



Supporting In-Person Parent-Child and Sibling Visitation during the COVID-19 Pandemic: A Guide for Families and CP&P Resource Parents

July 8, 2020

New Jersey public health officials continue to monitor COVID-19 and take steps to prevent the spread of the virus. **As stay-at-home orders are lifted, and the State gradually begins to reopen, DCF is resuming in-person parent-child and sibling visitation.** Ongoing in-person visits depend 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 general guidance for families and CP&P resource parents on how to support in-person visits during COVID-19 while ensuring the health and wellbeing of all visit participants. It incorporates best practices from the [Centers for Disease Control and Prevention](#) (CDC), [New Jersey Department of Health](#), and other state agencies across the US.

Prior to resuming in-person visits, the child's CP&P caseworker will discuss the family's visitation plan with you. It is strongly encouraged that this discussion take place via remote technology with all participants present, including parents and resource parents to ensure that there is a clear understanding of safety protocols and expectations. These discussions will take place prior to the resumption of in person visitation and periodically throughout the time of the child's out of home placement.

I. Ensuring Visit Safety and the Health and Wellbeing of Visitation Participants

The health and wellbeing of all visitation participants is critical. As in-person visits resume, there is equal responsibility for ensuring the health and safety of all visit participants. The following safety practices must be followed for all in-person visits to prevent the spread of COVID-19.

- All visits supervised by CP&P or a provider will be limited to parents, caretakers, children, siblings and the supervisor of the visit.
- All out-of-state recreational travel with children/youth in foster care is prohibited.
- Any exceptions to out of state travel for children in out of home placement must be approved by the Area Director.

- All visit participants will be screened for illness. This will include questions about exposure to COVID-19 and related symptoms both for the participants themselves and members of their households. Screening may also include a temperature check. Anyone who answers yes to any of the screening questions or shows symptoms consistent with COVID-19 infection will not be allowed to take part in the visit.
- All adult visit participants must wear a clean face covering when taking part in the visit. Any parent/adult who will not wear a face covering cannot be allowed to take part in the visit.
- All children over the age of 2 will be gently urged to wear a face covering. A face covering should not be worn by a child under 2 or a child who is sleeping, per CDC guidelines.
- All adult visit participants should remain 6 feet or more apart from each other as much as possible.
- All visit participants will be required to wash their hands with soap and water before and after the visit. If soap and water are not available, use of a hand sanitizer that contains at least 60% alcohol is required.
- Anyone who is self-quarantining due to close contact with a COVID-19 positive individual, or self-isolating because they are sick, should not provide transportation to visits. If possible, the same person should transport the child (and/or parent) for each visit. No one outside of the vehicle should touch the door handles, car seats, or inside of vehicle.

Additional information on health and safety protocols can be found in [Appendix B: Health and Safety Protocols](#).

Ending and/or Suspending Visits – If an adult visit participant refuses to or does not safely wear a face covering, 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 will immediately notify a supervisor and follow protocols to provide court notification as needed. If there are concerns about CP&P and/or visitation providers following safety protocols, parents and/or resource parents may contact the CP&P caseworker’s supervisor or resource supervisor.

II. Role of Related and Unrelated Resource Families in Supporting in Person Parent-Child and Sibling Visits

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 provide transportation for children to visits whenever safely possible and based on resource parent availability.
- Resource parents are encouraged to provide the child’s car seat when transportation to and from visits is required.
- Resource parents must ensure that children 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 must send a bottle and enough formula for the time the child will be with CP&P or provider staff and parents.

- Resource parents must ensure diapers and wipes are provided for infants and toddlers, as needed.
- If transporting a child to a visit at an agency location, upon arrival to the agency location please contact the receptionist for instructions on how to proceed before entering the building.
- If, as a resource parent, you are participating in the visit you will be subject to screening questions related to COVID-19 exposure and symptoms as well as the possibility of a temperature screening. If you have a temperature of 100.4 or over, you will not be permitted to participate in the visit.

During the visit

- If you are a participant in the visit and are unwilling to wear a face covering for non-medical reasons, you may not join the visit.
- Resource parents must provide a face covering for children over the age of 2 for use during the parent/child visitation.
- Cell phones should be placed on silent mode during visits to avoid use and possible contamination of hands. 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 washes their hands. If a resource parent or the child exhibits symptoms of COVID-19, they should contact their physician for medical guidance and testing information

III. Role of Parents/Caretakers in Supporting in Person Parent-Child and Sibling Visits

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

Prior to Visit

- If being transported by CP&P, parents/caregivers are always required to wear their own face covering in the state vehicle. If parents/caregivers are unwilling to wear a face covering they will not be permitted in a state vehicle.
- Parents/caretakers visiting at a CP&P or provider office or community location, must contact the receptionist upon arrival at the location for instructions before entering the building.
- Parents/caretakers will be screened for exposure to COVID -19 and may be required to take their temperature upon arrival at the visit location. Parents/caretakers can use their own thermometer or CP&P or provider agency staff can supply a thermometer. If a temperature

reading is over 100.4°F, the parent/caretaker is unable to participate in the visit and it may need to be rescheduled.

