

Guidance for Social Worker Contacts and Parent/Child Visits During COVID-19

Idaho public health officials continue to monitor the novel coronavirus (COVID-19) and take steps to prevent the spread of the disease. Idaho's planned phases under the Governor's Stay Healthy Order allow for FACS to begin providing supervised face-to-face visits for the children in our care and their parents. As we know, visitation between children is key to developing and maintaining a parent-child relationship, reducing the anxiety children experience when separated from their parents, and working towards reunification efforts. Frequent visitation has consistently been found not only to benefit children emotionally, but also to contribute to the achievement of reunification. Reimplementing these face-to-face visits will be completed following the most current guidance from the Center for Disease Control (CDC) and local health districts. Parent-child visits completed by department staff and contractors will meet this guidance.

Unsupervised visits will continue to be provided with a plan developed for each family given their specific circumstances with input from the child (when age/developmentally appropriate), parent, and foster family. Unsupervised visitation plans must be approved by a supervisor.

In-person visits may include visits between children in foster care, their siblings, and relatives. In person visits for siblings and relatives will follow the same guidelines to reduce the spread of the virus as previously directed for in person visits for children and their parents.

The number of in person visits between parents and children should remain at the frequency set prior to the Governor's Stay at Home Order. In addition to in person visits, the use of visits through video conferencing can and should continue to increase the frequency of contact between children and their parents, siblings, and extended family in order to further support important connections.

Social workers will continue monthly contacts with children placed in foster care in Idaho to assess for safety, permanency, well-being, and case plan progress through in person visits or an approved alternate contact schedule.

In person parent and family meetings may occur with the following precautions:

- a. All participants must answer the screening questions prior to entering the meeting room. If any symptoms are present that participant may not enter the building and will participate virtually
- b. The room should be arranged in such a manner to maintain six feet of distance between participants whenever possible
- c. All participants must wear a mask and practice good hand hygiene
- d. The meeting room must be disinfected following the visit with special attention paid to high touch areas including tables, chairs, and doorknobs.
- e. If there are concerns for high community spread, a supervisor may approve parent and family meetings to be held through video conferencing.

Guidelines for Face-to-Face Visits Between Children and Parents, Siblings and Relatives

Team Decision for Implementing the Face-to-Face Visit

It is important for parents, children, resource providers and FACS staff to plan for face-to-face visits while mitigating the spread of the virus. By considering the opinion of these team members, the group should be creative in determining how to provide safe parent/child visits. Prior to scheduling the first face-to-face visit, arrange for a conference call with the parents, child (if age and developmentally appropriate) and resource providers for the children to create a plan including the following:

1. Consider the physical and emotional safety of all participating children, the parents, the child's resource provider and other children in the home, the parents' living arrangement, and the community's welfare.
2. If you are aware of an adult connected to a case that is a high-risk individual (consult CDC guidelines) and there are concerns about their safety and health regarding visits, please engage them in conversations with the team to create safe, balanced visitation arrangements.
3. Strive to create a plan that conforms to social distancing and optimally protects the health and safety of all parties
4. Consider who is critical to the parent child visit in order to reduce unnecessary exposure to other parties. Now is generally not the time to physically introduce new people to the child and families
5. Locations for face-to face-visits should be clean, safe, and chosen to minimize exposure to others.
 - a. Outdoor locations
 - i. State and local authorities will decide whether parks and other recreational facilities will open. Check with the park in advance to be sure you know which areas or services are open, such as bathroom facilities and bring what you need with you.
 - ii. Stay at least six (6) feet away from other people not in your group ("social distancing") and take other steps to prevent COVID-19. This might make some open areas, trails, and paths better to use than others. Do not go into a crowded area.
 - iii. Do not use playground equipment as it can be challenging to keep surfaces clean and disinfected. This is a recommendation from the CDC.
 - b. Indoor locations
 - i. Must be disinfected before and after visits.
 - ii. Must allow for social distancing of six (6) feet between FACS staff and parent(s) and avoid crowded locations.
 - c. FACS visit rooms
 - i. In order to best control exposure to the virus, the use of FACS visit rooms may be the best option for face-to-face visits.
 - ii. FACS visit rooms must be disinfected before and after each visit.
 - iii. Toys and items that cannot be easily cleaned and disinfected must be removed, this includes stuffed animals, soft sided toys, books and throw pillows.

