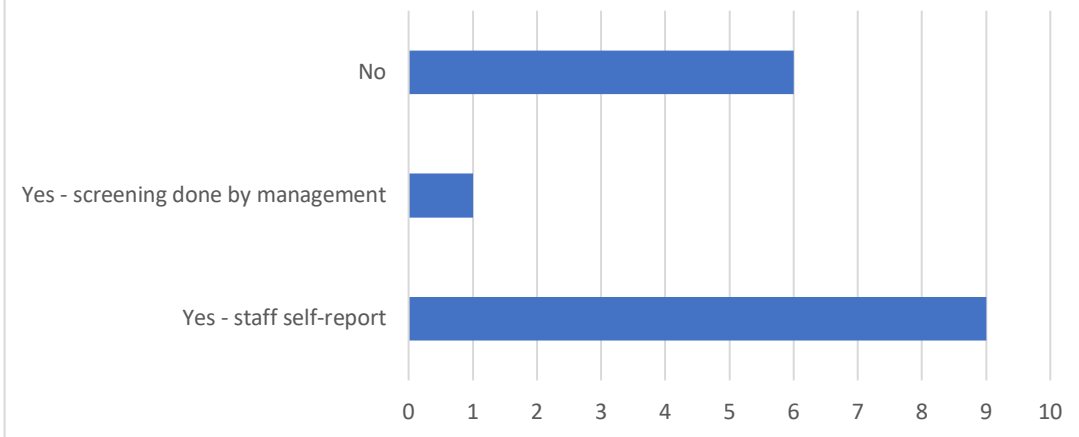
Which option most accurately reflects your CAC's staffing as of this week (9/27-10/1)?



Other: Please Describe

- All staff on-site.
- In the office as needed primarily for interviews only.

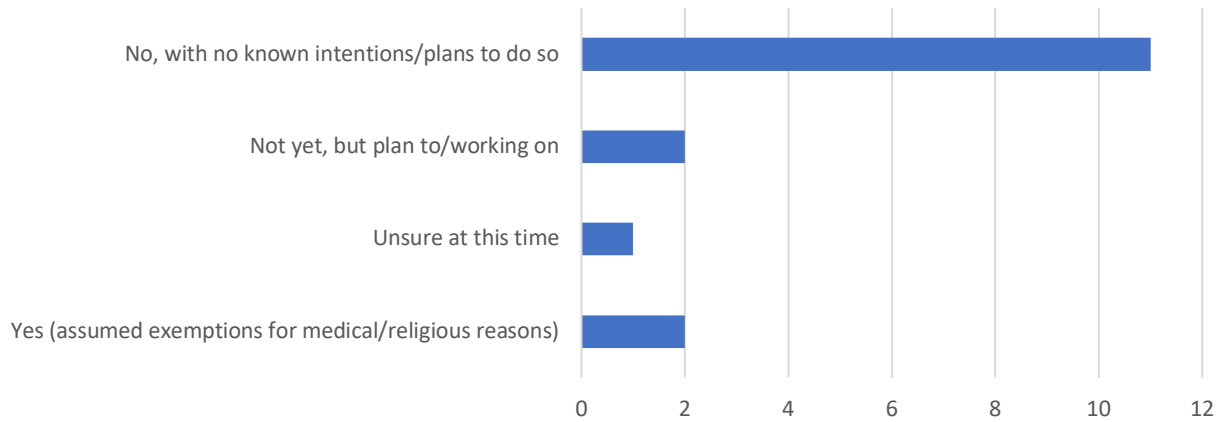
Are you requiring all employees have a health screen every day before coming to work at the office?



