

## **Supporting In-Person Parent-Child and Sibling Visitation during the COVID-19 Pandemic: A Guide for CP&P Staff and DCF-Contracted Visitation Providers**

**July 6, 2020**

In light of the COVID-19 pandemic and the need to protect the health of children, families and Child Protection and Permanency (CP&P) and service provider staff, in April 2020 the Department of Children and Families (DCF) temporarily suspended all in-person CP&P- and provider-facilitated parent-child and sibling visitation transitioning to remote technology to maintain contact.

New Jersey public health officials continue to monitor COVID-19 and take steps to prevent the spread of the virus. **As New Jersey enters into less restrictive phases of the Governor’s Restart and Recovery plan, DCF is reinstating in-person parent-child and sibling visitation.** Ongoing in-person visits are dependent upon New Jersey’s continued safe management of the pandemic. Any changes to the guidance for in-person visits will be provided by DCF.

This document provides guidance for CP&P staff and DCF-contracted visitation providers regarding how to support in-person visitation during the COVID-19 Emergency while ensuring the health and wellbeing of all participants. It incorporates best practices from the [Centers for Disease Control and Prevention](#) (CDC), [New Jersey Department of Health](#), other state agencies across the US, and feedback from stakeholder groups impacted by the return to in-person visitation.

### **I. Date of Resumption of in-person visits**

**CP&P staff, contracted visitation providers and resource parents are required to transition visits from remote to in-person no later than July 13, 2020.**

This requirement will only be relaxed when a medical professional deems in-person visitation to be inappropriate for a child or parent at then continued regular video and telephone contact is encouraged as a supplement to - but not a replacement for - in-person family visits, so that parents and children can have more frequent contact. Virtual visits are not considered a substitute for in-person visitation.

Recognize that there may be anxiety and disagreement regarding the impacts of COVID-19. Discuss with visit participants the importance of supporting in-person visits for children and how to make them happen.

## II. Reassessing the Family's Visitation Plan

CP&P will use DCF's Parent Child Visitation Planning Tool to determine recommendations for the family's visitation plan, including supervision level, visit location and visit frequency and duration.

- **Supervision Level** – Visits should be the least restrictive to ensure safety. All parent-child visits must be unsupervised unless there is a documented, specific safety concern that can only be mitigated through the use of supervised visits. When a change in the level of supervision is indicated, CP&P staff should consult with a Deputy Attorney General (DAG) and request a modification to the existing court order. Visitation plans shall continue as outlined in existing court orders until requested modification is approved by the court.
- **Visit Location** – Safety of all visit participants needs to be considered when selecting a visit location. Visits need to take place outdoors (yards, parks, etc.) or in places that are well ventilated and conducive to physical distancing. As agreed upon by visit participants, visits may occur at the family's or resource family's home, in community locations, or at contracted provider agency or CP&P offices. Visit space at CP&P offices will be limited and prioritized for families where safety concerns are present and a security guard available. Providers should contact local CP&P leadership to discuss their needs.

In advance of visits, participants are required to check whether community locations are open. Please do not go into crowded areas. Do not use playground equipment as it can be challenging to keep surfaces clean and disinfected. If visits occur in a CP&P office or contracted provider agency office, toys and items that cannot be easily cleaned and disinfected must be removed. This includes stuffed animals, soft sided toys, books and throw pillows. Food and drink cannot be brought into the visit room. Limit extra items to only what is needed for the visit.

- **Frequency and Duration of Visits** – The frequency and duration of contact should be tailored to the case circumstances, in consultation with and agreement among parents and caregivers, and aligned with court orders. If possible, considerations for increasing the frequency and/or duration of visits to allow families more access to each other during this time should occur.
- **Special Considerations and Safe Visit Plans** – Special considerations need to be made for the type of contact that is appropriate for everyone participating in the visit. Special considerations for medical vulnerabilities of children, biological parents and resource parents involved in the visit to ensure their safety, health and wellbeing. In these cases, CP&P staff must collaborate with DCF's Child Health Unit staff and/or the child's pediatrician to advise on and approve the in-person visit plan.

A safe visit plan should be created for all children under 2 who should not wear a face covering, and anyone who has trouble breathing or is unable to remove the mask without assistance, and for children who are not yet walking that allows for parents to hold and/or hug their children while wearing a face covering. Kissing on the face is discouraged at this time.

