

Policy and Procedure Guide

Policy Title:	DHS COVID-19 Guidance for Court Ordered Agency Supervised Visitation						
Applies To:	Child Welfare Operations staff including DHS and CUA staff						
	Resource Caregivers						
	Family Foster Care Provider Agencies						
	Residential Treatment and Congregate Care Provider Agencies						

Replaces:

OVERVIEW:

In March 2020, due to the health concerns associated with the COVID-19 pandemic, Philadelphia Family Court suspended in-person face to face visitation, ordering in its place virtual (video or telephone) visitation for children and youth in the care of the Department of Human Services ("DHS"). DHS transitioned to virtual visitation to help children and youth in out of home placements maintain connections with their parents and other visitation participants while adhering to the guidance from the federal, state, and city health officials.

As Philadelphia moves forward in conjunction with the state's reopening, subject to Court approval, DHS is initiating a plan to resume face to face supervised visitation between parents, siblings, and children and youth.

All in-person visitation must comply with most recent guidance provided by the Pennsylvania Department of Health ("DOH"), Philadelphia Department of Public Health ("PDPH"), and the Centers for Disease Control and Prevention ("CDC"). This protocol is subject to any subsequent Court orders, city and state directives, and DHS policy.

POLICY

Policy Statement

In-person visits supervised by the agency will resume no later than **August 31, 2020**, after approval of the Philadelphia Family Court and in adherence to the guidance in this policy and the protocols set forth by the facilitating agency. The following are exceptions to in-person visitation in which visits will continue virtually by video or telephone:

- Positive responses as guided by the pre-screening health questions.
- In-person contact cannot be safely facilitated as determined by the assigned case management staff (e.g., would cause too great a risk for vulnerable individuals, including parents, children and youth, resource caregivers, and/or household members).
- Any party to the visitation (only a parent, children and youth, sibling, or another visitation resource to the children and youth as ordered by the Court) may request continuation of virtual visits based upon specific considerations, such as a concern raised at a health screening or specific health concerns of the resource caregiver or children and youth.

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 Visitation participants refuse to wear face coverings or, where unable to wear face coverings due to a medical condition, refuse to cooperate with other PDPH and CDC guided infection mitigation strategies, during family visits.

Children and youth whose parents' parental rights have been terminated may visit with potential adoption resources as long as all parties comply with all of the health and safety guidance set forth below.

General Responsibilities

- Assigned case management and visitation facilitators must collaborate to develop and implement a visitation plan that can maintain supervision needs and be accomplished safely. Responsibilities include, but are not limited to:
 - Utilizing and staying updated on public health information, including sound guidance provided by the CDC, DOH, and the PDPH.
 - Having ongoing communications with staff, children and youth, and visitation participants regarding the facility's COVID-19 status and safety practices to be followed while participating in the visits.
 - Conducting videoconferencing prior to each visit to ask pre-screening questions and have the visit
 participants, resource caregiver, and/or children and youth self-administer temperature tests and
 present the result to the responsible staff.
 - Ensuring only Court-ordered visitation participants are present at the visits.
 - Establishing procedures that implement infection mitigation strategies within all areas accessible to visitation participants (e.g., physical distancing, wearing of face coverings, access to frequent hand sanitation, regular cleaning of touched surfaces, staggering visitation schedules to minimize building occupancy).



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Related Policy:	DHS COVID-19 Guidance for Court Ordered Agency Supervised Visitation

PROCEDURE OVERVIEW

The assigned case management staff will consider specific needs unique to their facility in establishing and implementing a plan to safely resume in-person agency supervised visitation.

- Continued viability of in-person visitation will be determined through pre-screening health checks prior to each visit, as well as regular follow up inquiries on visit participants' health status.
- Assigned case management staff must exhaust and document every effort made to resume in-person visitation before determining it to be unsafe to resume.

PROCEDURE and PRACTICE CONSIDERATIONS

ROLES AND RESPONSIBILITIES (what happens, who does it, what are the time frames, how is it documented)

Pre-Screening

- Prior to every visit, all visit participants must be screened for health and the need for Personal Protective Equipment ("PPE").
 - Within 24 hours prior to the visit, the responsible visitation staff must coordinate pre-screening by telephone or videoconference with the resource caregiver and with each visitation participant.
 - Resource caregivers will administer their own and the children and youth's temperature testing, telling the responsible visitation staff the result.
 - Each visitation participant will administer their own temperature testing and tell the responsible visitation staff the result.
 - Health screening questions to be asked are "have you or anyone in your household:"
 - Been in close contact with anyone with COVID-19 in the last 14 days?
 - Experienced any of these symptoms in the last 10 days:
 - Cough or congestion
 - Runny nose
 - Shortness of breath or difficulty breathing
 - Chills
 - Muscle pain or body aches
 - Fatigue
 - Headache
 - Sore throat
 - New loss of taste or smell

