



# Clearinghouse on Supervised Visitation Phone Conference Agenda



June 17, 2020

12PM/11CT

## Discussion

1. Welcome and Announcements – Everyone is invited!
2. Check the listings on the website to ensure your program information is up to date and correct for the quarterly report. If you need to add or change anything email Lyndi Bradley at [lbradley2@fsu.edu](mailto:lbradley2@fsu.edu)
3. **NEW REQUIREMENT** for A&V Report: “Do you have a child support case with the State of FL Child Support Services?”
4. Questions from Directors
5. Advice from the Clearinghouse for Resuming In-Person Visits
6. Training on Diversity-Informed Tenets for Work with Infants, Children, and Families
7. Considerations for Continuing & Reopening Programs during COVID-19 from the Judicial Council of California



# New Supervised Visitation Database Question!

Please note that a new **mandatory** question has been added to Florida's Supervised Visitation Database. This question:

## Do you have a child support case with the Florida Child Support Program?

is being included to help determine how many supervised visitation clients also have Florida Child Support Program agreements. Please choose either YES / NO / Don't Know to answer the question. It is not mandatory that clients answer YES, only that they do answer the question.

The new question will appear on the Client Information page for a Visitor and Custodian as seen in the picture below.

### Client Update for Case '2004-1-JonesMarion'

[<< Back to Clients Listing](#)   [<< Back to Cases Listing](#)

Client Type:

Last Name:  First Name:  MI:

Date of Birth (YYYY-MM-DD):

SSN Last 4:

Gender:

#### Race/ethnicity of this Client

(Check all that apply)

- American Indian or Alaska Native
- Black/African American
- White
- Hispanic
- Other Races - If you are A and V funded, you can not choose this category.
- Asian
- Pacific Islander
- Two or More Races

#### Relationship to Child(ren)

If relationship is different for different children, please indicate separately for each child.

Last	MI	Date of Birth	Relationship to Child	
Jones	Jason	M	2000-03-02	Mother (Biological or adoptive)

Do you have a child support case with the Florida Child Support Program?  Yes  No  Don't know

Client lives  Out of state  In state (indicate county and city)

County of Residence:

City of Residence:

Annual income - all sources (to be recorded separately for each custodian & visitor)

If you have any questions regarding the new variable, please contact Kelly O'Rourke, Database Manager at [kes2523@my.fsu.edu](mailto:kes2523@my.fsu.edu)

We received a few questions regarding the expectations for completing the new data and wanted to share the below updates to assist with implementing this new requirement.

- SAV programs do not need to re-submit quarterly reports to DCF for the Oct – Dec 2019 service period.
- Guidance received from the federal program about the new requirement was that the existing child support data element for the SAV grant has changed from “optional” to “mandatory.” A simple yes or no to the child support question is all they are asking for at this time.
- SAV programs will need to be sure that any cases with services from Oct 1, 2019 through September 30, 2020 have the new question answered in the database for Visitors and Custodians.
- For all existing cases, during the reporting year it is acceptable for programs to make changes in the database about the child support question even though the case was accepted earlier. This may include updating older or even closed cases in the database.
- The goal is to have a complete report by September 30, 2020 to indicate whether or not there is child support involvement in every case entered that year.
- FSU is working on revising the database report and expects to have it reconfigured for the next reporting cycle (January – March 2020). Once they have the new report configured, the report will show red errors where this question is missing which should help the SAV programs identify cases that need to be updated, if any.
- SAV programs may want to consider adding the child support question to their intake form to obtain the information.
- FSU staff are available to the SAV programs for any questions and/or technical assistance with the new data reporting. In addition, the FSU Clearinghouse reviewed this topic on their last statewide monthly conference call for SAV programs and plan to include this topic again on their call next month. FSU contacts are Kelly O’Rourke at [kes2523@my.fsu.edu](mailto:kes2523@my.fsu.edu) or (850) 222-3845 and Karen Oehme at [koehme@fsu.edu](mailto:koehme@fsu.edu) or (850) 644-6303.

Thank you for your assistance with this new requirement.

