

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.