### **III. Preparation for Resumption of Visits**

- The DCPD case workers are responsible for determining the willingness and ability of all visit participants (resource parent, child/youth and caregiver of origin) to resume in-person visits. If any participant expresses an unwillingness or inability to resume in-person visits, the DCPD caseworker is responsible for conferencing the issue with the supervisor and using Family Team Meetings and other casework practices to resolve any barriers within 5 working days. The resulting visitation plan should be written and distributed to parents, resource parents, youth (over the age of 12), and the DAG. If replacement of the child to an alternate resource home is being contemplated, a longer timeframe will likely be needed, and other existing procedures should be followed.
- The Resource Family Support Worker is responsible for ensuring the resource parents have the information they need to prepare children on what to expect during the visits in order to mitigate challenges and improve resilience. This should include preparation for the unique circumstances created by infectious disease management such as the use of face coverings and physical distancing. This conversation must be documented for each child in NJ SPIRIT.
- The DCPD caseworker is responsible for ensuring the biological parents and family members have the information on what to expect during the visits in order to mitigate challenges and improve resilience. This should include preparation for the unique circumstances created by infectious disease management such as the use of face coverings and physical distancing.
- The DCPD caseworker is also responsible for ensuring that each caregiver (birth parent and foster parent) has been instructed regarding the need for and responsible use of face coverings, and the inability to readily touch visit participants. This conversation must also be documented for each caregiver in NJ SPIRIT.
- The resource parent is responsible for ensuring that each child has been carefully prepared for visits; specifically that each child has been instructed on the need for and responsible use of face coverings, and that each child has been instructed regarding the inability to readily touch visit participants.

Prior to initiating visits, the DCPD caseworker is responsible for convening a dialogue through telephone or videoconference, with all visit participants to discuss the resumption of visitation, the schedule and location of visits, and the protocols that will be followed. All visit participants must be able to participate in open dialogue about the levels of safety that can be achieved.

Each play a significant role in modeling and demonstrating the skills to support safe and meaningful visitation.

## **IV. Role of Visitation Participants**

Including additional family members or close friends in visits is typically encouraged; however, in the context of the COVID-19 pandemic, now is generally not the time to physically introduce additional visit participants. Participants must be limited to parents, children, siblings, necessary supervisors (providers, CP&P and/or resource parents), and other caregivers to reduce unnecessary exposure to other individuals. If possible, remote technologies may be used to facilitate connections with the child’s extended family members and/or friends.

### **Role of Contracted Visitation Providers (Therapeutic, Supervised or Supportive) and CP&P Staff**

DCF-contracted visitation providers and CP&P will resume facilitating in-person, parent-child and/or sibling visits with families. Providers and CP&P staff must adhere to the following when conducting in-person visits:

- **Prior to Visit –**
  - Visit facilitators (either contracted visitation providers or CP&P staff) must contact all visitation participants prior to the visit to screen for symptoms and possible exposure (see: [Identifying Symptoms of COVID-19](#)). If anyone is exhibiting symptoms or has been potentially exposed, that individual cannot participate in the visit. If the individual is a parent or child, efforts should be made to conduct a remote visit instead, if possible. CP&P, provider staff, parents and/or resource parents, if applicable, should be notified.
  - CP&P or contracted provider staff need to facilitate a temperature screening for all visitors upon arrival at the visit location (see: [Temperature Screenings](#)).
  - Visit facilitators should encourage resource families to transport children to and from visits to eliminate multiple points of contact.
  - When facilitating a visit, wearing a face covering, escort the visit participants from the parking lot to the visit room.
  - The visit facilitator is responsible for ensuring that visit participants wash their hands or use alcohol-based hand sanitizer (at least 60% alcohol) prior to the visit.
  
- **During the Visit**
  - Visit facilitators (either contracted visitation providers or CP&P staff) must ensure all visit participants wear a face covering during the visit and physically distance (by 6 feet or more) as much as possible.

- When feasible, children over 2 should be encouraged to wear a [cloth face covering](#).
  - Cloth face coverings should NOT be put on children under age 2 because of the danger of suffocation and should never be placed on a child during nap or sleep periods.
  - If a parent and/or child is without a face covering, CP&P and/or provider staff should have an extra available to provide to the participant.
  - If a parent, resource parent or other adult participant refuses to wear a face covering for non-medical reasons, the participant may not join the visit.
  - Parents, resource families, CP&P staff and contracted providers play a significant role in modeling and demonstrating the skills to support successful and meaningful visitation including the use of face coverings and physical distancing.
  - Visit facilitators should promote activities that engage children but do not require contact.
  - Provider and CP&P staff should avoid touching their faces when possible or any non-sanitized or high-touch surfaces.
  - Cell phones should be placed on silent mode during visits to avoid use and possible contamination. If cell phones are touched, re-sanitization of hands is necessary.
  - If there are concerns when health and safety measures are not adhered to, CP&P staff should be contacted (see: [Ending and/or Suspending Visits](#)).
- **After the Visit –**
    - The visit facilitator is responsible for ensuring that visit participants wash their hands or use alcohol-based hand sanitizer (at least 60% alcohol).
    - If visits take place at the agency’s location or CP&P local office, contracted visitation provider staff or CP&P are required to clean and disinfect visitation spaces (see: [Cleaning and Disinfecting Visit Rooms](#)).
    - If staff transport children, vehicles must be cleaned and disinfected prior to the next use (see: [Cleaning and Disinfecting Vehicles](#)). Providers should debrief with parents, resources families and children to confirm success of visit and inquire about what might make it more successful.

