

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

ACTION TRANSMITTAL 2020.07

DATE: June 15, 2020
TO: All DCFS and POS Permanency Staff and Supervisors
FROM: Marc D. Smith, Acting Director
EFFECTIVE: Immediately

I. PURPOSE

This Action Transmittal provides guidance to DCFS and Purchase of Service (POS) permanency caseworkers as they support in-person parent-child visitation, sibling visitation, and caseworker in-person contact with youth in care, while promoting the safety and well-being of children, parents, and staff during the COVID-19 public health crisis. This Action Transmittal rescinds and supersedes previously issued memos and the guidance set forth in Action Transmittal 2020.02, issued on March 25, 2020.

The Department’s guidance has been and will continue to be impacted by the status of the COVID-19 public health crisis in Illinois. Accordingly, the Department may amend its guidance in the future and will continue to assess the safety of in-person contacts on a case-by-case basis.

The memo issued on May 21, 2020: Court-Ordered In-Person Visitation remains in effect until further notice. The memo is available on the DCFS website at https://www2.illinois.gov/dcfs/brighterfutures/healthy/Documents/COVID-19_Court-Ordered_Visitation_Memo_052120.pdf.

II. INSTRUCTIONS

Parent-Child and Sibling Visitation During the COVID-19 Public Health Crisis

In Action Transmittal 2020.02 issued on March 25, 2020, due to health concerns associated with the COVID-19 public health crisis, DCFS suspended supervised parent-child and sibling visitation. Since that time, DCFS and POS caseworkers have worked diligently to facilitate virtual or phone contact between youth in care and their parents and siblings.

With safety and medical considerations in mind, this Action Transmittal provides guidelines to assist direct DCFS and POS staff in preparing for supervised parent-child visitation in specialized, traditional, and home of relative foster care when the permanency goal for a child is return home.



An Action Transmittal regarding parent and caseworker contact with youth in congregate care settings is forthcoming. Caseworkers shall continue to make virtual and phone contact with youth in residential and group home settings.

Parent-Child Visitation

Stage 1: Preparing for In-Person Parent-Child Supervised Visitation (Beginning June 15, 2020)

This stage entails preparing the caseworker, the parent, the child, and the substitute caregiver for resuming in-person parent-child visitation. Preparation helps ensure that children, families, and caregivers are aware of the importance of safe visitation practices. Preparation includes, but is not limited to: beginning a list of discussion points for the Child and Family Team, preferred location and availability of space, availability of a supervisor or monitor of the visit, duration of the visitation, verbal and written education regarding the Pre-Screening Questions and process, physical distancing recommendations during visitation and requirement of all participants over the age of two who do not have any known medical conditions or disabilities or developmental concerns to wear face coverings, and review of any existing court orders for visitation.

Refer to the below preparation documents:

- [The Caseworker's Role in Preparing Children and Youth for in-person Visits](#)
- [The Caseworker's Role in Preparing Substitute Caregivers for in-person Visits](#)
- [The Caseworker's Role in Preparing Parents for in-person Visits](#)
- [Caseworker Pre-visit Checklist](#)

Stage 2: The Child and Family Team Meetings (CFTM) (Beginning on or before June 22, 2020)

As noted in Procedure 315.105, Child and Family Team Meetings are an integral process in the planning and delivery of services and set the tone for casework with the family. These meetings provide an opportunity for families and service providers to communicate and work together effectively in the best interest of the child. The CFTM provides a forum that encourages honest and open discussions about case planning. As such, when circumstances permit, before resuming parent-child supervised visitation in Stage 3, the caseworker should schedule and conduct a CFTM using video or phone conferencing. The CFTM should include the foster parent, parent(s), supportive individuals, the supervisor of visits, and the child(ren) (as age appropriate). Casework supervisors are encouraged to attend. At the CFTM, the caseworker shall discuss the importance of the Pre-Screening Questions and visitation guidelines. The Child and Family Team will develop alternative plans as needed to ensure visitation occurs. The caseworker should inform all in attendance that refusal to wear face coverings during visitation may result in a canceled visit. The caseworker should also inform CFTM attendees that if a parent, child, or other attendee is

determined to be ill immediately prior to or during a visit, the visit will immediately be canceled and rescheduled.

