

# Guidance for In-Person Parent/Child Visits During COVID-19



In-person parent/child visitation is essential. There are steps everyone can take to mitigate risk and ensure participants are as safe as possible while putting health and well-being at the center of the visitation plan.

Oregon public health officials continue to monitor the coronavirus (COVID-19) and take steps to prevent the spread of the disease. Oregon's planned re-opening phases under the Governor's Stay Home, Save Lives Order allow for the Oregon Department of Human Services Child Welfare to provide in-person visits for the children in our 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 and concurrent permanency plans. Frequent visitation, in the least restrictive setting, has consistently been found not only to benefit children emotionally and reduce the impacts of trauma, but also to contribute to the achievement of reunification.

In-person visits will be conducted following the most current guidance from the Center for Disease Control (CDC) and local health authorities. The guidance that follows has been reviewed and approved by a child psychiatrist who is a Senior Health Advisor on the COVID-19 Incident Response Team.

Unsupervised visits will continue to occur with the plan developed for each family given their specific circumstances, and in compliance with any active court orders regarding visitation. In addition, least restrictive visitation plans will be developed in consultation with the child (when age/developmentally appropriate), parent, and, if applicable, tribe.

Visits that need to be supervised by DHS staff, foster parents, or Safety Service Providers (SSPs) will continue to be provided and may occur in DHS offices or other community locations. DHS staff should continue to work with parents and others to explore the least restrictive plan and evaluate other possible resources to supervise visits where appropriate. Due to possible limitations on the number of in-person parent/child visits that can be provided by DHS staff while following additional screening, disinfecting and social distancing protocols, the guidance for virtual visits will remain in effect to enhance the frequency of visits for children and their parents. Virtual visits are intended to supplement, but not substitute for, in-person visitation.

## Tips for Supporting Others Through Fears About In-Person Visits:

The pandemic is not the time to have less communication with your families, but a time to have more meaningful communication.

- It is important to regularly check in with families to ensure safety and wellbeing.
- It is critical to communicate with all resources: tribe, parents, children, relatives, foster parents, attorneys, etc.
- Communication will facilitate understanding of the possible barriers that may face team members to having frequent, meaningful and successful contact.
- Listen to other's fears and offer information to reassure them that DHS is taking precautions to reduce risk and support safety.
- Work with each family to understand their restrictions and their needs to best support them consistent with CDC requirements and recommendations.

## Guidelines for In-Person Visits Between Children and Parents

All parties should consider the impact of trauma and the challenges of maintaining attachments through visitation during this unprecedented time. Practices that diminish these challenges and improve resilience include use of careful preparation of all parties and involved individuals on what to expect during the visit. This should include preparation for the unique circumstances created by infectious disease management such as the use of face coverings and physical distancing. Children need careful preparation for visits including the use of face coverings and the inability to readily touch, which may significantly and negatively impact the quality of the interpersonal interaction between the parent and the child. All parties must be able to participate in open dialogue about the levels of safety that can be achieved. DHS staff and foster parents play a significant role in modeling and demonstrating the skills to support successful and meaningful visitation.

### Planning for In-Person Visits

It is important for parents, children, foster parents, the tribe, if applicable, and Child Welfare staff to plan for meaningful in-person visits while taking steps to mitigate the spread of the virus.

It is not necessary to conduct a formal team meeting before starting or resuming in-person visits.

**Planning for in-person visits should be done in collaboration with the parents, tribe, if applicable, caseworker, supervisor and any other supports the family may have.**

**With each unique family situation, creative solutions need to be formed on a case by case basis to support the least restrictive access during a truly restrictive time.**

However, if parties disagree about whether and how visits should proceed, a call with the team should be scheduled to discuss concerns and planning. Development of a visitation plan should include discussion of the following:

1. Discuss the physical and emotional safety concerns of all participating children, parents, and supportive people.
2. If you are aware of an adult or child connected to the case that is a high-risk individual (consult CDC guidelines) and there are concerns about their safety and health regarding visits, please engage them or their caregivers, in conversations with the team to create safe, balanced visitation arrangements.
3. Develop the least restrictive plan that conforms to social distancing and mitigates or reduces the risk of exposure for all participants.
4. Consider who is critical to the parent/child visit in order to reduce unnecessary exposure to other individuals. Now is generally not the time to physically introduce new people to the child and families.
5. Locations for in-person visits should be clean, safe, and chosen to minimize exposure to others and have CDC guidelines posted.
  - a. **Outdoor locations**
    - 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 are open, such as bathroom facilities, and bring what you need with you.