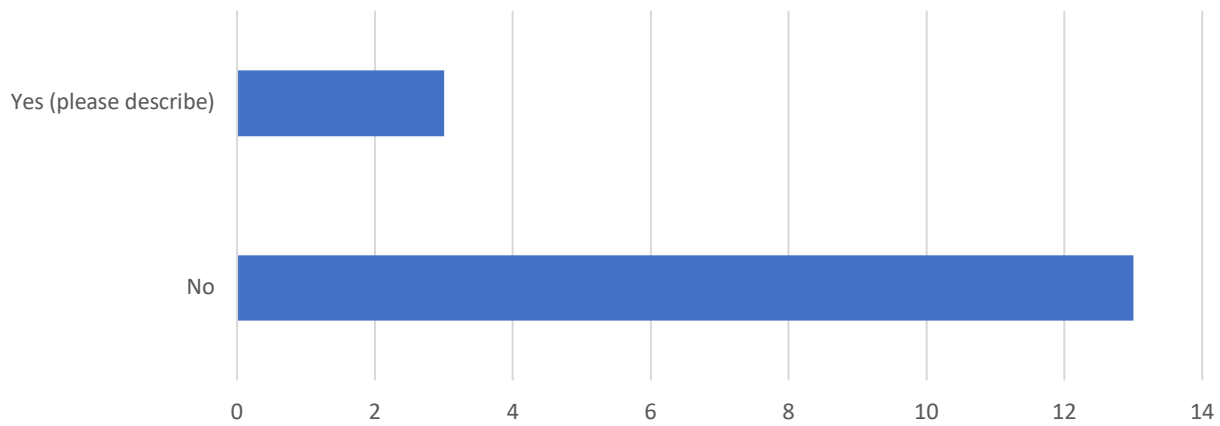
Comments:

- Do required testing every Wed.
- Will start regularly testing staff.

Does your CAC or umbrella organization currently have COVID vaccination requirements for employees?



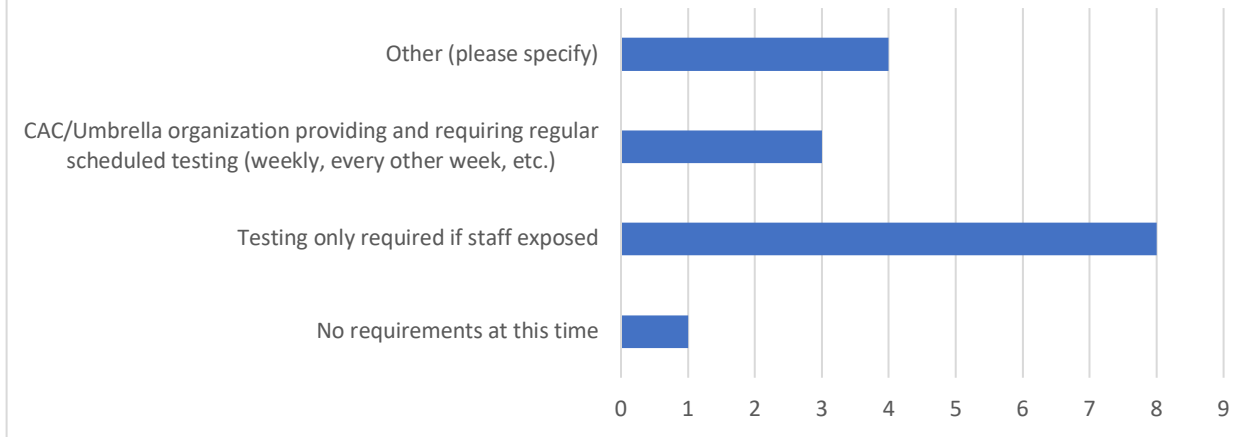
Has your CAC or umbrella organization incentivized vaccinations for employees at this time?



Comments:

- Made arrangements for employees to get vaccinated-but no incentives per-se
- Time off to get the vaccine and the following day
- All fully vaccinated employees will receive a \$1000 bonus and 2 extra sick days

What is the CAC's current approach to testing employees for COVID-19?



Other: Please Describe

- Using Maverick Health testing every Wed.
- testing is available by employee request through Maverick
- We have contracted with Maverick Health to do weekly testing on staff
- Exposure - Symptoms - Travel to Hot Spot

Please describe the ways your CAC is supporting morale and stability among staff at this time.

Our CAC is very supportive of teamwork/team approach for continuing morale throughout the pandemic.

More frequent debriefings. Monthly supervision. An open mind when it comes to COVID.