During the CFTM, the caseworker shall discuss the logistics for arranging visitation. This may include: the place, time, and duration of the visit, as well as transportation and an agreed upon supervisor of the visit. CFTMs should be held as frequently as necessary to address any ongoing concerns or changes in frequency or duration of visitation. If during the CFTM, all participants agree that it is in the best interests of the child(ren) to increase frequency of visits and health risks can be minimized, a more frequent visitation schedule may be established. Relative caregivers, foster parents or other third parties who supervise visits may opt to facilitate more than the minimum.

For children with complex medical issues, the initial CFTM should include a healthcare provider or medical professional who is knowledgeable about the child's medical condition and can provide a medical opinion as to the safety of the child participating in parent-child visitation. Following the medical opinion, if the team decides it is in the best interest of the child to hold in-person parent-child visitation, the caseworker shall consult with their supervisor, document the critical decision to hold visitation if determined appropriate, and draft a new visiting plan that outlines guidance or instructions for implementation on an individual case basis and for each child's unique circumstance. The Child and Family Team shall also consider medical issues of family members and caregivers when making decisions about in-person visitation.

Stage 3: Resuming In-Person Parent-Child Supervised Visitation and Sibling Visitation (Beginning June 26, 2020)

This stage will entail facilitating every other week parent-child visitation (Beginning June 26, 2020). **If during the CFTM, all participants agree that it is in the best interests of the child(ren) to increase frequency of visits and health risks can be minimized, a more frequent visitation schedule may be established. See safety precautions below.**

This stage will entail facilitating Sibling Visitation (Beginning July 15, 2020)

Sibling visitation shall be facilitated in accordance with DCFS Rule 301.220, which requires no fewer than two sibling visits per month. Relative caregivers, foster parents, or other third parties who supervise visits may opt to facilitate additional visits. Sibling visits shall occur at least twice per month unless a court has ordered that sibling visits occur less frequently or not at all or one sibling may physically, mentally, or emotionally harm another during the visit and supervision would be inadequate to eliminate the risk of harm as determined by prior observation or documentation of sibling interaction as recorded in the child's case file. See safety precautions below.

Safety Precautions During Visitation

Caseworkers should ensure that children, parents, and substitute caregivers are asked Pre-Screening Questions regarding every member of the household immediately prior to the visit. If any participant in the visit answers “yes” to one or both these questions, in-person supervised visitation or sibling visitation may not proceed. The caseworker should engage in conversations with all involved to determine if a visit can take place with accommodations. The caseworker shall document the outcome of the Pre-Screening Questions and subsequent conversations in a SACWIS case note, as well as the rationale for why an in-person supervised visit or sibling visitation did or did not occur.

Pre-Screening Questions are as follows:

1. Within the last 14 days, have you or anyone in your home experienced symptoms: loss of sense of taste or smell, headache, sore throat, body aches, coughing, shortness of breath, nausea/vomiting, diarrhea or a fever of 100.4° F or higher?
2. Within the last 14 days, have you or anyone in your home been in close contact (closer than 6 feet for at least 15 minutes without use of a face covering) with someone confirmed to have COVID-19?

The caseworker shall ensure that **face coverings are always worn, covering the nose and mouth**, by all participants in the visit. Every participant with a temperature of 100.4 degrees in Fahrenheit or higher will be excluded from the visit. If a parent does not have access to a face covering and comes to the visit without a face covering, the caseworker or supervisor of the visit will provide a face covering. Exceptions to the use of face coverings are as follows: face coverings should not be used for children under age two, by those who cannot remove the covering without assistance or by those for whom the face covering obstructs breathing. Note: there may be other circumstances that make it difficult for a person to wear a face covering (e.g., sensory challenges, hyperactive children, children with intellectual disabilities). In these circumstances, the caseworker shall make accommodations as needed to ensure a visit takes place.