# Advice from the Clearinghouse on Supervised Visitation



## Questions From Directors

**Question:** *We worked hard to have virtual visits, and now we have to think about transitioning back to in-person visits. Do you have any advice for us?*

**Answer:** Yes. We want you to think through and minimize the health risks to your staff and your clients. The first list of considerations is below, and we will talk about transitioning in the June 17 webinar! Please mark your calendar!

### Considerations for Resuming In-Person Supervised Visits

Each Supervised Visitation Program must make its own policies. While virtual visits are a useful alternative for family visitation during a pandemic or emergency, in-person visits are still key to meaningful interaction and family bonding. As in-person visits resume, consider the following in order to ensure the safety and well-being of clients. The Clearinghouse has begun this list, and will be adding to it throughout the month of June. In partnership with our local health department, new policies have been developed addressing hand sanitizing, health screenings, temperature taking, face masks and social distancing.



### **Please consider:**

- Providing PPE (Personal Protective Equipment) for all staff and as needed for clients. Should you have gloves as well as masks?
- How will you fund PPE?
- Remember that staff must replace their masks to ensure that the masks are clean. How will staff be reminded to wash their hands?
- Will clients be required to wear masks? Adult and children both? Be sure to have a policy that is clearly and frequently stated. Remind parents the day before the visit, and put a sign on the front door. This is in addition to having the requirement in your policies, in your court order, and in your orientation checklist.
- Email parents all of your new rules.
- Will you have entrance requirements such as temperatures and a questionnaire or check list asking about possible symptoms and illness. Suggest a virtual visit if requirements not met. (Use a touch-free thermometer)
- Consider keeping virtual visits or highly sanitized or restricted visits for those in high risk professions such as health care.
- Be aware of caregivers or foster parents with health risks as well - the child might return to them with infectious viral particles.
- Consider allowing only one family in at a time, eliminate the waiting room, have parents who arrive early wait in their car.
- Have custodian remain in car and allow staff to come to car to get children to minimize the number of people entering the building.



- Do not allow extra visitors for the time being.
- Entrance area sanitation such as cleaning the seats, door handles, knobs, etc. frequently.
- Have more cleaning supplies/gloves on hand and establish a cleaning schedule.
- Sign in area sanitation such as clean and sanitized pens – one pot for clean, one for used pens that need to be re-sanitized.
- Make hand sanitizer available in all areas.
- Require hand washing immediately upon entry.
- Consider Plexiglass partitions in appropriate areas to safely distance people – but only if someone is in charge of cleaning it periodically.
- Who will clean bathrooms after each visit? Be sure that surfaces throughout the program are wiped down with sanitizer.
- Sanitation of toys.
  - o Clean after every visit
  - o Do not use stuffed animals – they can't be cleaned
  - o Consider reducing the number of toys available so you can keep up with cleaning them
  - o Do not put away any used toys to know which were used and need to be sanitized
  - o Compiling different toy boxes to be rotated in while the other is being cleaned (to minimize wait time between visits)



- o Only allow toys with few pieces
- o Have clients bring their own toys for now
- o Use a sanitizing mist to spray over all the toys for a quick clean
- Start in-person visits with clients most in need of touch/human interaction such as babies and small children, or cases ending soon, or parents about to move or be deployed, etc.
- If any client will not be required to use masks, consider allowing monitoring via camera from another room to keep staff safe.
- Start slowly so your staff get used to the sanitizing routine. Don't have too many visits in one day – allow time to clean after each visit.
- Change the flow of traffic in your office so that people do not run into each other.
- Have signs out front of the building to instruct parents on what to do.
- Utilize outside areas more.
- Close the kitchens and staff lounge areas.
- Do ZOOM visits with medically compromised clients and all ZOOM parent education classes for now.

*Thanks everyone, I appreciated reading about your efforts to keep all safe.*



**Question:** *I have a new program, and I want to make it a hybrid In-Person and Virtual Visitation Program. Can you please share with me the times when I could offer virtual visits?*

**Answer:** Yes. Please keep in mind that child development experts agree that in-person, parent-child contact is the best method of developing a nurturing, positive relationship. But the world is very complex, and sometimes those contacts simply can't be provided. Below is a chart of situations that may warrant virtual visits.