- iv. Regional offices will consider activities that will support quality visitation while preventing the spread of the virus.
6. Children should continue to be transported to visits by FACS staff or resource providers. The team should consider how transportation was completed prior to the COVID-19 outbreak and if that could continue.
 - a. FACS staff and children must wash hands or use hand sanitizing gel prior to entering the car.
 - b. FACS staff and children must wear face coverings while in a car together.
 - c. FACS staff must clean and disinfect the car before and after each
 - i. Wipe down all surfaces with an ammonia based disinfectant available from the regional facilities team.
 - ii. If individuals are allergic to ammonia, an acid-based Pine Sol is also available.
 - iii. Do not use a Sodium Hypochlorite (bleach) based product on the fabric in cars because it will degrade and discolor the fabric.
7. Provide information to each participant about the steps that will be taken by FACS staff, parents, children, and resource providers prior to the face-to-face visits occurring and address any additional concerns of the participants. Recognize that there is anxiety and dissention amongst our community. Discuss with team members the importance of supporting face-to-face visits for children.
8. Team members will discuss the current state of the Governor's four phases (<https://rebound.idaho.gov/>). Ongoing face-to-face visits are dependent upon Idaho's continued safe management of the pandemic. Any changes to the guidance for completing in person parent-child visits will be provided by Central Office.

Guidelines for Each Participant Attending the Face-to-Face Visit

FACS Staff

1. FACS staff will contact the parent and the child's resource provider to screen for exposure to COVID-19 two (2) hours prior to the scheduled face-to-face visit. FACS staff participating in or supporting the visit will also screen themselves.
 - a. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms or combinations of symptoms may have COVID-19:
 - i. Fever or chills
 - ii. Cough
 - iii. Shortness of breath or difficulty breathing
 - iv. Fatigue
 - v. Muscle or body aches
 - vi. Headache
 - vii. New loss of taste or smell
 - viii. Sore throat
 - ix. Congestion or runny nose
 - x. Nausea or vomiting
 - xi. Diarrhea

If the parent, caregiver, or child meet the CDC criteria and may have COVID-19, the scheduled face-to-face visit must be rescheduled to a video visit.

2. All FACS staff conducting or supporting visits must wear a face mask when cleaning visit rooms and interacting with children, parents, relatives, and resource parents.
3. Upon receiving a text message from parent(s) waiting in the car, verify that there are no changes to the symptom's checklist.
 - a. If parents are visiting a medically fragile or immune-compromised child, a temperature check must be conducted. If a parent or child registers a fever higher than 100.4 degrees, the visit must be rescheduled to a virtual visit.
 - i. When conducting a temperature check the staff member must wear a face mask as the thermometer must be 2-6 inches from the individual's forehead.
 - b. All visits that are rescheduled to a virtual visit due to a parent, child or relative having a fever or one or more of the above symptoms must be clearly documented in the ESPI under Family Visitations. If the visit is canceled due to a fever, the thermometer reading must be included in the documentation.
4. Due to complexities of each regional office, follow regional guidelines on who will escort the parent and child(ren) to the visit room. The FACS staff escorting parents and children will assure that no bags or extra items are brought into the building other than what is needed for the visit.
5. FACS staff, resource parents who assist with transportation, and parents must maintain social distancing.
6. FACS will provide diapers and wipes for infants and toddlers to be used during visits scheduled at the DHW regional office. For visits held at other locations, the team must decide if the parent or resource provider will provide those items.
7. FACS will provide disposable cups or water during visits.
8. FACS will provide small snacks for children.

