

**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:**

**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.

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<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.

- 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

- 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***

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**APPROVAL SIGNATURE**

*(Authorizing Leadership Name and title)*

Signature:

  
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Date: 8/18/2020

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