

To: DCYF Staff

From: Joseph E. Ribsam Jr, Director, Division for Children, Youth, & Families

Date: July 23, 2020

RE: Directive Regarding In-Person Child, Youth, and Family Contact and Parenting Time During COVID-19 State of Emergency

Purpose

The purpose of this memo is to share the Division's position on in-person visits between parents, children, and siblings during the COVID-19 State of Emergency. This directive is intended to supersede the related directive dated June 12, 2020, and is intended to be applied to placements in foster and relative care. The latest information regarding COVID-19 can be found at: <https://www.nh.gov/covid19/> and <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

In an effort to reduce close contact and avoid exposure to the virus through in-person contact the Division is recommending that some modifications and limitations be made to in-person contact and parenting time to avoid increase community transmission. This Directive supports additional in-person visitation which had been discouraged in the April 6, 2020 directive, while balancing the unique risks, vulnerabilities, and needs of children, youth, parents, and caregivers.

We believe it is necessary to do our part to help minimize burden on the medical system and protect the health and safety of DCYF constituencies, including parents, children/youth in care, foster families, providers, and staff. Because many children in out-of-home care reside with other children and caregivers who may have their own unique risks and medical complexities, the risk of exposure extends beyond the direct participants in a visit.

While under ordinary circumstances in-person visits are strongly encouraged, and often necessary, to ensure the well-being of children and promote familial bonds to support reunification, during the State of Emergency these visits must be modified, and in some instances curtailed in favor of video or telephonic visitation, to minimize the risk of exposure.

In all instances where an in-person visit does not occur, videoconferencing shall be the preferred method of conducting the visit. In all instances where in-person visitation is forestalled in favor of video or telephonic contact, increased frequency and duration of video and telephonic contact is strongly encouraged.

Prioritization

With few in-person visits occurring to date during since the advent of the COVID-19 pandemic, we must all recognize that re-implementing in-person contact is going to be a complex and individualized process. Resuming in-person contact may increase anxiety among children, youth, parents, caregivers, staff, and providers, and is a process which will require an unusual and significant amount of planning and support. As a result, it is not possible to simply return to "normal" in the foreseeable future, nor is it possible to provide the support and planning necessary in each individual matter immediately. Accordingly, the following groups will be prioritized to plan for in-person visits, followed by the balance of children and youth in foster and relative out-of-home care:

- Infants and children under 5;
 - Resuming numerous visits may be impractical to start, and we should work to resume some in-person visits and continue video visitation as regular visitation schedules can resume over time.
 - Visits shall not be scheduled if participants to the visit have not been compliant with the current “Safer at Home” guidelines. (<https://www.covidguidance.nh.gov/>)
 - Individualized planning should anticipate that children under two shall not wear face coverings and it may be impractical for other young children to do so. Adults (parents, staff, providers, foster parents, relative caregivers) participating in these visits must wear face coverings for the protection of the young children who cannot wear one.
 - Individualized planning should anticipate that social distancing may not be practical for infants and young children, as a result ensuring adherence to the screening questions within and use of face coverings is imperative. All participants must wash hands or use hand sanitizer before and after the visits. Additionally, foster/relative caregivers may want to change children’s clothing upon returning to their foster/relative caregiver home.
 - Visits shall be held outdoors as often as possible, and are ideally held at or near the foster/relative caregiver’s home to reduce the time the child is out and the number of individuals a child may come into contact with. Even when held outdoors, surfaces that may be touched shall be cleaned and disinfected consistent with linked CDC guidance. If visits are to occur indoors, the rooms and surfaces that may be used shall be cleaned and disinfected consistent with the linked CDC guidance.
 - <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html>
- Children and youth for whom reunification is anticipated within 90 days, where such visitation is required to support a transition home;
 - Visitation plans shall be developed consistent with the guidance in Step 3 below.
 - In some instances overnight or other extended visits will be appropriate. In those instances, screening of the participants is particularly important.
 - Proactive COVID-19 testing of the parent/caregiver with whom a child in care will have an extending/overnight visit may be indicated prior to the visit.
 - This can be arranged through the parent’s primary care provider, Convenient MD, 2-1-1, or through the online registration form available at <https://www.nh.gov/covid19/>
 - Form: https://prd.blogs.nh.gov/dos/hsem/?page_id=8479
 - Cleaning and disinfection of the home where the child will stay in during the extended/overnight visit shall occur, consistent with the linked CDC guidance.
 - <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html>

These populations will be more complex to plan for, but they are also the populations for which video conference visitation can be least effective.

Supported In-Person Visits between Children Parents and Siblings

While the above populations are prioritized, the following shall be considered in all instances to determine whether in-person visits between children, parents, and siblings are recommend and supported by the Division.