Parents

1. Must arrive 15 minutes prior to the scheduled visit and wait in their car.
2. Will text the visit supervisor to let them know they have arrived. For parents of medically fragile children, a temperature check will be completed by FACS staff if recommended by the child's medical provider and as thermometers are available.
3. Leave personal items that will not be needed in the car. This includes jackets, purses, bags, and backpacks.
4. Will be escorted to the visit room by FACS staff.
5. Follow CDC guidelines for handwashing or the use of hand sanitizing gel upon arrival and prior to leaving the visit.
6. Must wear a face mask at all times while inside the building, unless they need to be removed to address children's fears. If they do not have a mask, FACS will provide one for them.
7. Parents of medically fragile or immune compromised children will be provided with a clear face shield that must be worn at all times during the visit. Parents who are required to wear a shield during their visit must still wear a facemask when walking through the lobby or hallway to the visit room where they will be provided with the face shield.
8. Avoid touching of faces or any non-sanitized surfaces.
9. May not bring food or drinks to visits.

Resource Parents

1. Provide transportation for children to visits whenever safely possible and based on resource parent availability.
2. When transporting children, do not enter the building; text the visit supervisor and wait in the car. FACS staff will escort the children inside the building.
3. Engage with parents at a safe social distance of six (6) feet. This is an opportunity to share information, updates and build a relationship.
4. Ensure that children are fed and well-hydrated prior to the visit to prevent the need for bringing snacks into the visitation room.
5. For infants who are bottle fed, send a bottle and sufficient formula for the time the child will be with FACS staff and parents.

Child(ren)

1. Will need to be escorted by FACS staff when inside the building.
2. Follow CDC guidelines for washing hands or use hand sanitizer upon arrival at the visit and prior to leaving.
3. Must wear a face mask. Note that cloth or disposable masks should not be worn by children under the age of 2, or by an individual who is unable to remove their mask on their own.
4. May only bring one (1) comfort item or toy that can be easily washed.
5. For infants and children in diapers, the department will have diapers and wipes available. For bottle fed infants, the resource provider should send a bottle and sufficient formula for the time the child will be with FACS staff or parents.

Disinfecting Visit Rooms

1. FACS must remove toys and items that cannot be easily cleaned from visitation rooms. This includes but is not limited to stuffed animals, dolls, soft side toys, and books.
2. Toys that can be easily cleaned should be rotated after each visit to allow additional time to spray with disinfectant and left to air dry before the next use.
3. All visit rooms must be disinfected before and after each visit.
 - a. Regional Facilities teams will provide an approved disinfectant to be used after each visit.
 - b. Time permitting, the spray should be left to dry, but at a minimum all hard surfaces and highly touched surfaces should be wiped down.
 - c. Regional Facilities teams are providing additional cleaning during evening hours to decrease the spread of the virus.

Safe Use of Disposable or Cloth Face Masks

For any type of mask, 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 masks. Both the CDC and World Health Organization (WHO) provide the following guidance:

1. Place the mask carefully, ensuring it covers the mouth and nose, and tie it securely to minimize any gaps between the face and the mask.
2. Avoid touching the mask while wearing it.
3. Remove the mask using the appropriate technique: do not touch the front of the

- mask but untie it from behind.
4. After removal or whenever a used mask is inadvertently touched, clean hands with sanitizing hand gel or wash hands following CDC guidelines.
 5. Replace masks as soon as they become damp with a new clean, dry mask
 6. Do not re-use single use masks; discard single-use masks after each use and dispose of them immediately upon removal.
 7. Not all facemasks can be re-used.
 - a. Facemasks that fasten to the provider via ties may not be able to be undone without tearing and should be considered only for extended use, rather than re-use.
 - b. Facemasks with elastic ear hooks may be more suitable for re-use.
 8. Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container.
 9. Masks provided to parents by the department will be stored for the next visit. The parent must remove the mask as described above and place the mask in the bag provided by the agency and sealed shut. Parents will immediately use hand sanitizer as recommended above.

