

DHS/SSA Protocol and Procedures
Resuming In-Person Visits Between Parents and Children

I. General Procedures:

1. **Stage Two:** In-person visits between parents and children will resume with the following exceptions (in the case of an exception, visits will continue by telephone and/or video conference):
 - i. Positive responses as guided by the pre-screening health questions (Attachment A);
 - ii. The determination by the child welfare supervisor that in-person visits would increase the risk for **vulnerable individuals** (See definition, right) either participating in the visit or caring for children who are visiting (this includes parents, children, and/or resource parents). Every effort shall be made to mitigate the risk and allow for in-person visits, and
 - iii. Parents who refuse or are unable to wear face coverings during family visits.

***Vulnerable individuals** are defined as those who are older (age 65 or older) and individuals with serious underlying health conditions, including serious heart conditions, chronic lung disease, moderate to severe asthma, diabetes, severe obesity, chronic kidney disease requiring dialysis, liver disease, and those whose immune system is compromised.*

II. Visitation Considerations:

1. When determining when and how to resume in-person visits the following steps must be taken by the caseworker and supervisor:
 - i. The caseworker will make contact with the resource parents prior to any decision regarding visitation in order to assess their ability and willingness to provide supervision for family visits.
 - ii. A Visitation Agreement will be reviewed with the resource parents, parent and his/her attorney, older foster children, and the staff supervising the visit.
2. All visit participants must be approved in advance by the local department. The local department will seek to minimize the risk of coronavirus transmission by limiting the number of participants to the parent(s) and child(ren) whenever possible.

III. Visit Location: Visits should occur in large open spaces (including outdoor settings) whenever possible. Confidentiality and child safety should be a primary consideration. Visits should only be held outdoors or in other public settings if confidentiality can be maintained and the safety of the child(ren) can be ensured.

IV. Transportation:

1. Resource parents will be requested to provide transportation for the child(ren) whenever possible.
2. If someone outside of the child's household is transporting the child(ren) then it is expected that both the adult(s) in the vehicle and any child over the age of two years in the vehicle will wear a face covering.



3. If a child will not wear a face covering the transportation should continue.
4. The local department staff will make an effort to set up transportation for parents when needed.
 - i. Public transportation should be considered.
 - ii. If no other transportation option exists, the caseworker should attempt to arrange transportation for the parent.
 - iii. Parents are expected to wear their face covering when in the car with an individual who is not a member of their household.
5. At this time, the local department is not able to accommodate parents' desire to meet their children at the car or return their children to the car at the end of the visit, including helping the child in and out of the car and/or car seat. Parents must maintain at least six feet of distance between the vehicle and the driver of the vehicle at all times.

V. Pre-screening Protocol:

1. Parents:
 - i. Before each visit the staff supervising the visit must make contact with the parent to review the pre-screening health questions related to COVID-19 (Attachment A).
 - ii. If the parent answers yes to any of the questions, the in-person visit will be cancelled. The staff supervising the visit will immediately contact the caseworker or supervisor, resource parent and anyone providing transportation for the visit, as well as make every effort to accommodate a visit during the same time via telephone or video conferencing.
 - iii. If someone reportedly has symptoms, a positive test for COVID-19 or has been in close contact with someone with a positive test for COVID-19, telephone or video conference visits should be held until at least ten days since symptoms first appeared AND three days have passed without symptoms (without the use of fever-reducing medications), or after the individual has a documented negative coronavirus test result. Questions regarding resumption of in-person visits should be directed to the DHS SSA Child Welfare Medical Director.
2. Children, resource parents, other visit participants, and staff supervising the visit:
 - i. Before leaving for the visit, all visit participants are expected to pre-screen themselves. This includes resource parents pre-screening the children attending the visit. (*See Pre-Screening Questions, right*)
 - ii. If the answer to any of the Pre-Screening Questions is yes, then the person should not attend the visit in-person. The caseworker and/or supervisor should be notified immediately.

Pre-Screening Questions:

Have I (or has the child):

1. Been in close contact with anyone with COVID-19 in the last 14 days?
2. Experienced any of these symptoms in the last few days:
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
3. Recently experienced a fever of 100.4 degrees Fahrenheit (38 degrees Celsius) or higher?