Step 1: Determine Whether an In-person Visit is Appropriate:

- Determine whether in-person visits are appropriate.
 - Circumstances where in-person visits may be appropriate include:
 - **Instances where all parties consent** (this the preferred approach and shall be attempted before other options are considered):
 - All parties agree to the visit. “All parties” include: 1) parents; 2) foster/relative caregivers; and 3) the children/youth themselves as appropriate;
 - The CASA/GAL has been consulted, where applicable;
 - All parties to the visit, including any necessary staff or providers, have been compliant with the current “Safer at Home” guidelines. (<https://www.covidguidance.nh.gov/>)
 - All parties to the visit are open and agreeable to following age appropriate precautionary measures to mitigate the risk of COVID-19 transmission. If a party to the visit indicates a refusal to respect the parameters, the visit may be deemed inappropriate;
 - No parties to the visit are screened as high risk utilizing the screening questions below; and
 - Facilitation of the visit is feasible in consideration of limited availability of transportation and supervision providers, when necessary.
 - **Instances where clinical guidance indicates that substantial actual harm to a child’s mental health or emotional well-being is likely to occur absent an in-person visit and that harm cannot be sufficiently mitigated by increased video or telephonic conferences.**
 - All parties to the visit, including any necessary staff or providers, have been compliant with the current “Safer at Home” guidelines. (<https://www.covidguidance.nh.gov/>)
 - All parties to the visit, including any necessary staff or providers, are open and agreeable to following age appropriate precautionary measures to mitigate the risk of COVID-19 transmission. If a party to the visit indicates a refusal to respect the parameters, the visit may be deemed inappropriate; and
 - No parties to the visit are screened as high risk utilizing the screening questions below.

- **Instances where the child’s best interest supports in-person visitation and there is a not heightened risk for serious illness:** Where all parties do not consent and the child’s best interest indicates the resumption of in-person visits, staff should consider the individualized risks of children, youth, parents, and caregivers in determining whether the Division supports in-person visits.
 - Where individuals implicated in the visit (children, youth, foster/relative caregivers, other children/youth/household members in the foster/relative home) are identified pursuant to CDC guidance as being at higher risk for serious illness, that may indicate a need to further delay in-person visitation in favor of increased video visitation. (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>).
 - All parties to the visit, including any necessary staff or providers, have been compliant with the current “Safer at Home” guidelines. (<https://www.covidguidance.nh.gov/>)
 - All parties to the visit are open and agreeable to following age appropriate precautionary measures to mitigate the risk of COVID-19 transmission. If a party to the visit indicates a refusal to respect the parameters, the visit may be deemed inappropriate;
 - No parties to the visit are screened as high risk utilizing the screening questions below; and
 - Facilitation of the visit is feasible in consideration of limited availability of transportation and supervision providers, when necessary.
- If it is determined that in-person visitation is appropriate, proceed to Step 2.
- If the answer is no, and it is determined that in-person visitation is not appropriate, the Division should assist the families in facilitating visits remotely.
 - If a necessary participant is unable to participate in remote visitation because they lack technology or sufficient data on their mobile service plan, assist them in obtaining the technology or data necessary to support remote visitation.

Step 2: Screening to Assess Risk of Exposure to Covid-19

- Either screen or ask participants to screen to determine risk of exposure prior to scheduling each visit, and again immediately prior to each visit, by asking if any participants have:
 1. Within the past 10 days have you or anyone involved in the visit had:
 - fever, or feeling feverish;
 - respiratory symptoms such as runny nose, nasal congestion sore throat, cough, or shortness of breath;
 - general body symptoms, such as muscle aches, chills, and severe fatigue;
 - gastrointestinal symptoms such as nausea, vomiting, or diarrhea; or
 - changes in their sense of taste or smell.

- If yes, please explain
2. Have you or has anyone in the residence been in close contact with someone who is suspected or confirmed to have COVID-19 in the prior 14 days? (Close contact is defined as less than 6 feet apart for more than 10 minutes. This excludes healthcare and other professionals who come into contact in the course of providing care while wearing appropriate personal protective equipment.)
 3. Have you, or has anyone in the residence/location, traveled in the prior 14 days outside of New Hampshire, Vermont, Maine, Massachusetts, Connecticut, or Rhode Island (please consult <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html> for latest guidance)?
 - If yes, please explain
- If the answer to any of the above is yes, the in-person visit shall not occur absent approval of the Bureau Chief of Field Services, the Director of DCYF, or a Court Order specifically directing the visit despite the identified risks of transmission.
 - In an exceptional circumstance where an in-person visit is approved despite an affirmative answer to any screening question, the Field Administrator shall consult with DPHS for guidance regarding the visit.
 - If the answer to each of the screening questions is no, proceed with facilitating the visit with the appropriate protective procedures.

