

IN THE COURT OF COMMON PLEAS  
OF PHILADELPHIA COUNTY, PENNSYLVANIA  
FAMILY DIVISION, JUVENILE DEPENDENCY BRANCH

**In Re: Juvenile Dependency Child Visitation**

**AMENDED ORDER**

**AND NOW**, this 25<sup>th</sup> day of August, 2020, consistent with the Order of the Supreme Court of Pennsylvania dated May 27, 2020, and this Court's Judicial Emergency Declaration dated June 4, 2020 extending the Judicial Emergency in the First Judicial District, this Court hereby **AMENDS** its Order of April 16, 2020, to permit the reinstatement of: (1) unsupervised in-person visitation, in-person visitation supervised by resource caregiver, or in-person visitation conducted at/by a Residential Treatment or Congregate Care Provider Agency or Facility; and (2) all other visitation, including those supervised by an agency. Such visits between parents or guardians and dependent children and youth, sibling visits between dependent children and youth and their siblings, or visits between dependent children and youth and another court-ordered visitation participant, shall occur in accordance with the terms of this Order, which is devised to limit the risk of exposure and spread of the Novel Coronavirus. It is hereby **ORDERED AND DECREED** as follows:

**Visitation**

Beginning no later than August 31, 2020, **in-person visits that were court-ordered by trial judges to be held as either (1) unsupervised day visits, (2) visits supervised by a resource caregiver, or (3) visits conducted pursuant to a Residential Treatment or Congregate Care Provider Agency policy, may recommence in strict accordance with their prior court orders and with the attached policy and protocol promulgated by the Philadelphia Department of Human Services ("DHS") (see "ATTACHMENT A").** All parties to visitation shall, at all times before, during, and after visitation, strictly adhere to DHS COVID-19 In-Person Visitation Guidance.

Visits that were previously ordered to be held as overnight visits shall occur as unsupervised day visits until further notice.

Further, beginning no later than August 31, 2020, **all other in-person visits that were court-ordered by trial judges, including those supervised by an agency, will recommence in strict accordance with their prior court orders and with the attached policy and protocol regarding supervised at agency visitation promulgated by DHS (see "ATTACHMENT B").** All parties to visitation shall, at all times before, during, and after visitation, strictly adhere to DHS COVID-19 In-Person Visitation Guidance.

Any party to a dependency matter or anyone who has been given visitation rights by court order in a dependency matter may choose to opt-out of in-person visitation and continue virtual visits based upon specific considerations set forth in the DHS protocol, such as health

concerns. A resource parent may also opt-out of in-person visitation in their home; in those instances, the in-person supervised visits become the responsibility of CUA or DHS.

For children whose parents' parental rights are terminated, visitation to identify a potential resource home may occur by agreement of the parties, and must comply with all health and safety protocols set forth in the applicable DHS protocol.

All other court-ordered visitation and visitation referenced above that cannot occur due to limitations as articulated by the DHS Guidance **shall continue to occur virtually** through Advanced Communication Technology as follows:

**1. Virtual Visits**

- a. All such visits shall be held by videoconference, unless such videoconference is not practical.
- b. Where videoconferencing is not practical, all virtual visits shall be telephonic.
- c. All virtual visits shall be at least equivalent in time to court-ordered visits, provided that virtual visits may occur in shorter increments on a more frequent basis, to be determined by individual case teams. Nothing in this order precludes more frequent family time, as arranged by the parties, and where appropriate. *For example:* if the trial court ordered weekly visits at the agency for two hours per visit, the virtual visit may occur in four thirty-minute virtual visits throughout the week.
- d. Virtual supervised visits shall be supervised by the Community Umbrella Agency ("CUA") if the most recent court order so requires. However, where CUA supervision was previously ordered by the Court, upon agreement of parties, resource parents or residential staff may instead supervise visits. The resource caregiver must consent to supervise the visits and has the right to refuse to do so. Such agreement will be memorialized in an Administrative Order and submitted for Court approval. Visitation shall not change until the Court signs the Order.
- e. Visits that were previously unsupervised in-person visits may now be unsupervised virtual visits.