- Parents/caregivers must leave personal items that will not be needed in the car or at home if public transportation is used.
- Food or drinks are not allowed at visits.
- Parents/caregivers must wash their hands or use alcohol-based hand sanitizer (at least 60% alcohol) prior to entering the visit location.

During the Visit

- Parents/caregivers are required to wear their own face covering. If the parent/caretaker is unwilling to wear a cloth face covering for non-medical reasons, the parent/caretaker may not join the visit.
- Parents/caretakers may hug their children and have physical contact but should avoid touching or kissing on the face when possible.
- Cell phones should be placed on silent mode during visits to avoid use and possible contamination of hands. If cell phones are touched, re-sanitization of hands is necessary.
- If parents 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

- Parent/caretakers need to wash their hands or use alcohol-based hand sanitizer.
- Parents/caretakers should change and wash their clothes after visitation
- If parents/caretakers show symptoms of COVID-19, they should contact a physician for medical guidance and testing information and may not temporarily take part in in-person visits. If possible, visit virtually until in-person visits with the child may safely resume.

Questions regarding this guidance for supporting visitation during the COVID-19 pandemic should be submitted to askdcf@dcf.nj.gov.

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

Appendix B: [Health and Safety Protocols](#)

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: Health and 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. People with these symptoms or combinations of symptoms may have COVID-19:

- **Cough**
- **Shortness of breath or difficulty breathing**

Or at least two of these symptoms:

- **Fever (100.4°F or greater)**
- **Chills**
- **Repeated shaking with chills**
- **Muscle pain**
- **Headache**
- **Sore Throat**
- **Recent loss of taste or smell**

Prior to the visit, participants need to be asked if 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.

Safely Transporting Children (and/or Parents) To/From Visits

Anyone who is self-quarantining due to close contact with a COVID-19 positive individual, or self-isolating because they are sick, should NOT provide transportation to visits. If possible, the same person should transport the child (and/or parent) for each visit. Everyone must wash hands or use alcohol-based hand sanitizer (at least 60% alcohol) prior to entering the vehicle. Everyone over age 2 in the vehicle should wear a cloth face covering while in the vehicle. Children (and/or parents) should be in the back seat furthest from the driver. Use of a van or large vehicle is preferred, if available. If the weather allows, windows should be opened slightly to support air flow. Avoid using the recirculated air option. The person providing transportation should bring the child to the agreed upon meeting area. No one outside of the vehicle should touch the door handles, car seats, or vehicle's interior. Vehicles must be cleaned and disinfected before and after each transport (see: [Cleaning and Disinfecting Vehicles](#)).

Safe Use of Cloth Face Coverings

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. Wearing cloth face coverings may be difficult for individuals with physical, sensory, cognitive, or behavioral impairments, and is prohibited for children under 2 years old or anyone who has trouble breathing or removing them without assistance. Face coverings should never be placed on a child during nap or sleep periods. Cloth face coverings should:

- Fit snugly but comfortably against the face

- Be secured with ties or ear loops
- Include multiple layers of fabric
- Allow for breathing without restriction
- Be able to be laundered and machine dried without damage or change to shape
- Should not be used by anyone who has trouble breathing, is unconscious, incapable or otherwise unable to remove the mask without assistance
- Cloth face coverings should be washed after each use

Cloth Face Coverings for Children During COVID-19¹

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.

Disposable Gloves

Gloves are not required but may be used. If using gloves, follow CDC guidelines for removing gloves to avoid contamination:

- 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 (at least 60% alcohol) immediately after removing gloves.

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

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:

If a visit participant supplies her or his own thermometer:

- Ask the visit participant to take his or her temperature upon arrival at the visit location. If the visitor is a small child, the accompanying adult should take his or her temperature.
- CP&P or provider agency staff should remain 6 feet away while the visitor checks his or her temperature. After the thermometer has registered the temperature, and while wearing a face covering, visually check the thermometer to confirm the participant's temperature is under 100.4°F.
- If the participant's temperature is 100.4°F or above, he or she may not join the visit.

If CP&P and/or visit provider staff supplies the thermometer:

- 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](#).