Working in teams, rotating on-site and telework, was the most detrimental to the mental well-being of my staff. We are doing everything we can to ensure that we all "stick together".

Another comment: We are all vaccinated. There was a great deal of resentment from some members of staff about getting the vaccine, but they did it without our board needing to take the step of mandating it. Even though vaccination has not been mandated, I will not hire or accept an intern or volunteer that has not been vaccinated. It is not a risk we will take.

Lots of talk during staff meetings, extra paid time off if staff member is stressed, developing long range plans for regular time off for morale and stability

We are doing the best we can to be flexible with staff, allowing some work from home, and meeting every friday to discuss how everyone is doing during staff meetings.

I believe everyone is concerned about working one on one with families, we do it to assure that they are receiving the necessary services but its done with alot of concern.

We continue to work as a team and offer encouragement through supervisions and team meetings. We routinely discuss challenges and develop strategies for overcoming new obstacles.

We are focusing heavily on self care and resiliency in our staff meetings, with checks in around current stress levels and tools being used, as well as discussions around what resiliency means and different resources/strategies. That is being lead by our on staff therapist. Allowing extra time off/increased flexibility in work schedule, emphasizing the importance of spending time with family. Taking walks together on lunch breaks, and we have a hike together planned next month as part of our staff retreat.

morning check ins. bringing in donuts, lunch, chocolate, coffee. being flexible if staff want to work from home or request time off. providing opportunities to work on self, attend virtual trainings, events, etc. we just got awesome new t-shirts. this list can be ongoing.

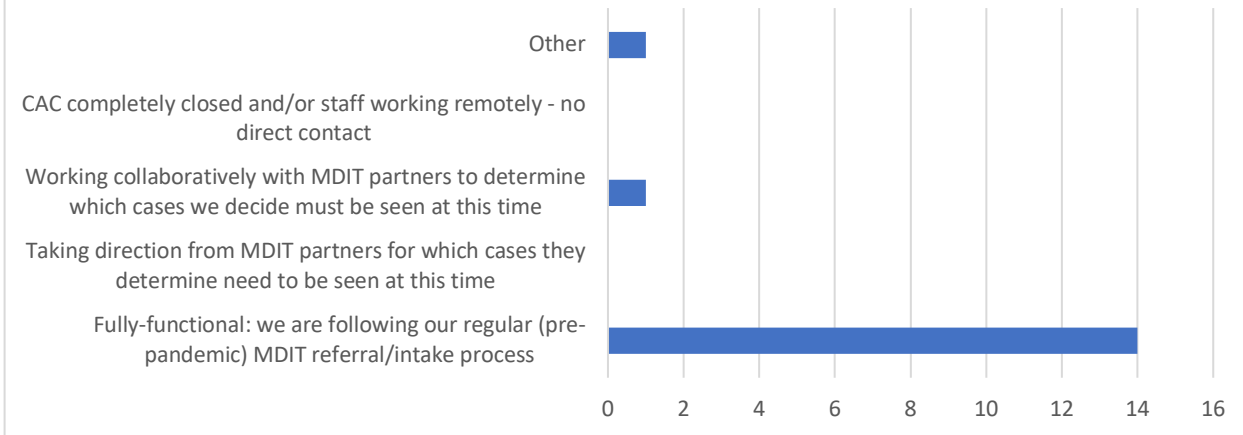
Clear and regular communication. Flexibility with work schedules when people are exposed or need to stay home with children. Incentives for vaccines. Regular opportunities for staff to share ideas, concerns, etc.

Managing schedule to ensure breaks

No PTO charged if COVID related to reduce stress of decision process. One day per week, no interviews.