VI. **Face Coverings:**

1. Parents are required to wear face coverings during the entire family visit.
 - i. Any parent who refuses or is otherwise unable to wear a face covering during the visit must complete their visit with their child(ren) via telephone or video conferencing.
2. The local department will provide a face covering for each child participating in the visit who is over the age of two years. The resource parents should ensure that the child brings their face covering to each visit.
 - i. Children should be encouraged to wear their face covering. If they refuse the visit will continue.
3. The local department staff participating in the visit will be required to wear a face covering.
4. Resource parents participating in the visit will be required to wear a face covering.
5. All visit participants should follow CDC guidelines regarding the use of face coverings, including:
 - i. Washing hands before putting the face covering on;
 - ii. Making sure both mouth and nose are covered;
 - iii. Hooking the loops around ears or tying the face covering snugly around the head;
 - iv. Refraining from touching the face covering or pulling it down during use;
 - v. Removing the face covering without touching eyes, nose, or mouth and immediately washing hands after removal; and
 - vi. Washing the face covering between uses and ensuring it is completely dry before using it again.

VII. **Hand Washing:**

1. All visit participants (including the supervisor of the visit) will be required to wash their hands with soap and water for at least 20 seconds or use hand sanitizer:
 - i. At the beginning of the visit;
 - ii. After any visit to the bathroom (whether for themselves or to assist a child);
 - iii. After diapering;
 - iv. Before and after preparing food, snacks, or drinks;
 - v. Before and after eating food, handling food, or feeding children;
 - vi. After playing outdoors;
 - vii. After blowing one's nose or helping a child blow their nose;
 - viii. After sneezing or coughing;
 - ix. After coming into contact with any bodily fluid; and
 - x. After handling garbage or cleaning up.
2. Staff supervising the visit will make every effort to have hand sanitizer available during the visit, but hand sanitizer should not be considered an alternative to hand washing.
3. Parents and staff supervising visits should be encouraged to engage the children in frequent hand washing or use of hand sanitizer during the visit.



- VIII. **Physical Distancing:** The staff supervising visits, parents, and any other visit participant (besides the child) should ensure adequate physical distancing [at least six (6) feet] while also maintaining the safety of the visit by ensuring proper supervision. Staff supervising visits may need to be closer to visit participants based on the DHS/SSA direction regarding supervision requirements. Children are not expected to maintain physical distance requirements during the visit.
- IX. **Visit Supervision:** Staff supervising visits are expected to immediately end the in-person visit if a visit participant begins exhibiting signs or symptoms of COVID-19. Refer to pre-screening protocol in Section V 1 and 2 for guidance.
- X. **Toys and Activities:**
1. All toys and activities should be removed from visit rooms due to the difficulty of sanitizing all items after each visit.
 2. Resource parents should be encouraged to bring age-appropriate toys that can be easily sanitized.
 3. Toys must be sanitized before the visit begins.
 4. Any toy brought by the resource parents should be sanitized after the visit.
 5. Books and other paper-based toys and activities are not considered to be a high risk for transmission. They may be brought to the visit and do not require cleaning or disinfecting before use.
- XI. **Special Considerations**
1. Medically Fragile Children and Youth
 - i. Staff must contact the health care provider to ascertain any additional precautions that are required for in-person visitation due to the child/youth's specific conditions prior to any visit scheduling.
 - ii. In addition to the outlined pre-screening procedure, objective temperature assessments are mandatory upon arrival and prior to child/youth contact. If visit participants have temperatures of 100.4 degrees Fahrenheit or higher, those individuals will be instructed to leave and will be rescheduled to virtual visitation (telephone or video conferencing). In-person visitation will resume according to the conditions set forth in section V. 1. iii. above.
 - iii. Face coverings are mandatory for visitation. Visit participants unable or unwilling to wear face coverings will continue with virtual visitation.
 2. Infants and Toddlers
 - i. In addition to the above conditions, visit participants with infants and toddlers shall be instructed to bring a large, clean button-down long-sleeved shirt to wear over their clothing as they are holding and feeding the child; if the visitors cannot gain access to the described over-large shirts, the local department will work with them to obtain.



Attachment A

Pre-screening Health Questions related to COVID-19

**If the answer to any question below is “yes,” please explain which household member(s) are affected and provide as much detail as possible.*

1. In the past 14 days, has anyone in the household been potentially exposed to COVID-19 (close contact with someone who has recently traveled, been diagnosed with the virus and/or shown symptoms, or working in the medical field)?

Yes No Unknown

2. Does anyone in the household have a cough or shortness of breath or difficulty breathing; or at least two of the following symptoms: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat or new loss of taste or smell; and the symptoms could be related to potential exposure to COVID-19?

Yes No Unknown

3. Has anyone in the household tested positive for COVID-19 in the past 14 days?

Yes No Unknown

4. Is anyone in the household isolated/quarantined per doctor’s orders?

Yes No Unknown