## **Meeting Family Needs: When Virtual Visits Might be a Good Option**

While in-person visits are preferred for family bonding and meaningful interaction, we've discovered that virtual visits can be a helpful alternative in many situations. In addition, virtual visits can be used as a starting point in certain cases and in combination with in-person visits to suit each case's needs.





Examples include:

- Visits with parents who are not able to be present
  - o Deployed parents
  - o Jailed parents/ parents on house arrests
  - o Out of town or state parents
- When transportation is an issue.
- Bad weather or when travel to the center is not advised.
- Can lessen no-shows and cancellations.
- Can be less stressful in cases with physical or sexual abuse.
- Visits during off hours, times when the program is closed.
- Visits when safety or personal hygiene are an issue.
- When a parent or child is sick or a COVID19 danger.
- When children are reluctant to visit in person or are afraid of parent.
- Can bring a larger number of children together from different places for a visit at once.



- Can allow for distant relatives such as grandparents, aunts, uncles and cousins to connect extended families to the child (Be sure this is allowed by the court).
- Can fit in more visits in the allotted time than in-person.
- Morning visits possible which may suit younger children (more awake than in the afternoon or evening.)
- Eliminates need for cleaning, disinfection, other operational issues.
- Allows for families to share personal items and demonstrations not possible at the center, such as playing an instrument, etc.
- Families may feel more comfortable when the monitor is invisible (muted audio and video) than with in-the-room monitoring.
- Travel time to and from centers is eliminated.

# DIVERSITY-INFORMED TENETS FOR WORK WITH INFANTS, CHILDREN AND FAMILIES

Irving Harris Foundation Professional Development Network Tenets Working Group



## THE TENETS

DIVERSITY-INFORMED TENETS FOR WORK  
WITH INFANTS, CHILDREN & FAMILIES

### CENTRAL PRINCIPLE FOR DIVERSITY-INFORMED PRACTICE

#### 1. Self-Awareness Leads to Better Services for Families:

Working with infants, children, and families requires all individuals, organizations, and systems of care to reflect on our own culture, values and beliefs, and on the impact that racism, classism, sexism, able-ism, homophobia, xenophobia, and other systems of oppression have had on our lives in order to provide diversity-informed, culturally attuned services.

### STANCE TOWARD INFANTS, CHILDREN, AND FAMILIES FOR DIVERSITY-INFORMED PRACTICE

**2. Champion Children's Rights Globally:** Infants and children are citizens of the world. The global community is responsible for supporting parents/caregivers, families, and local communities in welcoming, protecting, and nurturing them.

**3. Work to Acknowledge Privilege and Combat Discrimination:** Discriminatory policies and practices that harm adults harm the infants and children in their care. Privilege constitutes injustice. Diversity-informed practitioners acknowledge privilege where we hold it, and use it strategically and responsibly. We combat racism, classism, sexism, able-ism, homophobia, xenophobia, and other systems of oppression within ourselves, our practices, and our fields.

**4. Recognize and Respect Non-Dominant Bodies of Knowledge:** Diversity-informed practice recognizes non-dominant ways of knowing, bodies of knowledge, sources of strength, and routes to healing within all families and communities.

**5. Honor Diverse Family Structures:** Families decide who is included and how they are structured; no particular family constellation or organization is inherently optimal compared to any other. Diversity-informed practice recognizes and strives to counter the historical bias toward idealizing (and conversely blaming) biological mothers while overlooking the critical child-rearing contributions of other parents and caregivers including second mothers, fathers, kin and felt family, adoptive parents, foster parents, and early care and educational providers.

### PRINCIPLES FOR DIVERSITY-INFORMED RESOURCE ALLOCATION

**6. Understand That Language Can Hurt or Heal:** Diversity-informed practice recognizes the power of language to divide or connect, denigrate or celebrate, hurt or heal. We strive to use language (including body language, imagery, and other modes of nonverbal communication) in ways that most inclusively support all children and their families, caregivers, and communities.

**7. Support Families in Their Preferred Language:** Families are best supported in facilitating infants' and children's development and mental health when services are available in their native languages.