Additional guidance on face coverings can be found here:

- [IDPH: Guidance on Use of Masks by the General Public](http://www.dph.illinois.gov/covid19/community-guidance/mask-use)
(<http://www.dph.illinois.gov/covid19/community-guidance/mask-use>)
- [IDPH: Face Covering Dos and Don'ts](http://www.dph.illinois.gov/sites/default/files/COVID19/COVID-19_FaceCovering.pdf)
(http://www.dph.illinois.gov/sites/default/files/COVID19/COVID-19_FaceCovering.pdf)
- [CDC: Use of Cloth Face Coverings to Help Slow the Spread of COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/downloads/DIY-cloth-face-covering-instructions.pdf)
(<https://www.cdc.gov/coronavirus/2019-ncov/downloads/DIY-cloth-face-covering-instructions.pdf>)

Individuals attending visits shall **follow social distancing requirements** during the visit. Social distancing requirements include maintaining at least six-foot social distance from other individuals, washing hands with soap and water for at least twenty (20) seconds as frequently as possible or using hand sanitizer, covering coughs or sneezes (into the sleeve or elbow, not hands), regularly cleaning high-touch surfaces, and not shaking hands. **As children may be unable to maintain social distancing, all participants shall always wear face coverings.**

The environment in which visitation is held should be cleaned before and after the visit. Specific guidance is available at [CDC: Cleaning and Disinfecting \(https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html). It is recommended that visitation be conducted outdoors, if possible.

Visitation shall not take place in a setting with more than ten (10) people in the immediate vicinity.

Children should wash their hands before and after an in-person visit. Hand sanitizer will be available and should be used frequently during visitation. Staff and/or parent/caregiver will encourage and assist children with hand hygiene if needed.

Stage 4: Resuming Weekly Supervised Parent-Child Visitation (Beginning July 15, 2020)

The resumption of weekly supervised parent-child visitation will be determined on a regional basis, according to CDC and IDPH data. Safety precautions outlined above continue to apply.

Before Stage 4 implementation, the caseworker should schedule and conduct a CFTM using video or phone conferencing. The CFTM should include the foster parent, parent, supportive individuals, the supervisor of visits, and the child(ren) (as age appropriate). The Child and Family Team should discuss: the health of all participants in visitation, a review of any critical incident reports from prior visitation, plans to increase frequency or duration of visitation, and drafting of a new visitation plan.

Transportation To and From Visitation

The caseworker should ask the transporter (case aide or contractual transportation providers) the Pre-Screening Questions and document the response in a SACWIS case note. If the transporter has a temperature of 100.4 degrees in Fahrenheit or higher, transporter will not be able to provide transportation services. In the event the transporter is the assigned caseworker, the caseworker shall conduct a self-screening and document the response in a SACWIS case note. The transporter shall wash their hands before and after visits, and wear a face covering throughout transportation and the visit. If possible, the transporter should maintain physical distance inside the vehicle.

Transporters, or parents who are transporting their children, shall clean/disinfect their car, including car seats, before and after transport and without occupants in the vehicle, using manufacturer's guidelines for CDC approved products. Products should not be used in the presence of children to minimize possible respiratory reactions. The complete list of safe and approved products are available at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>. Specific guidance is also available at [CDC: Cleaning and Disinfection for Non-emergency Transport Vehicles \(https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html).

Agencies are responsible for ensuring that case aides and contractual transportation providers have the necessary Personal Protective Equipment (PPE) and disinfectants to facilitate in-person visitation in accordance with the above.

Caseworker In-Person Contact with Youth in Care (Beginning July 1, 2020)

In-person caseworker contact with youth in specialized foster care shall take place once every 30 days, with two additional video or phone contacts every 30 days from July 1, 2020 to July 31, 2020. Beginning August 1, 2020, in-person caseworker contact with youth in specialized foster care shall take place twice every 30 days, with one additional video or phone contact every 30 days.

Beginning July 1, 2020, in-person caseworker contact with youth in traditional foster care and licensed relative foster care shall resume at one in-person contact with the youth every 30 days.

Beginning July 1, 2020, in-person caseworker contact with youth in unlicensed home of relative foster care shall resume at two in-person contacts every 30 days.

For all placement types, caseworkers are encouraged to make phone or video contacts during weeks in-person contacts do not take place.

Until further notice, caseworkers shall continue to **not** make in-person contact with medically fragile or complex youth and must continue with phone or video contacts.