**2. Reasonable Efforts to Facilitate Virtual Visitation.**

- a. DHS and its provider agencies shall make any and all reasonable efforts to carry out virtual visitation and family contacts, mindful of the evolving public health advisories concerning COVID-19.
- b. Reasonable efforts shall include:
  - i. Ensuring that all parties to visitation—the parent(s)/guardian(s), child(ren), and resource caregiver—have reasonable access to videoconferencing technology, including, where practicable, devices and applications (*e.g.*, Facetime, Skype, Google Hangout, Facebook video messenger, Zoom, Google Duo, etc.), to enable virtual visits in accordance with this Order. Reasonable access shall include, where necessary to facilitate virtual visitation due to socioeconomic or environmental circumstances, the direct provision of devices (*e.g.*, cell phones, tablets, or

- computers) and/or internet, where funding is available to do so, or assistance in obtaining free or low-cost options.
- ii. Where affording access to videoconferencing technology is not practicable, and where funding is available to do so, ensuring that all parties to visitation have reasonable access to operable cellular phones with sufficient service to enable telephonic visitation in accordance with this Order.
  - iii. Developing individualized virtual visitation plans for each dependent child and/or family who is entitled to virtual visitation pursuant to this Order, which shall include individualized strategies for engaging preverbal, nonverbal, and children who are developmentally-unable to effectively verbally communicate due to age or disability in virtual visitation. This plan shall incorporate developmentally-appropriate strategies for bonding, nurturing, and educational engagement, such as online learning tools, videos, etc. Such individualized plans shall document which technologies and applications will be used to facilitate virtual or telephonic visits, and how often virtual or telephonic visits will occur.

### **Right to Judicial Review**

Where agreements regarding visitation or reunification cannot be reached, or where a party avers that reasonable efforts have not been made to ensure visitation in accordance with this Order, any party may petition the Court for a contested hearing. Such proceedings shall be convened in combination with Advanced Communication Technology.

### **Judicial Timelines**

In light of the limitation on in-person visitation and the temporary closure of many agencies providing court-ordered services to families (*e.g.*, parenting classes, family school, drug and alcohol and mental health treatment, etc.), and consistent with the goals of the Juvenile Act, it is **ORDERED AND DECREED** as follows:

Lack of, or inability to access, treatment or services due to provider closures during the COVID-19 pandemic, or other barriers caused by the public health circumstances, governmental responses, and economic consequences, **shall not** be interpreted as a lack of compliance with court-ordered services or treatment and/or permanency plan objectives.

DHS/CUA shall provide reasonable efforts to ensure that parent(s) and guardian(s) are able to meaningfully participate in mandated services during the COVID-19 pandemic.

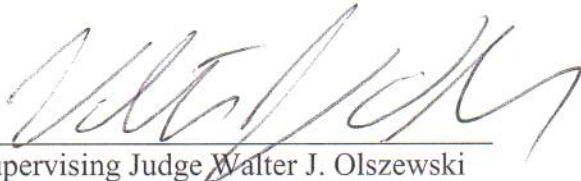
#### **Reasonable efforts shall include:**

- Inquiring actively about, and closely monitoring, the availability of treatment and other services for parent(s)/guardian(s);
- Encouraging the use of technology to continue treatment and services where in-person services or treatment may temporarily be unavailable, including providing reasonable efforts to assist parent(s)/guardian(s) in obtaining access to technological services and

devices which enable reasonable access to treatment and services. Reasonable efforts shall include, where necessary to facilitate access to necessary services, the direct provision of devices (*e.g.* cell phones, tablets, or computers) and/or internet, where funding is available to do so, or assistance in obtaining free or low-cost options.

Consistent with the Order of the Supreme Court of Pennsylvania, which, in pertinent part, gives local courts authority to toll judicial timelines during the local judicial emergency, all judicial timelines established under the responsibility of DHS for filing termination petitions pursuant to Pa. C.S. § 6351(f)(9) for purposes of involuntary termination of parental rights under the Adoption Act, 23 Pa.C.S. §§ 2511(a)(1), (2), (4), (5), (6), and (8) are **TOLLED** from the date of March 16, 2020 until the date on which this Order is lifted by the Court.

If a stay-at-home order is reinstituted by the Governor of the Commonwealth of Pennsylvania or the Mayor of the City of Philadelphia, all visitation will immediately revert to virtual visitation.