- ii. Stay at least 6 feet away from the people in your group (“social distancing”) and make sure your group is at least 6 feet away from other groups to prevent exposure to COVID-19. This might make some open areas, trails, and paths better to use than others. Do not go into a crowded area.
- iii. Adults and children (when possible) must wear a face covering if social distancing cannot be observed.
- iv. Do not use playground equipment as it can be challenging to keep surfaces clean and disinfected. This is a current recommendation from the CDC.

**b. Indoor locations**

- i. Must be disinfected before and after visits (see guidance under Disinfecting Visit Rooms below).
- ii. Must allow for social distancing of six (6) feet between DHS staff and parent(s) and avoid crowded locations.
- iii. DHS staff and parents must wear a face covering. Children over 5 years old are strongly encouraged to wear a face covering as well as children over 2 years old who can independently remove their face covering.

**c. DHS visit rooms**

- i. In order to control exposure to the virus indoors, the use of DHS visit rooms may be the best indoor option for face-to-face visits that need to be supervised by DHS staff.
  - ii. DHS visit rooms must be disinfected before and after each visit (see guidance under Disinfecting Visit Rooms below).
  - iii. Toys and items that cannot be easily cleaned and disinfected must be removed, this includes stuffed animals, soft sided toys, books and throw pillows.
6. Children should continue to be transported to visits by DHS staff or foster parents. The team should consider how transportation was completed prior to the COVID-19 outbreak and if that can continue.
- a. DHS staff and children must wash hands or use alcohol-based hand sanitizer prior to entering the car both before and after visits.
  - b. DHS staff must wear face coverings while in a car with children.
  - c. Children over the age of 2 should be strongly encouraged to wear face coverings while in a car with DHS staff whenever possible.
  - c. DHS staff must clean and disinfect the car before and after each transport (please see information below re: disinfecting state vehicles)
    - i. Wipe down all surfaces with disinfectant available through local procurement processes or the DHS facilities team
7. Provide information to each participant about the steps that will be taken by DHS staff, parents, children, and foster parents prior to the in-person visits occurring and address any additional concerns of the participants. Recognize that there is anxiety and disagreement amongst our community regarding the impacts of COVID-19. Discuss with team members the importance of supporting in-person visits for children and how to make them happen. Think creatively with each other.

8. Ongoing in-person visits are dependent upon Oregon's continued safe management of the pandemic. Any changes to the guidance for completing in person parent/child visits will be provided by Central Office.
9. If there are questions about whether in-person visits may occur, a DHS Program Manager, and, if applicable, the Tribal Affairs Unit and/or Active Efforts Specialist and the tribe, will review and make the final decision on whether the in-person visits should occur.
10. If a Program Manager determines in-person visitation is not feasible due to COVID-19 and visitation is not occurring or if visitation is not occurring consistent with a juvenile court order regarding visitation, the worker must consult with the AAG assigned to the case and notify the parties to the juvenile dependency case. The worker should also work with their AAG to notify the court if required by a local Presiding Judge Order and/or pursuant to other local court requirements.
11. **The above guidance should also be followed for any parent-child visit in a residential treatment setting or other facility.**

