

Transition Plan for In-Person Foster Family Home Visitation November 2020

“Your personal physical, mental and emotional health is far more important than anything else right now. Your team’s success will not be measured the same way when things were ‘normal.’”

– Canadian Government

Our Path Forward:

- Starting December 1, 2020, we will have a **soft launch** for resuming in-person contact and visits. This means:
 - All licensed foster family homes
 - And foster homes not visited in-person since June 2020
 - Must be visited in person **by March 31st**
- Conduct a quarterly home visit and document findings on the DSS Form 30244 or a relicensing assessment using DSS Form 30243 (if applicable) and update CAPSS. Any concerns must be addressed immediately, including a staffing with supervisor.
- **Why Now?** - At the onset of the pandemic, with limited information about the spread of and means to prevent the spread of COVID-19, executive leadership took all necessary precautions to promote the safety of our children, families, and employees in the spirit of “first do no harm.” We are now 8 months into the pandemic and know more about how to prevent and protect ourselves from COVID-19; and have received a vast amount of Personal Protective Equipment (PPE) to promote and seal the safety of our staff as we continue the work of safeguarding children and youth.

Safety Precautions:

DSS requires that all staff follow Centers for Disease Control (“CDC”) guidelines (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>) and routinely employ infection prevention strategies to reduce the transmission of common respiratory viruses, including COVID-19.

Guidelines include:

- During home visits and other in-person contacts, personal protective equipment (such as disposable gloves and CDC-approved masks, including cloth masks) must be worn.
- Maintain a 6-foot distance from all household members. Avoid close contact with anyone who is sick. After contact, wash clothes at the earliest opportunity and avoid shaking the clothes.

We anticipate the need to refine and/or redefine plans outlined below as we continue to adjust and recalibrate in response to COVID-19.

- Greetings should not include handshakes or physical contact; they should be done at a distance.
- Refrain from touching any surfaces in the home, unless necessary.
- Cover your mouth and nose with a tissue when coughing or sneezing. In the absence of a tissue, cough or sneeze into your shirt sleeve or bent arm.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based sanitizer if soap and water are unavailable.
- Maintain hand hygiene after physical contact with any household members and after visiting others.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Adhere to transportation guidance provided by the CDC, regarding transportation and vehicle surface cleaning prior to and after each transport.
<https://www.cdc.gov/coronavirus/2019-ncov/community/tribal/non-ems-transportation.html>

Foster Care Guidance for In-Person Contact and Parent-Child Visitation

Expectations for Transitioning back to In-Person Parent-Child Visitation:

- ***Parent-Child Visitation:***
 - If the parent-child interaction has mostly been telephonic, the case manager will need arrange in-person visitation with those children/youth and family by ***January 30, 2021***.
 - If the primary mode of parent-child interaction has been virtual, meaning the parent was able to see the child/youth via a virtual platform and the child/youth was “seen” within the last 30 days, the case manager will need to arrange in-person visitation with the child/youth and family by ***January 30, 2021***.
 - We ask that our frontline professionals work with bio parents, foster parents, and other team members to coordinate these visits to occur in appropriate, safe spaces (i.e. thoroughly sanitized visitation rooms in local county offices, parks, etc.) and following CDC Covid-19 safety guidance.
 - ***NOTE:*** Best practice is use of lowest risk setting (i.e., in most circumstances, any open location will be less risky than an indoor / visitation room setting).
 - Prior to visit coordination, frontline management (i.e. supervisors of caseload carrying frontline professionals) will support staff by brainstorming ideas/places visits may occur.
 - Once potential visitation locations have been identified, the frontline professional will contact parents, foster parents, and/or other team members to schedule a time to discuss plans for visit.
 - Frontline management will support frontline professionals by joining the scheduled calls and/or virtual meetings to share potential placements and solicit feedback about other ideas for places the visit may occur.