Manage amount of time spent in office - when possible - use time off - constant contact/check in

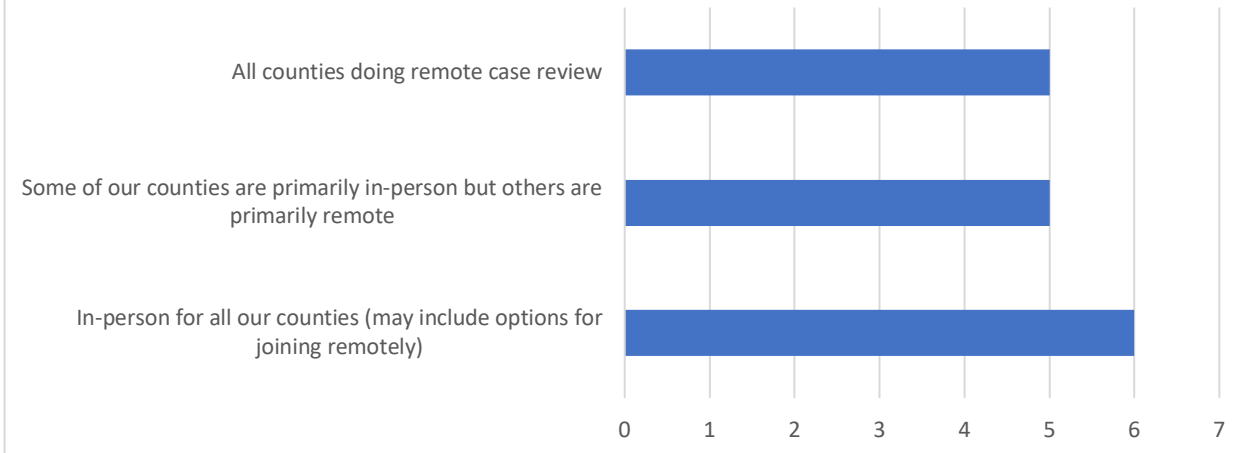
Which of the following best describes your current approach to referral/intake of new cases this week (9/27-10/1)?



Describe Current Operations:

- We are fully-functional as we were prior to COVID.
- The only difference is that we ask screening questions during the referral and limit the number of caregivers that can accompany a child to the center.
- however utilizing Tele-Forensic Interviewing, COVID screenings and Intake is done over the phone to decrease the amount of time in the office. Only 1 caregiver allowed with child/children. I can share our protocol.
- Fully functional referral/intake - with pre-screening - and staggered staffing.

How are MDIT Case Review meetings happening?



Comments:

- We had begun to move back to in-person but have returned to mostly remote.
- We are offering in person MDIT with remote attendance too, we have changed locations of MDITs to allow for all parties to be spaced apart and masks are required
- Our MDIT voted to maintain virtual - majority preferred
- It depends on the county color map. if we are in green we have in person meetings. If we are orange or red we meet online.

Please describe how families are informed/questioned about health status and precautions (such as taking temperature, signing waiver acknowledging that some staff are not vaccinated, etc.).

This occurs when the family arrives at the office for an appointment.

COVID screenings and questionnaire. Temperature checks. We do not offer up our vaccination status, nor have we been asked to. We also do not ask families about their vaccination status.

We ask typical screening questions during the referral and again when confirming the appointment.

CPS or LE asks preliminary questions when setting up interview, then advocate contacts family night before or morning of interview and asks specifics before coming to office

All of our CAC staff is vaccinated. We require anyone in the building to wear masks. We ask prior to FI if anyone in the family has symptoms or exposure to COVID

As the families enter the building they are screened for fever, and asked questions about their health and possible exposure to covid. We call the day before and ask the same questions.

We have a sign that is posted on our door at our main entrance. The Victims' Advocate meets the family at the door to provide masks if the family does not have one, and also to do a temperature check.

Screening questions are asked and temperatures taken prior to entry into our facility

Family Advocate takes everyone's temperature and goes through a questionnaire upon arrival.

Upon scheduling, COVID exposure inquiries are made, on site the advocate completes questionnaires and tracks temperatures

The advocate calls the day prior to screen the family. Guests and Staff are required to wear a mask while visitors are in the office. All staff volunteered to be vaccinated however we are mandating a vaccination policy (currently in draft form)

Families are called 24 hours in advance of appointments for therapy, FI, or FME and asked a series of questions about household members, health status, and exposure.

Screening prior to scheduling appt

Temperature taken before entry permitted in CAC. Symptoms are addressed if noticeable upon contact. Families are informed of current CAC COVID protocols in place by MDT members.