**8. Allocate Resources to Systems Change:** Diversity and inclusion must be proactively considered when doing any work with or on behalf of infants, children, and families. Resource allocation includes time, money, additional/alternative practices, and other supports and accommodations, otherwise systems of oppression may be inadvertently reproduced. Individuals, organizations, and systems of care need ongoing opportunities for reflection in order to identify implicit bias, remove barriers, and work to dismantle the root causes of disparity and inequity.

**9. Make Space and Open Pathways:** Infant, child, and family-serving workforces are most dynamic and effective when historically and currently marginalized individuals and groups have equitable access to a wide range of roles, disciplines, and modes of practice and influence.

### ADVOCACY TOWARDS DIVERSITY, INCLUSION, AND EQUITY IN INSTITUTIONS

**10. Advance Policy That Supports All Families:** Diversity-informed practitioners consider the impact of policy and legislation on all people and advance a just and equitable policy agenda for and with families.

#### TENETS INITIATIVE IRVING HARRIS FOUNDATION

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Diversity is used in the most inclusive sense possible, signaling race and ethnicity, as well as other identity markers, and referring to groups and individuals on both the "up and down side of power" along all axes.

Diversity-informed practice is a dynamic system of beliefs and values that strives for the highest levels of diversity, inclusion and equity. Diversity-informed practice recognizes the historic and contemporary systems of oppression that shape interactions between individuals, organizations and systems of care. Diversity-informed practice seeks the highest possible standard of equity, inclusivity and justice in all spheres of practice: teaching and training, research and writing, public policy and advocacy and direct service.

# PRINCIPIOS INFORMADOS EN LA DIVERSIDAD PARA TRABAJAR CON BEBÉS, NIÑOS, NIÑAS Y FAMILIAS



**THE TENETS**

DIVERSITY-INFORMED TENETS FOR WORK  
WITH INFANTS, CHILDREN & FAMILIES

Grupo de Trabajo sobre Principios Informados en la Diversidad de la Red de Desarrollo Profesional de la Fundación Irving Harris

## PRINCIPIO CENTRAL PARA LA PRÁCTICA INFORMADA EN LA DIVERSIDAD

### 1. La Constante Toma de Consciencia Sobre Sí Mismo (a), a Través de un Proceso Reflexivo, Conduce a Mejores Servicios para las Familias:

Trabajar con bebés, niños(as) y familias requiere que todas las personas, organizaciones y sistemas de atención reflexionemos sobre nuestra cultura, valores y creencias, y sobre el impacto que el racismo, clasismo, sexismo, capacitismo (discriminación hacia la discapacidad), homofobia, xenofobia y otros sistemas de opresión han tenido en nuestras vidas, de manera que proporcionemos servicios informados en la diversidad y en sintonía con la cultura de aquellos a quienes servimos.

## POSTURA HACIA LOS BEBÉS, NIÑOS(AS) Y SUS FAMILIAS PARA UNA PRÁCTICA INFORMADA EN LA DIVERSIDAD

**2. Defender los Derechos de los Niños(as) Globalmente:** Los bebés y niños(as) son ciudadanos del mundo. Es responsabilidad de la comunidad global el apoyar a los padres/adultos responsables/cuidadores, a las familias y a las comunidades para que puedan acoger, proteger y cuidar de los niños(as).

**3. Trabajar para Reconocer el Privilegio y Luchar Contra la Discriminación:** Las políticas y prácticas discriminatorias que les hacen daño a los adultos, también dañan a los bebés y niño(as) bajo su cuidado. El privilegio constituye en sí una injusticia. La práctica informada en la diversidad significa reconocer nuestra posición de privilegio, en todos ámbitos donde nos otorga ventaja, y usarla de manera estratégica y responsable. También significa luchar contra el racismo, clasismo, sexismo, capacitismo (discriminación hacia la discapacidad), homofobia, xenofobia y otros sistemas de opresión presentes en nosotros mismos, nuestras prácticas y nuestro campo profesional.

