How to safely reopen in-person visitation?

Putting in place policies to allow parent-child and sibling in-person visitations, while remaining safe during COVID-19, enables children and youth to focus on bonding and reunification with their families.

Policy Suggestions:

Before visitation

1. **Assess high risk individuals.** It is important to consider the health of everyone involved in the potential visitation:
   - Identify parties who may be at high risk (see CDC guidelines for people who are at increased risk, including older adults and people with certain underlying medical conditions). If a parent, child, or youth falls under these categories or is concerned for their health and safety, continuing virtual visitation may be the best option.
   - Account and plan for individuals in living arrangements that may be at higher risk of contracting COVID-19. This includes youth who are in congregate care or those residing in homes with infected or at-risk individuals.

2. **Hold planning conversations with the team.** All parties—worker, child, parents, foster parents, guardian ad litem (GAL)—should be included in the planning of reconvening in-person visitations. This allows everyone to agree on plans moving forward and also have a clear understanding of expectations.

Planning meetings should discuss:

A. **Location**
   - Identify a space that is both safe and accessible for everyone.
   - Outdoor spaces easily allow visitors to be six feet apart and have ample natural air circulation, which should be encouraged.
   - If outdoor spaces are not available, consider indoor spaces that allow for social distancing, can easily be disinfected, and are not crowded.
   - Rarely do indoor places have effective air filtration systems, so places with open windows and a natural draft allow for better ventilation and minimize risk.

B. **Individuals needed for visitation**
   - Identify the people that will be involved in in-person visitation. They should be as consistent and as limited as possible to mitigate the risk of exposure.
• Kinship can be encouraged to limit unnecessary exposure to youth, whereas caseworkers and transportation personnel may have high contact with other clients they are serving.

C. Transportation
• Discuss how to safely transport individuals for visitation and cover protocols for hygiene and safety.
• Consider utilizing kinship options if and when available to limit exposure. Anticipate supporting kin if they are transporting youth to ensure that transportation cost does not present a barrier (for example, by providing gas vouchers).

D. Scheduling
• Discuss frequency and duration of in-person visits.
• Consider siblings who are in different homes. Plan for times that allow everyone to come together if appropriate and applicable in your state.

E. Safety guidelines
• All parties participating in visitation should have a common understanding of safety precautions and hygiene practices, including the need to conduct pre-visitation screenings.
• Provide information about face coverings, hand washing, and social distancing and how to do this during visitation.
• Ask your clients if they have personal protective equipment such as masks and gloves prior to the visit. If they do not have access to personal protective equipment, be sure to include how to access them in your planning meetings.

F. State guidance and requirements
• Inform the team on your state’s guidelines. For example, the number of persons allowed for in-person gatherings may come into play depending on individual states. Arranging multiple visits for families could potentially be discussed in your planning meetings.

G. Contingency plans
• In the case that an individual involved with visitation contracts is exposed to COVID-19, discuss alternative methods for visitation such as virtual visits. If high risk individuals have been exposed, consider developing a medical isolation plan for their safety and that of others.

3. Provide the option for additional tech-enabled visitation schedules. Due to the possibility that in-person visitations could be interrupted, plan for additional ways of connecting, maintaining, and building relationships. It also may not be feasible to have in-person visitation daily. Supplementing in-person visitation times with virtual visitation times gives families more flexibility and consistent visitation schedules. Comfortcases.org has guidance on how to transition smoothly from in-person to virtual visitation.
During Visitation

1. **Conduct a pre-screening of symptoms before each visit.** Prior to each visit, advise participants to check their temperature at home before leaving. Ask them if they have symptoms consistent with COVID-19:

   - Are they experiencing fever or chills?
   - Are they experiencing a cough?
   - Are they experiencing a shortness of breath or difficulty breathing?
   - Are they experiencing fatigue?
   - Are they experiencing muscle or body aches?
   - Are they experiencing new loss of taste or smell?
   - Are they experiencing a sore throat?
   - Are they experiencing congestion or a runny nose?
   - Are they experiencing nausea or vomiting?
   - Are they experiencing diarrhea?
   - Have they traveled outside of the country in the last two weeks?
   - Have they been in contact with someone who has traveled or had a confirmed case of COVID-19?

   If a participant answers “yes” to any of the screening symptoms, it is in the best interest of all parties to cancel the visit and convert to virtual visitation instead.

2. **Disinfect and sanitize the visitation space.** Whether visitation takes place in an office setting, home setting, or outdoors, sanitation is imperative for the safety of all parties. Disinfect high touch surfaces and objects. See the CDC’s Guidance on Cleaning and Disinfection for more information and instructions. Note that spaces should be disinfected and sanitized before and after each visit.

3. **Ensure that each participant has a mask.** Masks will need to be available for the safety of all participants. Other protective gear such as gloves should be available upon request. Note that children under two years of age should not wear face masks, as stated by the American Academy of Pediatrics.

4. **Enforce social distancing.** To mitigate the spread of COVID-19, it is in all parties’ best interest to social distance and stay at least six feet (about two arms’ length) from each other (see the CDC guidelines on social distancing). No contact cannot always be guaranteed in visitations especially with young children, but efforts should be made to avoid close contact for over 15 minutes.

5. **Follow the CDC guidelines for handwashing** before, during, and after each visit.
Who’s Already Doing This?

- Connecticut’s Guidance for In-Home Visitation and Screening of Youth and Visitors to Offices, Facilities and Programs
- New Jersey’s Guidance for In-Person Parent-Child and Sibling Visitation during the COVID-19 Pandemic
- Utah DCFS COVID-19 Reference Guide
- Washington State’s Family Time In-Person Visitation Protocol During COVID-19

- CDC Guidance for Reopening
- CDC Guidance for Cleaning and Disinfecting
- Play: How to conduct visitation by phone or video?
- Play: How to use technology and maintain privacy during virtual visitations?