## **Role of Parents**

Parents must adhere to the following when participating in in-person visits:

- **Prior to Visit –**
  - Parents should expect to be contacted prior to the visit to assess possible COVID-19 symptoms and exposure. If anyone is exhibiting symptoms or has been potentially exposed, that individual cannot participate in the visit (see: [Identifying Symptoms of COVID-19](#)). If the individual is a parent or child, efforts should be made to conduct a remote visit instead, if possible. CP&P, provider staff, parents and/or resource parents, if applicable, should be notified.

- When visiting, parents are instructed to wait outside the visit location in their car or the parking lot before being escorted to the visit room.
  - Parents will be asked to take their temperature upon arrival at the visit location. Parents may supply their own thermometer or CP&P/provider agency staff can supply the parent with a thermometer (see: [Temperature Screenings](#)). If a parent's temperature is over 100.4°F, the parent is not allowed to participate in the visit, and the visit may need to be rescheduled.
  - Parents must leave personal items that will not be needed during the visit in the car or at home. This includes jackets, bags, and backpacks. Parents may not bring food or drinks to visits.
  - Visit participants should wash their hands or use alcohol-based hand sanitizer (at least 60% alcohol) prior to entering the visit location.
- **During the Visit –**
    - Parents, resource families, CP&P staff and contracted providers play a significant role in modeling and demonstrating the skills to support successful and meaningful visitation including mandatory use of face coverings and physical distancing.
    - If a parent refuses to wear a cloth face covering for non-medical reasons, the parent may not join the visit.
    - Parents should promote activities that engage young children but do not require contact.
    - Parents may hug their children and have physical contact but should avoid touching of faces when possible or any non-sanitized or high-touch surfaces.
    - Cell phones should be placed on silent mode during visits to avoid use and possible contamination. If cell phones are touched, re-sanitization of hands is necessary.
    - If parents have concerns that health and safety measures are not being adhered to, CP&P staff should be contacted (see: [Ending and/or Suspending Visits](#)).
- **After the visit -**
    - Visit participants should wash their hands or use alcohol-based hand sanitizer.
    - Parents are encouraged to change and wash their clothes following an in-person visit.
    - If parents exhibit symptoms of COVID-19, they should be encouraged to contact a physician for medical guidance and testing information, and they will be temporarily unable to participate in in-person visits. If possible, virtual visits should occur until in-person visits with the child may safely resume.

## V. Role of Related and Unrelated Resource Families

Resource families must adhere to the following when preparing for or transporting children to in-person visits or supervising and/or participating in in-person visits:

- **Prior to Visit –**

- Resource parents are encouraged to prepare children for the resumption of in-person visits (see [Appendix A: In-Person Visits During COVID-19: Preparing for and Connecting with Young Children](#)).
- If supervising a visit or transporting a child to an unsupervised visit, the resource parent must contact the child's parent to check for symptoms and possible exposure prior to the visit occurring (see: [Identifying Symptoms of COVID-19](#)).
- Resource parents should expect to be contacted prior to the visit to assess possible COVID-19 symptoms and exposure. If anyone is exhibiting symptoms or has been potentially exposed, that individual cannot participate in the visit (see: [Identifying Symptoms of COVID-19](#)). If the individual is a parent or child, efforts should be made to conduct a remote visit instead, if possible. CP&P, provider staff, parents and/or resource parents, if applicable, should be notified.
- Resource parents may provide transportation for children to visits whenever safely possible and based on resource parent availability.
- Resource parents should ensure that children are in clean diapers and are fed and well-hydrated prior to the visit to prevent the need for bringing snacks into the visitation room.
- For infants who are bottle fed, resource parents should send a bottle and enough formula for the time the child will be with CP&P or provider staff and parents. Resource parents should ensure diapers and wipes are provided for infants and toddlers, as needed.
- If transporting a child to a visit at an agency location, resource parents must wait outside the agency in their car or in the parking lot before the child and they, if participating in the visit, are escorted to the visit room.
- Resource parents and children will be asked to take their temperature upon arrival at the visit location. Resource parents may supply their own thermometer or CP&P/provider agency staff can supply one (see: [Temperature Screenings](#)). If a child or resource parent's temperature is over 100.4°F, she or he is unable to participate in the visit.
- Personal items that will not be needed during the visit must be left in the car or at home. This includes jackets, bags, and backpacks.
- Visit participants should wash their hands or use alcohol-based hand sanitizer (at least 60% alcohol) prior to entering the visit location.