Gloves

The use of gloves is not required but gloves are available from the department for those staff and clients who prefer their use. Follow CDC guidelines for removing gloves to avoid contamination:

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands, or use an alcohol-based hand sanitizer.
- 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 immediately after removing masks and gloves.

Disinfecting State Vehicles

All state vehicles should be disinfected prior to and after each use. Regional Facility Teams will provide spray bottles of approved disinfectant for cleaning of cars.

- Wipe down all hard, non-porous surfaces (hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles) with an ammonia based disinfectant available from the regional facilities team.
- If individuals are allergic to ammonia, an acid-based Pine Sol is also available.
- Do not use a Sodium Hypochlorite (bleach) based product on the fabric in cars because it will degrade and discolor the fabric.
- When time allows spray disinfectant and allow to air dry.

If a car is used for transporting anyone who begins to show the CDC identified symptoms of COVID-19 immediately notify the Regional Facility Team. The car will be taken out of service for seven (7) days and decontaminated using the process provided by the CDC.

Parent/Child Visitation Documentation

1. Parent/Child visits completed face-to-face are completed in ESPI.
 - a. Click on New Case Visitation to add a visitation record in the Case Visitation section of the Links tab.
 - b. Enter information in all required fields.
 - c. Click on the Save & Close button.

2. Parent/child visits completed through video conferencing or telephone
Documentation of parent/child visits is completed in ESPI. To document a visit which occurred through video, choose “video” in the dropdown field in ESPI under method. If it occurred through phone, chose “phone” under method option. In the visit narrative, clearly state the reason why face-to-face visitation was not possible and why video or phone was the most appropriate alternative.

Video example: “Consistent with an Idaho state emergency declaration, COVID-19 precautions were utilized for parent/child visitation through video based on current directives. The visit was completed via video conferencing due to the following circumstances...which was approved by supervisor name.” You must also include this was staffed and approved by supervisor include supervisor name.

Phone example: “Consistent with an Idaho state emergency declaration, COVID-19 precautions were utilized for client contact. Phone contact was utilized rather than video conferencing because equipment was not available. The visit was completed via telephone due to the following circumstances...which was approved by supervisor name.” You must also include this was staffed and approved by supervisor include supervisor name.”

Monthly Caseworker Visits

Beginning July 22, 2020, the assigned social worker may see children in foster care virtually every other month. All virtual visits must be through a virtual platform such as Face Time, Zoom, WebEx or other similar video conferencing. Per the Social Worker Contact Standard, this visit must occur in the resource family home at minimum once every 60 days. Children who have in person parent/child visits at the department may be seen before or after a visit for the other monthly contact to assess for safety, permanency, and well-being.

1. Alternate Contact Schedule

The assigned social worker and supervisor must develop an alternate contact schedule that includes the assigned worker seeing the child in foster care, face to face, at minimum every other month.

2. Alternate Contact Schedule Exceptions

There are some exceptions where an alternate schedule cannot be approved. Thus,

requiring the child to be seen face to face every 30 days. This will include but not be limited to:

- a. Children who are placed on an extended home visit
- b. Children who have a significant mental or behavioral health issue that requires additional assessment of the child and care provider's needs. This includes any child who has experienced suicidal ideation or attempt during that last six months.
- c. Children whose placement is experiencing instability and requires additional support from the Department.
- d. The resource parent or child has expressed a need for face to face visits with the social worker to provide additional support in meeting the child's needs.
- e. The child has recently been placed with the resource parent following placement in a residential treatment facility, hospital, or other higher level of care.
- f. There have been reports concerning licensing standards or fit of the child's placement since the last face to face visit.