Foster Care Case Manager Guidance for Hybrid In-person/Virtual Contact:

- In-Person contacts must occur according to timeframes outlined in policy for the following:
 - Children 10 and under
 - Medically fragile youth
 - Special needs youth
 - Any child/youth that expresses safety concerns, is experiencing anxiety, and/or prefers in-person.
- For those children/youth that do not fall into one of the above categories, in-person visits should occur at least every other month.

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- For youth in congregate care, staff will be identified within the Region to conduct secondary in-person visits at least once a month, documenting outcomes of the visit in CAPSS, and updating the assigned case manager as to content of visit, concerns, and/or treatment areas needing further follow-up.
- When preparing for in-person contact with children, families, and siblings in the home, **BEFORE** proceeding please complete the screening assessment using the questions and guidance outlined in the above section (i.e. General Contact and Visitation Guidance for CWS Programs).

General Visitation Guidance for Foster Care:

When preparing for in-person contact with children, families, and siblings in the home, please remember to ask the following questions **BEFORE** proceeding:

- Prior to conducting in-person visits, frontline professionals should call ahead (**NOTE**: this does NOT include CPS Investigations and OHAN visits) and ask about recent travel and symptoms/possible exposure.
- When contact the family to arrange visits or contact, please make sure to inform the family that we will respect their wishes when attending their home and they may refuse entry of the Case Manager into their home.
- Screening questions to ask:
 1. Have you or anyone in your household been tested for COVID-19?
 2. Do you have any reason to believe you or anyone in your household has been exposed to or acquired COVID-19?
 3. Have you or anyone in your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19?
 4. To the best of your knowledge have you been near any individual who tested positive for COVID-19?
 5. Have you or anyone in your household had any of the following symptoms in the last 14 days: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever at or greater than 100 degrees Fahrenheit?
 6. Have you or anyone in your household visited or received treatment in a hospital, nursing home, long-term care, or other health care facility in the past 30 days?
 7. Have you or anyone in your household traveled within or outside the state in the past 14 days?
 8. Are you or anyone in your household a health care provider or emergency responder?

NOTE: The child, youth, and family must be seen regardless of their responses to the above screening questions. The frontline professional should proceed with extreme care wearing the appropriate PPE such as: masks, face shields, and gloves. Still maintaining 6 feet distance, use hand sanitizer, and wash your hands regularly and immediately after

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making contact. Additionally, if there are responses of “yes” to any of the screening questions, the caregiver/family should be encouraged to contact their doctor and inform them of their symptoms and/or exposure. CDC Guidance for Critical Workers: <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>

Respect families wishes during visitation and/or contact:

- Family may request things such as removing shoes or washing hands prior to entry
- Family may refuse entry into the home due to their own health safety concerns related the risk of COVID-19, in this case, please collaborate with the family to identify alternative means for accomplishing the contact, such as outside on front porch, at a park with appropriate physical distancing, etc. but where confidential information can remain private. However, if refusal for entry into the home persists and there are concerns regarding the home environment, the frontline professional should consult with the supervisor to address barriers and possible solutions, which should include engaging the family to discuss alleviation of barriers to observe the home.
- Include in documentation the family’s request as part of the case recording.

If the frontline professional is unable to make in-person contact with the client:

- They should consult with their supervisor to identify appropriate measures to facilitate visitation/contact; consider use of alternative technology options, such as FaceTime or Skype.
- If Facetime/Skype contact is not possible/available contact the client/foster parent/family by phone to discuss the client’s safety, permanency, and well-being. When possible and age appropriate, also speak with and/or request to virtually “see” the child.
- Thoroughly document in CAPSS explaining that face to face contact was unable to be made this month due to concerns related to the Coronavirus, detailing concerted efforts made to conduct alternate contact and/or visitation arrangements, the mode of contact that was utilized, date, time, duration of virtual call, as well as the date/time and name of the supervisor extending approval for a virtual visit. Using the following:

Due to the State of Emergency Declaration by the Governor of the State of South Carolina regarding the COVID-19 Virus, as well as the family’s response of “yes” to COVID-19 screening questions and the child being in a safe environment (i.e. in the care of professional staff at a hospital, foster home, etc.), the case manager conducted an “in-person” (enter contact and/or visitation) with the child/youth and family via (enter skype, facetime, Microsoft Teams, Zoom, etc.) on (enter date, time, and length of virtual contact/visit). The case manager attempted to meet in-person with the child/youth and family by offering (enter details of concerted efforts made to

meet in-person). On (enter date and time), the case manager met with (supervisor's name) regarding attempts to meet child/youth and family face to face, requesting approval to coordinate and complete (contact and/or visitation) virtually.