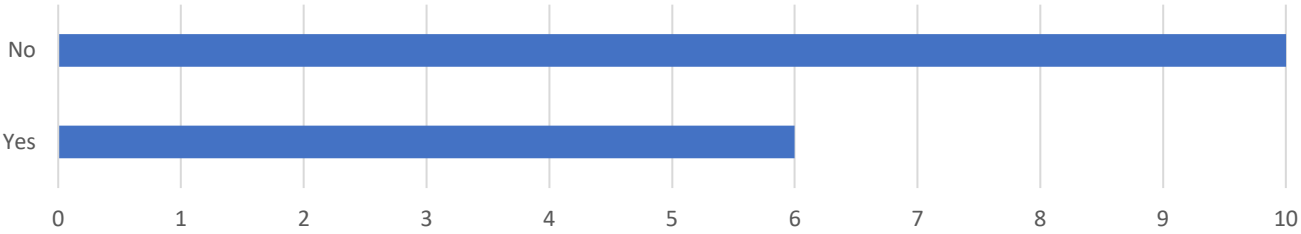
referring agency asked to pre-screen (symptom/exposure questions) CAC staff pre-contact for screening (when possible) Screened upon intake (including touchless temp check)

Masks provided - currently all staff interaction with families require masks regardless of vaccination status

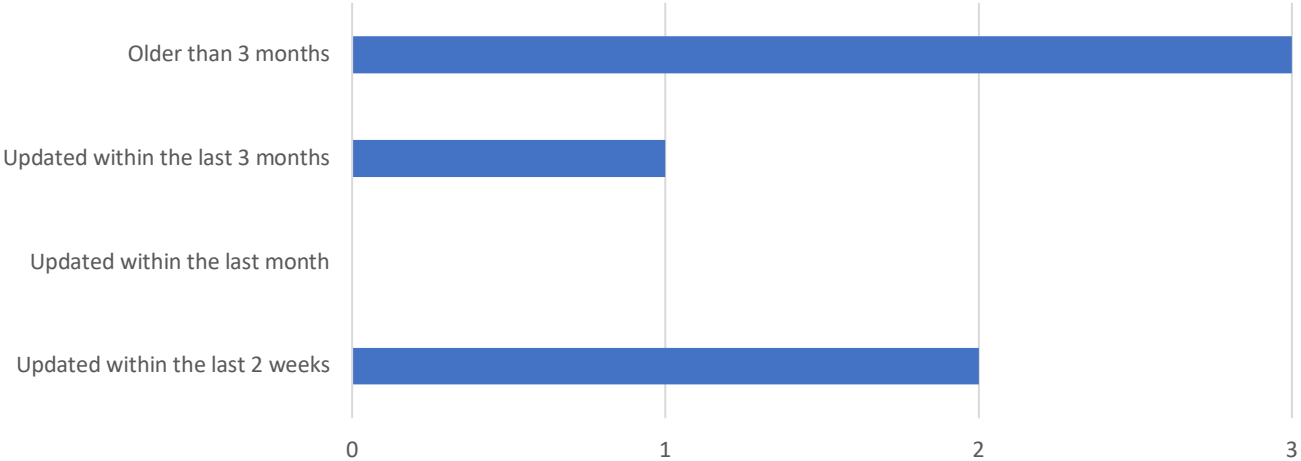
We have a form we follow and we take temperatures

(honestly, we sometimes forget to take temperatures).