- **During the Visit –**

- Participation in visits is an opportunity for resource parents to share information, updates, and build upon relationships. Parents, resource families, CP&P staff and contracted providers play a significant role in modeling and demonstrating the

skills to support successful and meaningful visitation including the mandatory use of face coverings and physical distancing. Although participation is encouraged, resource parents should look for opportunities to fade into the background and let the parent engage with her or his child.

- If a resource parent refuses to wear a face covering for non-medical reasons, the resource parent may not join the visit.
  - Resource families should avoid touching of faces when possible or any non-sanitized or high-touch surfaces.
  - Cell phones should be placed on silent mode during visits to avoid use and possible contamination.
  - If cell phones are touched, re-sanitization of hands is necessary.
  - If resource families have concerns when health and safety measures are not adhered to, CP&P staff should be contacted (see: [Ending and/or Suspending Visits](#)).
- **After the Visit –**
    - When the child returns from a visit in the community or in the CP&P or provider agency office, resource parents should change and wash the child’s clothes, and ensure the child thoroughly washes her or his hands for a minimum of 20 seconds.
    - The resource parent, if participating in the visit, is also encouraged to change his/her clothes and wash his/her hands.
    - If a resource parent or the child exhibits symptoms of COVID-19, they must contact their physician for medical guidance and testing information and will be temporarily unable to participate in in-person visits. If possible, virtual visits should occur until in-person visits with the child may safely resume.

## **VI. Ensuring Visit Safety and the Health and Wellbeing of Visitation Participants**

The health and wellbeing of all visitation participants is paramount. CP&P staff, contracted visitation providers, resource families and parents must adhere to the following safety protocols:

- **Identifying Symptoms of COVID-19** – If a parent, child or household member of the parent and/or child exhibits symptoms of COVID-19, that individual cannot participate in the visit, and the visit may need to be rescheduled. When possible, remote visits should occur until in-person visits can resume. Symptoms may appear 2-14 days after exposure to the virus. COVID-19 symptoms can include:
  - **Cough**
  - **Shortness of breath or difficulty breathing**
  - **Fever (100.4°F or greater)**



- **Chills**
- **Repeated shaking with chills**
- **Muscle pain**
- **Headache**
- **Sore Throat**
- **Recent loss of taste or smell**

Prior to initiating transportation, the transportation provider is responsible for asking each participant whether they or someone in their household has the above symptoms. 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. DCPD caseworkers are responsible for documenting these conversations in NJ SPIRIT.

- **Temperature Screenings** – If a visit participant’s temperature is 100.4°F or greater, the individual cannot participate in the visit. The following processes should be used for screening temperatures:

For CP&P and/or visit provider conducting the temperature check:

- Staff should wash hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
  - After performing hand hygiene, put on disposable gloves. Ensure face covering is also worn.
  - Turn on the thermometer, if applicable. If the visitor is an adult, hand the thermometer to him or her and explain how to administer it. If the visitor is a child, take the child’s temperature.
  - If performing a temperature check on multiple individuals, ensure that you use a clean pair of gloves for each participant and that, if using a non-contact thermometer, the thermometer has been thoroughly cleaned with an alcohol wipe or isopropyl alcohol on a cotton swab between each participant. You can re-use the same wipe as long as it remains wet.
  - If you are using a disposable or non-contact (temporal) thermometer and you did not have physical contact with the participant, you do not need to change gloves in between temperature checks.
- **Cleaning and Disinfecting Visit Rooms** – Toys and items that cannot be easily cleaned should be removed from visitation rooms. All visit rooms must be disinfected before and after each visit. Time permitting, the spray should be left to dry, but at a minimum all hard surfaces and frequently touched surfaces should be wiped down. Visits should be spaced a minimum of 10 minutes apart to allow for cleaning and ventilation of rooms.
  - **Cleaning and Disinfecting Vehicles** – Frequently touched surfaces in vehicles used to transport children should be cleaned and disinfected prior to and after each use. Surfaces

include car keys, steering wheel, seatbelts, seat covers, gear shifts, seat adjustment levers, windows, door handles, turn signals, vehicle dashboard, digital touchscreen, and other touched surfaces. Vehicles should be equipped with tissues and disposal receptacles. CP&P and provider staff should notify their supervisors if they transport anyone who exhibits the identified symptoms of COVID-19. The vehicle must be taken out of service and decontaminated as per CDC guidelines. Additional information from the CDC is available here: [Cleaning and Disinfection for Non-emergency Transport Vehicles](#).