**4. Reconocer y Respetar los Campos No Dominantes de Conocimiento:** Las prácticas informadas en la diversidad reconocen formas no dominantes del saber, áreas de conocimiento, fuentes de fortaleza, y métodos de sanación/curación dentro de familias y comunidades diversas.

**5. Honrar las Estructuras Familiares Diversas:** Las familias definen quiénes las componen y cómo están estructuradas; ninguna constelación u organización familiar en particular, es inherentemente óptima en comparación a otras. La práctica informada en la diversidad reconoce y se esfuerza por contrarrestar la tendencia histórica a idealizar (o en contraste, a culpabilizar) a las madres biológicas como figuras de cuidado primario. Esta tendencia pasa por alto las contribuciones cruciales en la crianza de los niños(as) de otros padres y cuidadores primarios; incluyendo otras figuras maternas, al padre, los padres sustitutos y adoptivos, parientes y familia

extendida, los educadores de niños(as) pequeños(as), además de otras personas.

## PRINCIPIOS PARA LA ASIGNACIÓN DE RECURSOS INFORMADOS POR LA DIVERSIDAD

**6. Comprender que el Lenguaje puede Ser Usado para Herir o Curar/Sanar:** La práctica informada en la diversidad reconoce el poder del lenguaje para dividir o unir, denigrar o celebrar, herir o curar/sanar. Nos esforzamos por utilizar el lenguaje (incluido el lenguaje corporal, imágenes y otros modos de comunicación no verbal) de la manera más inclusiva posible para todos los bebés, niños(as), sus familias, adultos responsables/cuidadores y comunidades.

**7. Apoyar a las Familias en Su Idioma de Preferencia:** Las familias son ayudadas de manera más efectiva a fomentar el desarrollo y salud mental de los bebés y niños(as), cuando los servicios destinados para ellos(as) están disponibles en sus idiomas de preferencia.

**8. Destinar Recursos para Cambiar los Sistemas:** La diversidad e inclusión deben ser consideradas de manera proactiva al realizar cualquier trabajo con o para bebés, niños(as) y familias. Esta consideración requiere que se destinen recursos tales como: tiempo, dinero, prácticas adicionales/alternativas u otros apoyos y adaptaciones adicionales para este propósito; de lo contrario los sistemas de opresión pueden reproducirse inadvertidamente. Las personas, las organizaciones y los sistemas de atención necesitan oportunidades continuas de reflexión para identificar sesgos implícitos, eliminar barreras y trabajar para dismantelar las raíces de la disparidad y la inequidad.

**9. Hacer Espacio y Abrir Caminos:** La fuerza laboral al servicio de bebés niños(as) y familias, será más dinámica y eficaz cuando las personas y grupos histórica y actualmente marginados tengan acceso equitativo a una amplia gama de roles, disciplinas y modos de práctica e influencia.

## ABOGAR POR LA DIVERSIDAD, INCLUSIÓN Y EQUIDAD EN LAS INSTITUCIONES

**10. Promover una Política que Apoye a Todas las Familias:** Los(as) profesionales, que están informados en la diversidad, consideran el impacto de las políticas y la legislación en todas las personas y fomentan una agenda justa y equitativa para y con las familias.

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El término diversidad se utiliza en el sentido más inclusivo posible, señalando raza y etnia, así como otros atributos de identidad y refiriéndose a grupos e individuos que se encuentran tanto en esferas altas como bajas de poder, en todos los ámbitos.

La práctica informada en la diversidad es un sistema dinámico de creencias y valores, que se esfuerza por alcanzar los más altos estándares de diversidad, inclusión y equidad. La práctica basada en la diversidad reconoce los sistemas de opresión históricos y contemporáneos que dan forma a las interacciones entre personas, organizaciones y sistemas de cuidado. La práctica informada en la diversidad busca los niveles más elevados posibles de equidad, inclusión y justicia en todos los ámbitos de la práctica: enseñanza y capacitación, investigación y escritura, política pública y abogacía, y servicio directo.

Esta es una versión actualizada de Los Principios de Salud Mental Infantil Informados en la Diversidad publicados en el 2012.

**Contact the Clearinghouse**

**850-644-1715**