Step 3: Develop Precautionary Measures for the Visit

- **Identify Frequency:**
 - Consider having fewer in-person visits augmented by increased video or telephonic visits;
- **Identify Participants:**
 - Decrease the number of individuals involved in the visit to only those necessary for the purpose of the visit, for example – visiting only with the parent(s) and siblings and not other household members, family members, friends, etc.;
 - Where agreeable to the foster/relative caregiver, reduce the number of individuals involved in a visit by eliminating the need for transporters or supervision providers by having the relative caregiver or foster parent provide such service for a visit;
 - If providers are required, work to have the same parent-aides, transportation providers, and other providers work with the same family to decrease the number of individuals who have contact the child(ren);
- **Identify Location:**
 - Arrange the meeting outside whenever possible, take extra precautions when meeting indoors as specified below;
 - Consider use of the foster or relative caregiver’s home or at a nearby public space to limit the travel for the child(ren) and limit the need for the child(ren) to have in-person contact with additional individuals;
- **Plan for and Ensure Preparation of Location and Transportation:**

- Clean and disinfect all surfaces that may be contacted consistent with the following CDC guidance: (<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html>)
 - When meeting outdoors, ensure any furniture/surfaces to be touched are cleaned and disinfected;
 - If meeting indoors, all rooms that may be accessed for the visit shall be cleaned and disinfected prior to any visit;
- When transportation by an individual other than the foster/relative caregiver is required:
 - Transportation shall not include children who are not participants in the scheduled visit.
 - The child(ren) should sit in the rear seat, (on the passenger side if there is only one child);
 - Surfaces potentially contacted by the child(ren) should be cleaned and disinfected before and after use consistent with the CDC guidance linked above;
 - Because many infant/child car seats cannot be readily cleaned and disinfected while adhering to both the CDC guidance and the manufacture’s recommendations, it is recommended that the infant/child’s car seat be moved to the transport vehicle after the surfaces in the vehicle have been cleaned and disinfected consistent with the CDC guidance and returned following the visit.
 - All participants in the transportation shall wear a cloth or surgical mask with the following exceptions:
 - Face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance;
 - Face coverings may be impractical for other young children and children/youth with intellectual/developmental disabilities;
 - Where children/youth cannot wear face coverings, it is imperative that all other participants wear face coverings for the protection of the child/youth participants;
- **Identify and Implement In-Person Visit Precautions:**
 - All participants utilize cloth or surgical face covering;
 - If participants do not have cloth or medical face coverings, DCYF may provide them as required;
 - Face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance;
 - Face coverings may be impractical for other young children and children/youth with intellectual/developmental disabilities;
 - Where children/youth cannot wear face coverings, it is imperative that all other participants wear face coverings for the protection of the child/youth participants;

- Plan to prepare to socialize young children about the use of face coverings before the visits;
 - Guidance on the use and construction of face coverings can be found on the CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>;
- All participants should wash hands or use hand sanitizer immediately before a visit;
- Participants should maintain at least 6 feet of personal space as much as feasible given the age and developmental status of the children/youth involved in the visits;
- Participants should minimize contact with surfaces and personal items by:
 - avoiding unnecessarily touching surfaces;
 - refraining from bringing unnecessary items into visits;
 - Avoiding sharing of items
- Participants should refraining from touching their face;
- **Identify and Implement Post-Visit Precautions:**
 - All participants should wash hands or use hand sanitizer immediately before a visit;
 - All items used during the visit could be cleaned/disinfected with wipes/solution immediately after the visit.
 - If child(ren) were unable to maintain six feet of social distancing, change clothing following the visit.
- **Children, youth, and families should be advised of and agree to the precautionary measures prior to the visit.**

Required Documentation

The Division's recommendations regarding visits during the State of Emergency shall be documented in Bridges and include the factors considered.

Questions

Questions regarding alternative procedures for visits should be directed through your supervisor.

Appendix

Tips for Talking with Families: Successful Family Interaction During COVID-19 Pandemic*

Child welfare professionals should always start by assessing the individual needs, concerns, and boundaries that may impact the ability for children in their home to have successful face-to-face visits. The following recommendations are designed to facilitate that work.

- Discuss the importance of face-to-face family interaction with the out-of-home care provider.
 - Family interaction is critical for bonding and attachments and promotes efforts towards reunification.
 - Physical contact is the primary method by which children, particularly young children, maintain relationships with caregivers.
- Reinforce that children in foster care have multiple places they call home which is not dissimilar from shared custody arrangements.
- Emphasize that children and families have a right to contact, and that out-of-home care providers are vital in supporting and facilitating that contact.
- Explain the steps being taken to minimize risk and work together to find creative approaches to minimize everyone's risk.
 - Help identify what supports, protections, and reassurances out-of-home care providers need or are hoping will be provided.
 - Identify any people who are at a higher risk for severe illness due to exposure to COVID-19.
 - If providers are unable or unwilling to support visitation, please escalate the scenario to your supervisor's attention.
- Make a plan to prepare children on what to expect upon resuming face-to-face visits with their parents.
 - This should include information about people wearing face coverings and other potential precautionary measures.
 - Help identify what supports, protections, and reassurances children need or are hoping will be provided.
 - Please use the CDC's information on helping children understand the public health emergency. <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html>

*Based on guidance issued by the Wisconsin Department of Children and Families