- **Ending and/or Suspending Visits** – If an adult visit participant refuses to or does not safely wear a face covering, comply with a temperature check and/or COVID-19 screening protocols, he or she will be asked to leave the visit, or the visit will be terminated for the health, safety and wellbeing of all visit participants. CP&P staff should be notified immediately following the visit, and a DAG consulted, as needed.

Questions regarding this guidance for supporting visitation during the COVID-19 pandemic should be submitted to [askdcf@dcf.nj.gov](mailto:askdcf@dcf.nj.gov).

Appendix A: [In-Person Visits During COVID-19: Preparing for and Connecting with Young Children](#)

Appendix B: [Cloth Face Coverings for Children During COVID-19](#)

Appendix C: [Health and Safety Guidance](#)

## **Appendix A: In-Person Visits During COVID-19: Preparing for and Connecting with Young Children**

### **Preparing Young Children**

Young children are likely to have varied reactions to seeing their parent wearing a cloth face covering (as required during in-person visitation). Some may not recognize their parent and others may express confusion or fear. This is understandable and expected, but it's also stressful for young children and their parents. Parents should always follow their child's cues as they build a sense of trust and reconnection with their parent who is wearing a cloth face covering. Remember that young children pick up on the emotions that adults feel and express about situations - if you are calm and happy it will help your child to understand that the cloth face covering is nothing to be concerned about.

Parents and resource parents should work together to prepare young children through video conferencing visits before the in-person visits resume. During these video visits, parents can show their children what they look like with and without their cloth face covering. At the same time resource parents can remind the child, "That's mommy!" or "That's daddy!" It may be helpful to take the face covering on and off multiple times during the video visit. Remember that young children gain control through mastery!

For older toddlers and preschoolers who are better able to comprehend the situation, explain to them that there are some "bad germs" out in the world right now and it's important to protect ourselves and each other by wearing a cloth face covering. Just like with younger children, the parent can show them what they look like with and without it, including showing them how to put it on and take it off. This will also serve to encourage children over the age of 2 to use their own cloth face covering.

### **Emphasizing Connection**

Connecting with a child takes patience and persistence. It is important for both parents and resource parents to understand a child's developmental responses to separations and reunions. The child may appear nervous and unfamiliar with the parent, may not want to separate from the resource parent, and may be fussy or withdrawn. Parents, resource parents, and other visit participants should work together to understand what the child might be communicating through their behavior, particularly because they may not have the words to express their feelings.

Keep in mind that one size does not fit all when it comes to feelings and emotions. Each child is different and may have a different reaction. What seems to work best for one child may not work for other children. Each family situation is unique, and parents and resource parents should consider what they can do to ensure the visit is successful. The child will experience less confusion and disruption when the adults work together to meet his or her needs.

## Appendix B: Cloth Face Coverings for Children During COVID-19<sup>1</sup>

It's understandable that children may be afraid of cloth face coverings at first. Here are a few ideas to help make them seem less scary:

- Look in the mirror with the face coverings on and talk about it.
- Put a cloth face covering on a favorite stuffed animal.
- Decorate them so they're more personalized and fun.
- Show your child pictures of other children wearing them.
- Draw one on their favorite book character.
- Practice wearing the face covering at home to help your child get used to it.

For children under 3, it's best to answer their questions simply in language they understand. If they ask about why people are wearing cloth face coverings, explain that sometimes people wear them when they are sick, and when they are all better, they stop wearing them.

For children over 3, try focusing on germs. Explain that germs are special to your own body. Some germs are good and some are bad. The bad ones can make you sick. Since we can't always tell which are good or bad, the cloth face coverings help make sure you keep those germs away from your own body.

One of the biggest challenges with having children wear cloth face coverings relates to them "feeling different" or stereotyping them as being sick. As more people wear these cloth face coverings, children will get used to them and not feel singled out or strange about wearing them.

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<sup>1</sup>American Academy of Pediatrics (2020). Cloth Face Coverings for Children During COVID-19. Available online at: <https://healthychildren.org>.