



ALLEGHENY COUNTY CYF BEST PRACTICE GUIDELINES

GUIDANCE FOR PARENT/CHILD VISITS DURING COVID-19 PANDEMIC

Pennsylvania public health officials continue to monitor COVID-19 and take steps to prevent the spread of the disease. Pennsylvania's three phase matrix under the Governor's Process to Re-Open Pennsylvania (<https://www.governor.pa.gov/process-to-reopen-pennsylvania/>) allows for CYF to begin supporting supervised face-to-face visits between children in out-of-home care and their parents. As we know, visitation between children and parents is key to developing and maintaining a parent-child relationship, reducing the anxiety children experience when separated from their parents, and working towards reunification efforts. Reintroduction of face-to-face visits will be implemented in consideration of the most current guidance from the Centers for Disease Control (CDC) and local authorities. Parent-child visits completed by DHS staff and providers will follow this guidance.

Unsupervised visits will continue, with a plan that is based on each family's specific circumstances and with input from the child (when age/developmentally appropriate), parent, foster family and provider staff.

Due to limitations on the number of face-to-face visits that can be offered while following additional screening, disinfecting and physical distancing requirements, the guidance for virtual visits will remain in effect to allow for additional frequency of visits for children and their parents. Resumption of face-to-face visits should initially focus on children under the age of two, as they are limited in their ability to participate in virtual visits with their parents. For all children it is important to maintain contact via virtual visitation and telephone contact until such time that additional face-to-face visits can be facilitated.

PLANNING FOR VISITS AND SELECTING A LOCATION

CYF and providers should be creative in determining how to provide safe face-to-face visits between parents and children. Child welfare professionals should always start by assessing the individual needs, concerns and boundaries that may impact the ability for children to have successful face-to-face visits. Efforts should be made to identify a family-like setting when feasible, while being mindful of the need to control for COVID-19. Prior to scheduling the first face-to-face visit, arrange for a teaming meeting with the parents, child (if age and developmentally appropriate) and the children's provider(s) to create a plan including the following:

1. Consider the physical and emotional safety of all participating children, the parents, the child's resource provider and other children in the home, the parents' living arrangement and the community's welfare. If a child is connected to behavioral health services or has physical health conditions ('high risk' chronic or acute condition/s), consult with the provider to obtain input as to any potential needs the child may have in regard to resumption of face-to-face visits.
2. If you are aware of an adult connected to a case involving a high-risk individual (consult CDC guidelines) and there are concerns about their safety and health that may impact visits, engage them in conversations to create safe, balanced visitation arrangements.
3. Strive to create a plan that conforms to physical distancing requirements and optimally protects the health and sty of all parties.
4. Consider who is critical to the parent/child visit to reduce unnecessary exposure to other parties.

PLANNING FOR VISITS AND SELECTING A LOCATION (CONT.)

5. Explain to the parent/caregiver the steps being taken to minimize risk and work together to find creative approaches to minimize everyone's risk.
6. Help identify what supports, protections and reassurances out-of-home providers need or are hoping will be provided.
7. Advise parents that children may react to their appearance when they visit wearing a mask.
8. Understand that the child may have a stronger reaction to separation than prior to COVID-19. Children and parents may not have seen each other for an extended period, which may make separation from the visit even more difficult.
9. Be prepared to support children emotionally after the visit. This level of support will vary based on the individual and circumstances. Be prepared to utilize therapeutic professional support if needed, such as the child's therapist or provider resources.
10. Locations of face-to face-visits should be clean, safe and chosen to minimize exposure to others.
 - a. Outdoor locations (should be utilized when feasible)
 - i. State and local authorities will decide whether parks and other recreational facilities will open. Check with the park in advance to be sure you know which areas or services, such as bathroom facilities, are open.
 - ii. Stay at least six feet away from people not in your group.
 - iii. Do not use playground equipment as it can be challenging to keep surfaces clean and disinfected.
 - iv. Provide activities that engage children but do not require contact, such as blowing bubbles or kicking a ball back and forth.
 - b. Indoor locations
 - i. Must be disinfected before and after visits.
 - ii. Must avoid crowded locations and allow for social distancing of six feet between staff and parent(s).
 - c. CYF visit rooms
 - i. To control exposure to the virus, the use of CYF visit rooms may be the best option for face-to-face visits.
 - ii. CYF visit rooms must be disinfected before and after each visit.
 - iii. Regional offices will consider activities that support quality visitation while preventing the spread of the virus.
11. The team should consider how transportation was completed prior to the COVID-19 outbreak and if that arrangement can continue. Requesting that foster families provide transportation to minimize contact between multiple people should be considered.

GUIDANCE SURROUNDING VEHICLES AND VISITATION ROOMS

Vehicles

1. Staff, parents and children must wash hands or use hand sanitizing gel prior to entering the car.
2. Staff, parents and children must wear face coverings while in a car together.
3. No more than two people (in addition to the driver) are to be transported to a visit, depending upon the size of the vehicle. It is recommended that passengers do not sit in the front seat or directly behind the driver. If more than one passenger is transported, they must be from the same household.
4. Weather permitting, open windows to increase air circulation in the vehicle. Opening windows three inches has been shown to significantly increase air flow and decrease the spread of germs.
5. Staff must clean and disinfect the vehicle before and after each visit. Wipe down all surfaces with disinfectant available from the CYF regional office team.
 - a. According to the CDC, soap and water or alcohol solutions such as disinfectant wipes that contain at least 70% isopropyl alcohol are the most effective household products to kill the coronavirus. Just like washing your hands for 20 seconds, that applies to your car's interior surfaces, too. Any product will need a few more seconds to breakdown the virus, so take your time before you wipe it clean.
 - b. Most imitation leather and leather seats have a protective urethane coating, so using alcohol-based products can lead to damage if used too often. Soap is safest for both fabric and leather seats. Gently clean the upholstery, making sure not to scrub too aggressively. Use small amounts of water, so you do not soak through to the cushions beneath. For leather seats, a good conditioner applied afterward is recommended to avoid cracking. Wear disposable gloves while cleaning your car's interior to protect yourself from any possible contaminants. Pay special attention to sensitive surfaces such as touch screens and electronics.
 - c. Do not use bleach-based, ammonia-based or hydrogen peroxide-based products on the fabric or leather in vehicles because it will degrade and discolor the fabric and leather.