Additional In-Person Visitation Guidance for Foster Care:

- Parent-Child visits should occur in-person, according to the family court order, and following the guidelines previously set forth.
- We ask that the case manager contact the parent asking the Covid-19 screening questions.
- If they answer “no” to all questions AND they are agreeable to continuing the in-person visit, the case manager should inform the parent that we will be contacting the foster parent and guardian ad litem and completing the same screening assessment.
- If the foster parent and guardian ad litem both answer “no” to all questions AND they have no concerns with the parent- child in-person visit happening, the case manager should proceed with scheduling and coordinating an in person visit to occur in appropriate safe spaces and following CDC Covid-19 safety guidance.
- If any party (e.g. case manager, parent, foster parent, or guardian ad litem) express concerns for their or the child’s safety, we should acknowledge and allow space for them to express their concerns while also sharing the importance of parent-child visits, the agency’s value of being family-centered and maintaining healthy parent-child connections throughout our involvement and our responsibility to not only adhere to the family court order but also make sure children, youth, and families visit regularly/as often as possible.
- To reduce anxiety, the case manager should explain that they themselves are without symptoms and detail the measures that will be taken to maintain safety of the child/youth and parent during the visit. Explaining we continue to follow CDC Covid-19 guidance, will work to identify an environmentally safe and sanitized space for the visit.

Transportation:

- If the foster parent is not available to transport the child/youth to visits, the assigned case manager and supervisor can decide and plan for alternative transportation arrangements.
- All transportation of children and youth must adhere to guidance provided by the CDC, regarding transportation and vehicle surface cleaning prior to and after each transport. <https://www.cdc.gov/coronavirus/2019-ncov/community/tribal/non-ems-transportation.html>
- 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 transporter (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:

We anticipate the need to refine and/or redefine plans outlined below as we continue to adjust and recalibrate in response to COVID-19.

- If needed, face coverings for all children and youth aged 2 and older participating in the visit shall be provided by the appropriate visitation staff.
- All visit participants, children and youth aged 2 and older must wear their face covering.
- Refusal to wear a face covering or, where unable to, utilize alternative CDC recommended PPE, may result in visits being conducted by telephone or videoconferencing.

NOTE: 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; and
- Washing the face covering between uses and ensuring it is completely dry before reuse.

Physical Distancing:

- Visitation participants should keep adequate physical distance (of at least 6 feet).
- 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, must wash their hands with liquid soap and water for at least 20 seconds or use hand sanitizer:
 - 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 encountering any bodily fluid; and
 - After handling garbage or cleaning up.
- DSS staff hosting and/or supervising visits 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 should encourage children and youth in frequent hand washing or use of hand sanitizer during the visit.

Toys and Activities:

- Because books and other paper-based toys are not considered to be a high risk for transmission, we are asking County Leadership to work to secure coloring sheets and new crayons for each visit that can be thrown away or the child can take home.

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 6 feet away.

Documentation Requirement:

- Appropriate case management and visitation staff must document in CAPSS all pre-screening contacts, visitations held, and post-visit discussions had with participants.
- Any consults between case manager and supervisors to determine resuming in-person visitation is unsafe, as well as supporting medical letters obtained, must be documented in CAPSS.