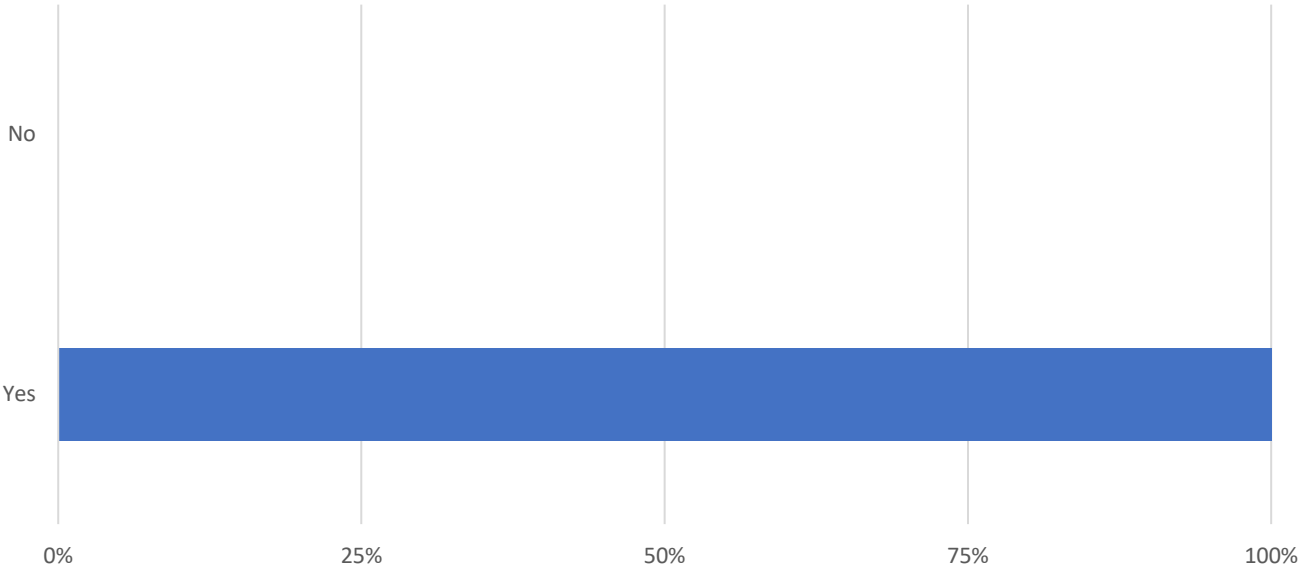
Does your CAC have a written contingency plan in case of disruption to forensic interviews due to illness/quarantine of staff and/or MDIT members?



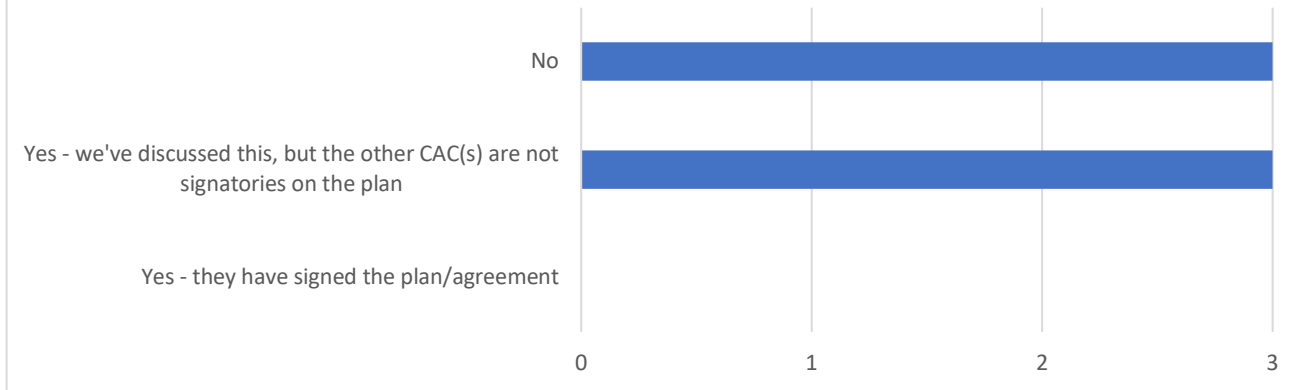
How current is this contingency plan?



Does this contingency plan have board approval?



Does this contingency plan rely, in part or completely, on temporarily providing forensic interviewing services at another CAC?



Comments:

- Because we have two locations, and keeping staff separate, if one closed we can still do interviews for all at the other.
- We are utilizing staggered staffing - with 2 trained MDIT members in the county who have keys and can provide FI in case all 4 staff are quarntied.