Supervising Judge Walter J. Olszewski

DATE: 8/25/20

**Policy and Procedure Guide**

**Policy Title:** DHS COVID-19 Guidance for Court Ordered Unsupervised, Supervised by Resource Caregiver, or Residential Treatment and Congregate Care Facility 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:**

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**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 state’s reopening, subject to Court approval, DHS is initiating a plan to resume face to face unsupervised visits, visits supervised by resource caregiver, and Residential Treatment and Congregate Care Facility visits between parents, siblings, other Court-ordered visitation participants, and children and youth. All Court-ordered unsupervised overnight visits will be completed as unsupervised day-time visits until further notice.

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 unsupervised, supervised by a resource caregiver, or held pursuant to visitation policy of Residential Treatment or Congregate Care Facilities 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 responsible 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

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considerations, such as a concern raised at a health screening or specific health concerns of the resource caregiver or children and youth.

- Visitation participants refuse to wear face coverings or, where unable to wear face coverings, refuse to cooperate with other PDPH and CDC guided infection mitigation strategies, during 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 staff responsibilities include, but are not limited to:
  - Reviewing the attached *Family Visitation Guidance* with each visit participant, resource caregiver, and (where appropriate) children and youth prior to resuming visits to ensure communication of required safety measures is received. The review may be done through telephone or videoconferencing. The *Family Visitation Guidance* shall be sent to each visit participant by electronic or postal mail.
  - Attempting compliance with the existing unsupervised, supervised by resource caregiver, or per policy of Residential Treatment or Congregate Care Facility visitation schedule as ordered by the Court. This includes planning for how the in-person visits will occur at the Court-ordered setting and frequency.
  - Where the Court visitation order does not specify certain terms (e.g., level of supervision, setting, or frequency), coordinating with resource caregiver and provider agency case manager to determine what is appropriate for visits to occur in-person safely without seeking a Court order.
  - Conducting telephone or 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 to present the responsible staff the result.
  - Ensuring only Court-ordered visitation participants are present for the visits.

<b>Procedure Title:</b>	DHS COVID-19 Guidance for Court Ordered Unsupervised, Supervised by Resource Caregiver, or Residential Treatment and Congregate Care Facility Visitation
<b>Applies To:</b>	Child Welfare Operations staff including DHS and CUA staff Resource Caregivers Family Foster Care Provider Agencies Residential Treatment and Congregate Care Provider Agencies
<b>Related Policy:</b>	DHS COVID-19 Guidance for Court Ordered Unsupervised, Supervised by Resource Caregiver, or Residential Treatment and Congregate Care Facility Visitation

## PROCEDURE OVERVIEW

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.

- o Responsible 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

- o 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 appropriate visitation staff the result.
    - Each visitation participant will administer their own temperature testing and tell the appropriate 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

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- New loss of taste or smell
- 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.

### **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.

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

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**

Responsible 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 responsible 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.

- 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.

- Where signs of illness occur during unsupervised visitation, the visitation participants must notify the resource caregiver. The resource caregiver must then notify the responsible visitation staff.
- Telephone or videoconference visits will be held until the risk of COVID-19 transmission resolves. When to resume in-person visits should be guided by a Primary Care Physician ("PCP").

### **Right of Party to a Dependency Matter to Opt-Out**

Any party to a dependency matter or anyone 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.

### **Alternative Visitation Frequency, Setting, or Supervision Level**

Where the assigned case management staff believe they have identified a more efficient visitation frequency, setting, or supervision level that will allow in-person visitation to be accomplished safely, they must confirm such (e.g., through assessing resource caregiver's ability and willingness to support visits in their home, in the visitation resource's home, or in the community in a manner providing safety and confidentiality for all participants).

- If the more appropriate visitation frequency, setting, or supervision level differs from what is currently specified in the Court order, agreement of all parties must be had and an administrative order reflecting the amended terms should be submitted to the Court.
- Collaboration with the resource caregiver and the provider agency case manager is required prior to seeking Court-ordered visitation supervised by a resource caregiver or a provider agency case manager.

### **Resource caregivers uncomfortable or unwilling to supervise visits in their home**

Where a resource caregiver is currently Court-ordered to supervise visitation but is unwilling or uncomfortable, the resource caregiver must contact the responsible visitation or case management staff so alternative arrangements can be made. DHS and CUA teams (in collaboration with the provider agencies) must make the alternate plan to facilitate the in-person visits within 3 business days.

- Resource caregivers must continue to help facilitate compliance of Court-ordered visitation directives.