## Guidelines for each participant attending the in-person visit:

### DHS Staff

1. DHS Staff assigned to cases with medically fragile or immune compromised children must work with the child's parent(s) and their medical provider to create a visit plan to ensure the health and safety of their child. DHS staff will contact the parent(s) and the child's foster parent to screen for exposure to COVID-19 the day prior to the scheduled in-person visit. DHS staff participating in or supporting the visit will also screen themselves. **If the parent(s), caregiver(s), or child(ren) or anyone else living in the home of the parent or caregiver, present with symptoms of COVID-19 as described by the CDC, the scheduled in-person visit must be rescheduled to a virtual visit.**
  - a. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms or combinations of symptoms may have COVID-19:
    - i. Cough
    - ii. Shortness of breath or difficulty breathing
  - b. Or *at least two* of these symptoms:
    - i. Fever
    - ii. Chills
    - iii. Repeated shaking with chills
    - iv. Muscle pain
    - v. Headache
    - vi. Sore Throat
    - vii. Recent loss of taste or smell
2. All DHS staff must wash their hands between each contact/visit.
3. If a visit must be rescheduled due to a report of symptoms of one or more persons involved in the visit or living in the household, the in-person visit should be delayed until 72 hours without fever (without fever-reducing medication) and 10 days since the first symptoms appeared.
4. All DHS staff conducting or supporting visits must wear a face covering when cleaning visit rooms and interacting with children, parents, and foster parents, including transporting children for visits.

5. If scheduled in a DHS visit room, all visits should be scheduled at a time when the family can have their own visit room and when social distancing from other visiting families can be maintained (6 feet of space between individual families).
6. Upon receiving a text message from parent(s) waiting in the car or parking lot, or if a parent does not have a phone, after checking the parking lot at the expected time of arrival and confirming the parent's presence, verify that there are no changes to the symptom's checklist (above).
7. Due to the logistics of each branch office, follow branch guidelines on who will escort the parent and child(ren) to the visit room. DHS lobbies will remain open to the public for essential business only, and not for parents waiting for visits. The DHS staff escorting parents and children will assure that no bags or extra items are brought into the building other than what is needed for the visit.
8. DHS staff, foster parents who assist with transportation, and parents must maintain social distancing. DHS will not transport children from multiple households at the same time in the same car unless the children are siblings and are attending the same visit.
9. Staff should have cell phones on silent during visits to avoid distraction and avoid use and recontamination of hands. If cell phones are touched, re-sanitization of hands is necessary.
10. DHS will provide diapers and wipes for infants and toddlers to be used during visits scheduled at the DHS office. For visits held at other locations or if special types of these items are needed, the team must decide if the parent or foster parent will provide those items.
11. DHS may provide disposable cups or water during visits at the office and a small, pre-packaged snack for children who can feed themselves.
12. Observe the overall visit experience and check back in with the family and foster parent to confirm if the visit was successful. Ask about what might make it more successful.

## Parents



1. Parents must arrive 15 minutes prior to the scheduled visit and wait in their car or parking lot maintaining social distancing of 6 feet from others.
2. If a parent does not have a phone, DHS staff will check the parking lot at the expected time of arrival. If a parent has a phone, they will send a text message to the DHS staff and wait in their car or in the parking lot.
3. Parents must leave personal items that will not be needed in the car or put them in a plastic bag provided by DHS staff. This includes jackets, purses, bags, and backpacks.
4. Parents will be escorted to the visit room by DHS staff.
5. Everyone must follow CDC guidelines for handwashing or the use of alcohol-based hand sanitizer upon arrival and prior to leaving the visit.
6. Parents must always wear a face covering which could include a mask, cloth face covering or a face shield, while inside the building, unless it needs to be removed to address children's fears. If they do not have a face covering, DHS will provide one. Face shields are preferred for parents with children under the age of 12 or with special needs where seeing a parent's face may ease fears and increase attachment.
7. Parents should have cell phones on silent during visits to avoid distraction from engaging with their children as well as avoiding use and recontamination of hands. If cell phones are touched, re-sanitization of hands is necessary.
8. Parents may hug their children and have physical contact.

9. Parents should avoid touching of faces when possible or any non-sanitized surfaces.
10. Parents may not bring food or drinks to visits. Water and small snacks can be provided by DHS staff for visits in the office.

## Foster Parents



1. Foster parents may provide transportation for children to visits whenever safely possible and based on foster parent availability.
2. When transporting children, foster parents should not enter the building; they should text the visit supervisor and wait in the car. DHS staff will escort the children inside the building.
3. Foster parents should engage with parents at a safe social distance of six (6) feet. This is an opportunity to share information, updates, and build a relationship.
4. Foster parents should ensure that children are fed and well-hydrated prior to the visit to prevent the need for bringing snacks into the visitation room.
5. For infants who are bottle fed, foster parents should send a bottle and enough formula for the time the child will be with DHS staff and parents.
6. When the child returns from a visit in the community or in the DHS office, foster parents should change and wash the child's clothes, and ensure the child washes their hands.