3. Co-Assignment

To decrease the exposure of staff, resource parents, and children, social workers or supervisors may be co-assigned to cases where there are children in the same resource family home, residential care facility or are placed in different homes/facility in the same outlying area that requires additional travel time. Social workers or supervisors who are co-assigned may complete the face-to-face visits for all children placed in the home or facility. The following support must be provided to the child and care provider:

- a. Each child's assigned worker will participate in a virtual or telephone visit with the child and during the month's when the co-assigned worker is seeing the child face-to-face. This is in order to provide a continuity of relationships between the child and the assigned worker.
- b. The co-assigned worker will meet with the resource family to assess for needs of all children in the home as well as the needs of the resource family.
- c. The assigned social worker will follow up with the resource parent by phone regarding any needs identified during this home visit to assure that services or support are provided

4. Documentation

- a. Monthly Caseworker Contacts Completed Face-to-Face Documentation of social worker contacts is completed in ESPI. Refer to the process document, [Monthly Progress Narrative](#) to enter a summary of the child and resource provider visit. Please also reference practice standard, as needed.
- b. Monthly Caseworker Contacts Documentation if Video Conferencing is utilized Documentation of social worker contacts is completed in ESPI. To document a contact which occurred through video, choose "video" on the dropdown method field. If the contact was by phone, choose "telephone" on the dropdown method field in ESPI. The child seen in place of residence box can be checked for video contacts done in the foster home, thus allowing the monthly caseworker visits that occurs by means of video conferencing as "in

the child's residence" for meeting this requirement. However, you cannot indicate the contact took place "in the child's residence" if the contact was done by telephone. In the contact narrative, clearly state if video or phone was used. The narrative must include the reason why face-to-face contact was not possible and why video or phone was the most appropriate alternative.

- i. Video example: "Consistent with an Idaho state emergency declaration, COVID-19 precautions were utilized for client contact through video based on current directives." You must also include "This month's contact was conducted through video through an approved alternate contact schedule by supervisor name."
- ii. The use of phone should not be used except in exceptional situations. Phone example: "Consistent with an Idaho state emergency declaration, COVID-19 precautions were utilized for client contact. Phone contact was utilized rather than in person contact or video conferencing because equipment was not available." You must also include "This month's contact was conducted through telephone and was staffed and approved by supervisor include supervisor name." The narrative must include the reason why video conferencing was not possible and why phone was the most appropriate alternative.
- c. Co-assignment in ESPI will be documented on the timeline under the case and include the start date of the co-assignment and the end date. The end date for all co-assigned cases during COVID-19 will be the end of the Governor's Emergency Order.
 - i. The worker completing the face-to-face visit will enter the contact note for all children they assessed during this visit.

5. Face to Face Protocols

When completing monthly home visits in resource family homes, the following precautions must be taken:

- a. Call prior to the visit to ask the screening questions as provided in the 20.01 COVID-19 Policy Memo to determine if there has been exposure to COVID-19.
- b. If someone in the resource family home does not meet the criteria as outlined by the CDC but has one of the 11 possible criteria, the social worker should wear a department provided N-95 mask.
- c. Prior to using a state vehicle, the social worker should disinfect the inside of the car, and again upon returning the car to the motor pool.
- d. Upon arrival at the resource family home, the social worker must put on a face mask and utilize sanitizing hand gel. The type of face mask will be determined by the screening conducted prior to the home visit as identified in item 2.
- e. The social worker should not bring any extra items into the home other than those that are required to complete the visit.
- f. If documents must be signed, do not share pens.
- g. The social worker should not touch any surfaces in the home. Allow the resource provider or child to open and close doors or use a tissue or paper towel as a barrier. Avoid placing belongings on tables, counters, floors or

- touching surfaces.
- h. After the social worker has observed that the resource family home and child's sleeping area continue to meet requirements, weather permitting, the child and social worker should complete the visit outside to limit exposure for all participants of the visit.
 - i. The social worker's visit with the resource provider is recommended to be outside but only if visual supervision can be maintained of the children in the home.
 - j. At all times, the social worker should maintain a safe social distance of six (6) feet.
 - k. At the end of the visit remove the face mask as described above under Safe Use of Disposable or Cloth Face Masks.
 - l. Utilize sanitizing hand gel prior to entering the vehicle.
 - m. Clean the state vehicle as described above under Disinfecting State Vehicle.
 - n. Utilize hand sanitizing gel after cleaning the vehicle.