In-person caseworker contact with youth should continue to be outside the presence of the caregiver. When having contact with a child in care, the caseworker should inquire about the safety and well-being of the child by asking the following assessment questions:

- How is the child feeling (both physically and emotionally)?
- How are things going in their home?
- How is the child spending their day? What activities or routine do they have?

- Is the child doing any schoolwork from home? (If not, this must be addressed, either equip for e-learning or arrange for paper materials for the child from their school.) Caseworkers should ask about summer plans when school has adjourned for the summer.
- What did the child have to eat (ask the child to identify both meals and snacks)?
- When did the child last talk to their birth family members (as appropriate)?
- How are things going with other children in the home (if applicable)?
- For video contacts, observations of the child’s behavior and indicators of their status are important. Pay attention to what is heard and observed in the background, as this can provide important information about the status of the home.

Prior to in-person contact with the child in the substitute setting, the caseworker shall ask the foster parent the Pre-Screening Questions related to all household members as well as the child prior to arriving at the home.

Pre-Screening Questions are as follows:

1. Within the last 14 days, have you or anyone in your home experienced symptoms: loss of sense of taste or smell, headache, sore throat, body aches, coughing, shortness of breath, nausea/vomiting, diarrhea or a fever of 100.4° F or higher?
2. Within the last 14 days, have you or anyone in your home been in close contact (closer than 6 feet for at least 15 minutes without use of a face covering) with someone confirmed to have COVID-19?

If the answer to any of the questions is “yes,” video or phone visitation may be arranged. If caseworker in-person contact is rescheduled for another day, a note shall be entered in SACWIS to reflect this decision.

Caseworkers should follow the [In-Person Visit Guide for Intact and Placement/Permanency Services](https://www2.illinois.gov/dcf/brighterfutures/healthy/Documents/COVID-19_In_Person_Visit_Guide_Intact_Placement.pdf) (https://www2.illinois.gov/dcf/brighterfutures/healthy/Documents/COVID-19_In_Person_Visit_Guide_Intact_Placement.pdf) when conducting home visits. The caseworker shall ensure that **face coverings are always worn, covering the nose and mouth**, by the youth when the worker is making in-person contact with the youth in the foster home setting. In-person settings can also include outdoor spaces at the home, including a backyard or patio area. Face coverings should not be used for children under age two, or by those who cannot remove the covering without assistance or who are having difficulty breathing.

The caseworker shall **follow social distancing requirements** during in-person contact with the foster parent and youth in care. Social distancing requirements include maintaining at least a six-foot social distance from other individuals, washing hands with soap and water for at least twenty (20) seconds as frequently as possible or using hand sanitizer before and after the visit, covering coughs or sneezes (into the sleeve or elbow, not hands), avoiding touching unnecessary surfaces, and not shaking hands.

Future Planning

The Department will continually assess the status of the COVID-19 public health crisis in Illinois. Determinations will be made regarding resumption of regular practices, including parent-child visitation and in-person caseworker contacts, utilizing review of Department data related to youth in care affected by COVID-19, as well as CDC, IDPH, and regional health data.

III. QUESTIONS

Permanency staff should direct any questions regarding this Action Transmittal through their chain of command and Private Agency staff should direct questions regarding this Action Transmittal through their APT Monitor. All other staff can direct their questions by e-mail through Outlook at DCFS.Policy. Non-Outlook users may send questions to DCFS.Policy@illinois.gov.

IV. FILING INSTRUCTIONS

Staff should **remove** Action Transmittal 2020.02 that was issued on March 25, 2020 in the following sections of Procedures 301 and 315; and replace it with this updated Action Transmittal:

- 301.55 h), Visitation (temporary placement in Emergency Shelter Care)
- 301.255, Sibling Visitation With and Among Adult Siblings
- Appendix A, Family Visit Planning – Critical Decisions and Documentation Protocol
- Appendix B, Family Visit Planning Guide to Practice
- Appendix C, Sibling Placement and Visitation; Special Considerations
- 315.65, Prepare and File Initial Visitation and Contact Plan
- 315.150, The Visitation and Contact Plan