## Disinfecting Visit Rooms

1. DHS 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 visit rooms must be disinfected before and after each visit.
  - a. DHS offices will be provided disinfectant to be used after each visit.
  - b. Time permitting, the spray should be left to dry, but at a minimum all hard surfaces and highly touched surfaces should be wiped down. Visits will be spaced at a minimum of 10 minutes apart.
  - c. DHS contracted cleaning teams will be providing cleaning during evening hours to decrease the spread of the virus.

## Safe Use of Disposable Masks, Cloth Face Coverings and Face Shields

For any type of face covering, appropriate use and disposal are essential to ensure that they are effective and avoid any increase in transmission. Self-contamination can occur by touching and reusing contaminated face coverings. Both the CDC and World Health Organization (WHO) provide the following guidance:

1. Place the face covering carefully, ensuring it covers the mouth and nose, and tie it securely to minimize any gaps between the face and the face covering.
2. Avoid touching the face covering while wearing it.
3. Remove the face covering using the appropriate technique: do not touch the front of the face covering but untie it from behind.
4. After removal or whenever a used face covering is inadvertently touched, clean hands with sanitizing hand gel or wash hands following CDC guidelines.
5. Replace face covering as soon as they become damp with a new clean, dry face covering.

6. Do not re-use single use masks; discard single-use masks after each use and dispose of them immediately upon removal.
7. Face shields must be thoroughly cleaned after each use.
8. Not all face coverings can be re-used.
  - a. Facemasks that fasten to the wearer via ties may not be able to be undone without tearing and should be considered only for extended use, rather than re-use.
  - b. Face coverings with elastic ear hooks may be more suitable for re-use.
9. Face coverings should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded face covering can be stored between uses in a clean sealable paper bag or breathable container.

## Gloves

The use of gloves is not required but gloves are available from the department for those staff and parents and foster parents who prefer their use. If using gloves, follow CDC guidelines for removing gloves to avoid contamination:

- If your hands get contaminated during glove removal, immediately wash your hands, or use an alcohol-based hand sanitizer.
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove.
- Hold removed glove in gloved hand. Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove.
- Discard gloves in a waste container.
- **Wash hands or use an alcohol-based hand sanitizer immediately after removing face coverings and gloves.**

## Disinfecting State Vehicles

All state vehicles should be disinfected prior to and after each use. Branch offices will provide spray bottles or containers of wipes of disinfectant for cleaning of cars. Use all products according to package instructions.

- Wipe down all hard, non-porous surfaces (hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles) with disinfectant available from the regional facilities team.
- Do use not a Sodium Hypochlorite (bleach) based product on the fabric in cars because it will degrade and discolor the fabric.
- When time allows spray disinfectant and allow to air dry.
- Make sure to wipe down car seats before and after use.

If a car is used for transporting anyone who exhibits the CDC identified symptoms of COVID-19 immediately notify the Branch Manager and Office Manager. The car will be taken out of service for seven (7) days and decontaminated using the process provided by the CDC.

## Parent/Child Visitation Documentation

1. Face to face parent/child visits are documented in OR-Kids indicating that all recommended COVID-19 precautions were taken.
2. All visit participants must be documented including who transported the child and/or parent to and from the visit.

3. The visitation plan should be clearly outlined on the CF831 Visit and Contact Form indicating the update is due to COVID-19.
4. Documentation of parent/child visits completed through video conferencing or telephone is completed in OR-Kids.

*Video example: "Consistent with the Oregon Stay Home, Saves Lives declaration, COVID-19 precautions were utilized for parent/child visitation through video based on current guidance and in communication with the family. The visit was completed via video conferencing due to the following circumstances...which was approved by supervisor name."*

**We're all in this together.**



**NOTE:** This guidance may be applied to all visits with siblings, relatives, and people with a significant relationship to the child or family.

Thank you to the following stakeholders for collaboration on this guidance:  
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