Where the current Court visitation order includes agency supervision, but can be safely accomplished by other means, that portion may be changed to unsupervised or supervised by resource caregiver by agreement of parties to the dependency matter, as well as by the resource caregiver or provider agency case manager where they will be Court-ordered to supervise the visits. Such agreement will be memorialized in an administrative order and submitted for to the Court for approval.

If agreement is not reached by parties to the dependency matter, the case may be brought before the Court.

### **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 2 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.

### **Face Coverings**

- Face coverings for all resource caregivers, as well as children and youth aged 2 and older participating in the visit, shall be provided by the responsible visitation staff, when needed. Resource caregivers should ensure that the children and youth bring their face covering to each visit.
- All visit participants, supervising resource caregivers (where applicable), and children and youth aged 2 and older must wear their face covering.
- Refusal to wear a face covering or, where unable to, utilize alternative PDPH and CDC recommended PPE, results in visits being conducted by telephone or videoconferencing.

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**

Visitation participants should maintain physical distance of at least six feet from supervising resource caregivers and children and youth. Resource caregivers 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**

Visitation participants, supervising resource caregivers (where applicable), and children and youth must wash their hands with liquid soap and water for at least 20 seconds or use hand sanitizer:

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- At the beginning of the visit.
- After any visit to the bathroom (whether for themselves or to assist children and youth).
- After diapering.
- Before and after preparing food, snacks, or drinks.
- Before and after eating food, handling food, or feeding children and youth.
- 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.

Responsible visitation staff will make every effort to provide hand sanitizer during the visit, but hand sanitizer should not be considered an alternative to hand washing where available.

Visitation participants and supervising resource caregivers (where applicable) should encourage children and youth in frequent hand washing or use of hand sanitizer during the visit.

### **Toys and Activities**

Visitation participants and resource caregivers are encouraged to bring age-appropriate toys that can be easily sanitized.

- Toys must be sanitized before the visit begins.
- Any toy returning with children and youth must be sanitized after the visit.
- Books and other paper-based toys are not considered to be a high risk for transmission. They may be brought to the visit and do not require cleaning or disinfecting.

### **Food and Drinks**

Visitation participants are permitted to bring food and drinks for children and youth but are expected to prepare these items with clean hands in a sanitary environment and transport them in clean closed containers.

- Where practicable, if children and youth remove their face covering while eating or drinking during a visit, visitation participants must remain six feet away.

### **DOCUMENTATION REQUIREMENTS**

- Review of the *Family Visitation Guidance* with visitation participants, resource caregivers, and children and youth where applicable, must be documented in a Structured Progress Note ("SPN") in the electronic case record.
- Responsible case management and visitation staff must document all pre-screening contacts, visitations held, and post-visit discussions with participants in 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.

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**RELATED DOCUMENTS AND  
RESOURCES:**

Attachments: Family Visitation Guidance

Forms:

Related Policies or

Procedures:

Other Resources: <https://www.phila.gov/media/20200508132703/How-can-I-protect-myself-during-COVID-19.pdf>  
<https://www.phila.gov/media/20200429103537/If-you-need-to-leave-your-house...wear-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

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REVIEWED BY:

Michael Pratt, Esq., Deputy City Solicitor, Law Department

**APPROVAL SIGNATURE**

*(Authorizing Leadership Name and title)*

Signature:



Date: 8/18/2020

Name:

Kimberly Ali

Title: Commissioner

**Policy and Procedure Guide**

Effective Date: August 31, 2020

**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:**

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**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.

DHS COVID-19 Guidance for Court Ordered Agency Supervised Visitation

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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).

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

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

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.

### **DHS COVID-19 Guidance for Court Ordered Agency Supervised Visitation**

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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.

### **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 PDPH- and 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.
- After any visit to the bathroom (whether for themselves or to assist children and youth).
- After diapering.
- Before and after preparing food, snacks, or drinks.
- Before and after eating food, handling food, or feeding children and youth.
- 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:**

Attachments:

Forms:

Related Policies or

Procedures:

Other 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/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/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/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/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/If-you-need-to-leave-your-house...wear-a-mask.pdf>

**POLICY AND PROCEDURE REVIEW AND APPROVAL**

APPROVED BY:

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REVIEWED BY:

**APPROVAL SIGNATURE**

(Authorizing Leadership Name and title)

Signature:

Name:

Kimberly Ali

Title: Commissioner

Date: 8/18/2020

DHS COVID-19 Guidance for Court Ordered Agency Supervised Visitation

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