Disinfecting Visit Rooms

1. Staff must remove toys and items that cannot be easily cleaned from visitation rooms. This includes stuffed animals, dolls, soft side toys and books.
2. Toys that can be easily cleaned should be rotated after each visit to allow additional time to spray with disinfectant and left to air dry before the next use.
3. All visitation rooms must be disinfected before and after each visit.
 - a. Disinfectant will be provided to be used after each visit.
 - b. A professional cleaning service will sanitize visitation rooms prior to and following visits if multiple visits are to occur throughout the day.
 - c. In addition, CYF Regional Offices are being cleaned during evening hours to decrease the spread of the virus.

COMMUNICATION PRIOR AND VISITATION GUIDELINES

1. Two hours prior to the scheduled face-to-face visit, provider staff will contact the parent and the child's resource provider to screen for exposure to COVID-19. Staff participating in or supporting the visit will also screen themselves.

The following questions should be asked:

- a. Do you have any symptoms of a respiratory infection such as a cough, sore throat, fever or shortness of breath?
- b. Have you had contact with any person exhibiting these symptoms or with someone diagnosed with COVID-19 within the past 14 days?
- c. Has anyone in your home been confirmed to have COVID-19 via a test?

If the answer is yes to any of the above questions, staff must consult with the CYF supervisor and provider supervisor prior to proceeding with the visit.

Staff conducting or supporting visits must wear a face mask when interacting with children, parents and foster parents.

2. Due to the complexities of each regional office/provider office, guidelines on who will escort the parent and child(ren) to the visitation room will vary. The escort will assure that no bags or extra items are brought into the building other than what is needed for the visit.
3. Diapers and wipes for infants and toddlers are to be provided during visits scheduled in CYF and provider offices. For visits held at other locations, the team must decide if the parent or resource provider will provide those items.
4. Food will not be permitted during visitation. CYF and providers will provide water.

Parents

1. Must arrive 15 minutes prior to the scheduled visit.
2. Will text or call the visit supervisor prior to entering the building to let them know they have arrived.
3. Upon receiving a text message or call from parent(s), verify that there are no changes to the symptom's checklist.
4. Must complete a temperature check upon entry.
5. Leave behind personal items that will not be needed during the visit.
6. Follow CDC guidelines for handwashing or the use of hand sanitizing gel upon arrival and prior to leaving the visit.
7. Must wear a face mask at all times while inside the building unless it needs to be removed to address children's fears. If a parent does not have a mask, one will be provided.
8. Parents of medically fragile or immune compromised children will be provided with a clear face shield that must be worn at all times during the visit. Parents who are required to wear a shield during the visit must still wear a facemask when walking through the lobby or hallway to the visit room where they will be provided with the face shield.
9. Avoid touching of faces or any non-sanitized surfaces.
10. May not bring food or drinks to visits.

COMMUNICATION PRIOR AND VISITATION GUIDELINES (CONT.)

Foster Parents

1. Provide transportation for children to visits whenever safely possible and based on foster parent availability.
2. When transporting children, do not enter the building; text or call the visit supervisor and wait in the car. Staff will escort the children inside the building.
3. Ensure that children are fed and well-hydrated prior to the visit to prevent the need for bringing snacks into the visitation room.
4. For infants who are bottle fed, send a bottle and sufficient formula for the time the child will be away.

Child(ren)

1. Will need to be escorted when inside the building.
2. Follow CDC guidelines for washing hands or using hand sanitizer upon arrival at the visit and prior to leaving.
3. Must wear a face mask. Note that cloth or disposable masks should not be worn by children under the age of two or by individuals unable to remove the mask on their own.
4. Children are to have their temperature checked upon entry.
5. May only bring one (1) comfort item, game or toy that can be easily washed.
6. CYF will have diapers and wipes available for those who need them. For bottle-fed infants, the foster provider should send a bottle and sufficient formula for the time the child will be away.

SAFE USE OF FACE MASKS AND GLOVES

Disposable or Cloth Face Masks

1. For any type of mask, appropriate use and disposal are essential to ensure that they are effective and to avoid any increase in transmission. Self-contamination can occur by touching and reusing contaminated masks.
2. Masks should be worn by staff and individuals during activities in the community.
3. In accordance with current CDC guidance, cloth face coverings should:
 - a. Fit snugly but comfortably against the side of the face
 - b. Secure with ties or ear loops
 - c. Include multiple layers of fabric
 - d. Allow for breathing without restriction
 - e. Be able to be laundered and machine dried without damage or change to shape

Gloves

1. The use of gloves is not required but gloves will be made available for those staff and clients who prefer their use. Follow CDC guidelines for removing gloves to avoid contamination.
2. Wash hands or use an alcohol-based hand sanitizer immediately after removing masks and gloves. Be mindful of personal items the gloves may have touched.