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- Nausea or vomiting
- Fever of 100.4 degrees or higher
- If "yes" is answered to any of the pre-screening health questions or any visit participant has a fever of 100.4 degrees or higher, the in-person visit will be cancelled.
- Where a visit is cancelled, responsible visitation staff will contact the placement provider, resource caregiver, visit participants, and anyone providing transportation for the visit as needed.
- Every effort shall be made to accommodate a visit during the same time via telephone or videoconferencing.
- Responsible visitation staff must inquire whether all children and youth and visitation participants have the needed PPE.

Visit participants or others entering a particular facility must also adhere to an individual facility's pre-screening policy (e.g., onsite health questions or temperature check rules).

Out-of-State or International Travel

Where any visit participant has traveled to an area where there are known reported increased rates of COVID-19 cases within the previous 14 days, they may only be present at the in-person visit if all the following are true:

- They do not experience any symptoms.
- They practice social distancing.
- They wear a face covering at all times.

Areas of increased rates of COVID-19 cases will be determined through review of DOH and CDC travel guidance for out-of-state travel as well as CDC and Department of State travel advisories for international travel.

- o <u>https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx</u>
- o <u>https://www.cdc.gov/coronavirus/2019-ncov/travelers/from-other-countries.html/</u>
- o <u>https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/</u>

Such visit participants are encouraged to self-monitor for symptoms of the virus for 14 days and if any symptoms manifest, stay home and follow PDPH guidance.

Follow-Up Inquiries

Assigned case management staff must make additional inquiries with resource families and visitation participants to review for any change in health status that would prevent in-person visitation from continuing to safely occur.

Determining In-Person Visitation Unsafe

A consultation with the assigned case management staff's chain of command must occur and every effort to mitigate risk and allow for in-person visits must be exhausted prior to determining that in-person contact is not safe to resume in a particular case. The DHS Nurse, Practice Coach, or Senior Learning Specialist may be consulted as needed.

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 A letter must be obtained from the vulnerable individual's medical provider indicating they are at higher risk.

Where children and youth, members of the resource household, visitation participants, or the supervising visitation staff become sick or show signs of illness before or during a visit, that particular in-person visit will immediately end and be rescheduled or completed by telephone or videoconference.

- Telephone or videoconference visits will be held until the risk of COVID-19 transmission resolves.
 Questions regarding when to resume in-person visits should be directed to Primary Care Physician.
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Right of Party to a Dependency Matter to Opt-Out

Any party who has been given visitation rights by Court order may choose to opt-out of in-person visitation and continue virtual visits based upon specific considerations, such as health concerns.

Logistics of Resuming In-Person Agency Supervised Visitation

Individualized plans for resuming in-person visitation at a particular facility must include mechanisms for access to public health and other critical information needed for situational awareness, including DHS, CDC, DOH, and PDPH websites. All agencies must monitor public health advisories on an ongoing basis and update their practices accordingly.

 Plans should identify staff to develop ongoing communications with fellow staff, children and youth, and visitation participants regarding the facility's COVID-19 status and safety practices. Communication methods (e.g., signage, phone trees) should be used to further inform persons coming into the facility about basic mitigation and control measures to use.

Transportation

- Resource caregivers must provide transportation for children and youth to visits, when possible. If not possible, the assigned case management team must make (in collaboration with provider agency) alternative transportation arrangements.
- All transportation of children and youth must adhere to guidance provided by the CDC, DOH, and PDPH regarding transportation and vehicle surface cleaning prior to and after each transport.
- When someone outside of the children and youth's household transports or otherwise accompanies them in the vehicle to a visit, it is expected that all persons over age two in the vehicle wear an appropriate face covering.
- Children and youth should sit as far as possible from the driver (e.g., in the right side of the back seat, if available).
- Car windows should be open for air circulation, unless safety considerations require otherwise.

Waiting and Visitation Rooms

- Procedures must be established to ensure that physical distancing can be maintained in waiting areas, and that regularly touched surfaces or objects, including toys, are cleaned frequently and between visits.
- Use of rooms should be scheduled to leave sufficient time for cleaning between visits.
- Where feasible, windows should be opened or other air circulation methods should be used.