Items you should be cleaning and sanitizing regularly include smart phone, laptop, pen, name badge, keys, and any additional supplies.

Tips for Social Worker/Child Contact via Video

Purpose: to assess for the child's safety, permanency, and well-being.

- Schedule the contact to occur during a time of day with the child can focus on the video call.
- When appropriate based on the child's age and development, ask for the child to be alone in the room during at least a portion of the video call.
- When appropriate based on the child's age and development, ensure the child has direct contact information for the social worker.
- Ensure you can clearly observe the child.
- When possible, ask the child to show you where they sleep.
- Ask the child about the following:
 - Does the child feel safe where they are living?
 - Does the child have any worries, fears, or concerns?
 - How has the child been feeling physically?
 - The child's thoughts and feelings about progress made towards case plan and permanency goals. For example:
 - How are parent/child visits going?
 - What changes has the child noticed in the parent/child relationship?
 - Are things better or worse? How so?
 - What does the child want to see happen?
 - The child's participation in any services being received.
 - What types of things has the child been doing while not in school?
 - If the child is separated from siblings, how often is the child visiting or having contact with their siblings? How is that going?
- Contact with infants, non-verbal, and very young children:
 - Contact will need to occur with the inclusion of a caregiver.
 - During the video chat, observe the child's interactions with the caregiver.

- Assessment will occur primarily through caregiver contact.

Tips for Social Worker/Caregiver Contact via Video

Purpose: to assess for the child's safety, permanency, and well-being as well as the needs of the child's current caregiver (i.e. resource parent, parent).

- Complete at least a portion of the contact with the caregiver alone.
- Ask the caregiver about the following:
 - Any needs they have related to their ability to care for the child.
 - Discussion of the child's needs.
 - Progress on any services the child is receiving.

Tips for Social Worker/Parent Contact via Video

Purpose: to assess for the child's safety, permanency, and well-being and promote achievement of case goal.

- Update the parent on the child's well-being.
- Discuss parent progress on case plan goals including any services being received.
- Ask parent about any needs they have for themselves or their child.

Tips for Parent/Child Video Visits

The success of parent/child video visits will be impacted by the amount of pre-visit preparation and support provided to the child during the visit. If a resource parent will be involved with the visit, it is important to discuss visit preparation, participation needs and expectations, and provide any necessary supports in advance.

- Using video chat means a child has to remain somewhat still at times and focus on the screen. Choose a time of day for the visit when the child will be more likely to be able to focus on the visit.
- Provide materials for the child to show their parent during the visit such as artwork or a special toy.
- When possible, use a phone, tablet, or laptop so the child and/or parent can move around to show different views and activities.
- Prepare the child for the visit by encouraging them to identify something they want to talk about or show their parent before the call **AND** something they want to ask them.
- Young children pick up communication cues from sight, sound, smell, and touch. Video only involves sight and sound. To assist them in communication, the person assisting the young child during the visit can repeat questions raised by the parent or point out things on the screen the child can identify such as clothing the parent is wearing or an object in the background.

Activities for the parent/child:

- Sing a song together.
- Read a book.
- Play a musical instrument.
- Have a snack or meal "together."

- Play a game of charades.
- Color “together” and show each other the finished art.

Tips for Parents of Infants and Young Children

- Practice looking at the camera – it can be hard not to look at the images on the screen.
- Engage very young children by playing “peek a boo” – turning the camera away from you and then back to your face.
- Use the same greeting each time and in the same tone of voice as when you greet them in person. This will help your infant or toddler recognize you.
- Use a lot of gestures.
- Be close to the camera, but not so close the child can’t see your hands.
- Don’t be afraid to move – don’t be a talking head.