General Visitation Guidance for Foster Family Homes:

When preparing for in-person contact with children, families, and siblings in the home, please remember to ask the following questions **BEFORE** proceeding:

- Prior to conducting in-person visits, foster family licensing staff should call ahead and ask about recent travel and symptoms/possible exposure.
- When contacting the family to arrange visits or contact, please make sure to inform the family that we will respect their wishes when attending their home and they may refuse entry of the foster family licensing staff into their home; however, we will make every effort to do so
- Screening questions to ask:
 9. Have you or anyone in your household been tested for COVID-19?
 10. Do you have any reason to believe you or anyone in your household has been exposed to or acquired COVID-19?
 11. Have you or anyone in your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19?
 12. To the best of your knowledge have you been near any individual who tested positive for COVID-19?
 13. Have you or anyone in your household had any of the following symptoms in the last 14 days: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever at or greater than 100 degrees Fahrenheit?
 14. Have you or anyone in your household visited or received treatment in a hospital, nursing home, long-term care, or other health care facility in the past 30 days?
 15. Have you or anyone in your household traveled within or outside the state in the past 14 days?
 16. Are you or anyone in your household a health care provider or emergency responder?

NOTE: The child, youth, and family must be seen regardless of their responses to the above screening questions. The frontline professional should proceed with extreme care wearing the appropriate PPE such as: masks, face shields, and gloves. Still maintaining 6 feet distance, use hand sanitizer, and wash your hands regularly and immediately after making contact. Additionally, if there are responses of “yes” to any of the screening questions, the caregiver/family should be encouraged to contact their doctor and inform them of their symptoms and/or exposure. CDC Guidance for Critical Workers: <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>

Respect the wishes of the family during visitation and/or contact:

- Family may request things such as removing shoes or washing hands prior to entry
- Family may refuse entry into the home due to their own health safety concerns related the risk of COVID-19; in this case, please collaborate with the family to identify alternative means for accomplishing the contact, such as outside on front porch, at a park with appropriate physical distancing, etc. but where confidential information can remain private. However, if refusal for entry into the home persists and there are concerns regarding the home environment, the foster home licensing staff should consult with the supervisor to address barriers and possible solutions, which should include engaging the family to discuss alleviation of barriers to observe the home.
- Include in documentation the family’s request as part of the case recording.

If the foster family licensing staff is unable to make in-person contact with the foster family:

- They should consult with their supervisor to identify appropriate measures to facilitate contact. Consider use of alternative technology options, such as FaceTime or Skype.
- If Facetime/Skype contact is not possible/available contact the foster parent/family by phone to discuss the family’s safety and needs. When possible and age appropriate, also speak with and/or request to virtually “see” the child.
- Another date and time should be arranged to complete the in-person contact when safe to do so, using the approved screening questions.
- Thoroughly document in CAPSS explaining that face to face contact was unable to be made due to concerns related to the Coronavirus, detailing concerted efforts made to conduct alternate contact, the mode of contact that was utilized, date, time, duration of virtual call, as well as the date/time and name of the supervisor extending approval for a virtual visit. Using the following:

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Additional In-Person Visitation Guidance for Foster Family Homes:

- Foster family home visits should occur in-person, according to the guidelines previously set forth.
- We ask that the foster family licensing staff contact the foster parent, asking the COVID-19 screening questions.
- If the foster family answers “no” to all questions AND they are agreeable to continuing the in-person visit, the foster family licensing staff will confirm the visit.
- If any party (e.g. foster family licensing staff or foster parent) express concerns for their or the child’s safety, we should acknowledge and allow space for them to express their concerns while also sharing the importance of foster family home visits.
- To reduce anxiety, the foster home licensing staff should explain that they themselves are without symptoms and detail the measures that will be taken to maintain safety of all during the visit. Explaining we continue to follow CDC COVID-19 guidance, we will work to have an environmentally safe and sanitized space for the home visit.

Face Coverings:

- If needed, face coverings for all children and youth aged 2 and older participating in the visit, shall be provided by the appropriate staff.
- All visit participants, including children and youth aged 2 and older, must wear their face covering.

NOTE: 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; and
- Washing the face covering between uses and ensuring it is completely dry before reuse.

Documentation Requirement:

- Appropriate foster home licensing staff must document in CAPSS all pre-screening contacts, home visits held, and post-visit discussions had with participants.
- Any consults between licensing worker and supervisors must be documented in CAPSS.

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