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Face Coverings

- Resource caregivers should ensure that the children and youth bring their face covering to each visit.
 Where needed, face coverings for all visit participants, including children and youth aged 2 and older participating in the visit, shall be provided by the responsible visitation staff.
- All visit participants, appropriate visitation staff, and children and youth aged 2 and older must wear their face covering.
- Individuals who cannot wear a face covering due to a medical condition must cooperate with other PDPHand CDC-guided infection mitigation strategies during family visits.

All visit participants must follow CDC guidelines regarding the use of face coverings, including:

- Washing hands before putting the face covering on.
- Making sure both mouth and nose are covered.
- Hooking the loops around ears or tying the face covering snugly around the head.
- Refraining from touching the face covering or pulling it down during use.
- Remove the face covering without touching eyes, nose, or mouth and immediately washing hands after removal.
- Washing the face covering between uses and ensuring it is completely dry before reuse.

Physical Distancing

Responsible visitation staff, visitation participants, and children and youth should maintain physical distance of at least six feet. Responsible visitation staff may need to be closer to visitation participants based on Court orders or to ensure proper supervision, as needed.

While children and youth and visitation participants are anticipated to hug and interact for portions of the visit in ways that do not comply with physical distance requirements, other infection mitigation strategies (e.g., keeping face coverings on) must be maintained during those portions.

Handwashing and Hand Sanitizer

Responsible visitation staff, visitation participants, and children and youth must wash their hands with liquid soap and water for at least 20 seconds or use hand sanitizer:

- At the beginning of the visit.
- o After any visit to the bathroom (whether for themselves or to assist children and youth).
- After diapering.
- o Before and after preparing food, snacks, or drinks.
- o Before and after eating food, handling food, or feeding children and youth.
- o After playing outdoors.
- After nose blowing or helping children and youth blow their nose.
- After sneezing or coughing.
- After coming into contact with any bodily fluid.
- After handling garbage or cleaning up.

Hand sanitizer should be made readily available before, during, and after the visit, but hand sanitizer should not be considered an alternative to hand washing where available.

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Responsible visitation staff and visitation participants should encourage children and youth in frequent hand washing or use of hand sanitizer during the visit.

Bathrooms

The facility should have a protocol for ensuring that all bathroom facilities are appropriately cleaned and accessible to visitation participants must be established.

Visitation Activities

The facility should have a protocol on permitted toys or activities must be established and discussed with resource caregivers and visitation participants.

Food and Drink

The facility should have a protocol on visitation participants bringing food and drink into the facility must be established (including whether food and drink is permitted).

DOCUMENTATION REQUIREMENTS

- Assigned case management and visitation staff must document all pre-screening contacts, visitations held, and post-visit discussions with participants in Structured Progress Notes (SPNs) in the electronic case record.
- Any consultations held to determine whether resuming in-person visitation is unsafe, as well as supporting medical letters obtained, must be documented in SPNs and included in the electronic case record.



RELATED DOCUMENTS AND RESOURCES:

https://www.phila.gov/media/20200526141759/Guidance-for-Office-Workers-
at-Offices-Still-Open-During-COVID-19 5 26.pdf
https://www.phila.gov/media/20200408110924/Community-facility-cleaning-
guidance_4_8.pdf
https://www.phila.gov/media/20200408111246/Recommendations-for-child-
care-facilities_4_8.pdf
https://www.phila.gov/media/20200505153131/Guidance-for-essential-
businesses-and-organizations 5 5 revise-1.pdf
https://www.phila.gov/media/20200508132703/How-can-I-protect-myself-
during-COVID-19.pdf
https://www.phila.gov/media/20200429103537/lf-you-need-to-leave-your-
housewear-a-mask.pdf

	POLICY AND PROCEDURE REVIEW AND APPROVAL				
APPROVED BY:	Kimberly Ali, Commissioner				
	Samuel B. Harrison, III, Deputy Commissioner, Child Welfare Operations				
	Gary D. Williams, Deputy Commissioner, Policy Development and System				
	Enhancement				
	Carla Sanders, Operations Director				
	Staci Boyd, Operations Director				
	Luis A. Santiago, Policy and Planning Administrator				
	Cynthia Schneider, Esq., Senior Attorney, Law Department				
REVIEWED BY:	Michael Pratt, Esq., Deputy City Solicitor, Law Department				

APPROVAL SIGNA	TURE					
(Authorizing Leadership	Name and title)	0/				
Signature:		K			Date:	8/18/2020
Name:	Kimberly Ali	0	Title:	Commissioner		

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