

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

ACTION TRANSMITTAL 2020.10

Comprehensive Visitation Guidance for Congregate Care Settings

DATE: August 13, 2020

TO: DCFS Licensing and Monitoring Staff and Supervisors, DCFS and POS Casework Staff and Supervisors and Residential, Group Home, ILO/TLP Administrators and Staff

FROM: Marc D. Smith, Acting Director

EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Action Transmittal is to provide comprehensive guidance to DCFS/POS casework staff and supervisors, DCFS Licensed Child Care Institutions, Group Homes, and ILO/TLP Providers around various types of visitation within congregate care facilities. Congregate care facilities should incorporate these supplemental safety expectations, specifically related to the COVID-19 pandemic, for planning and overseeing on-site and off-site visitation for youth. This guidance is meant to assist providers in the development of Agency On-Site Visitation Planning, understanding Infection Control Requirements, completing COVID-19 Risk Assessments, arranging Visitation for Medically Complex Youth, and safely facilitating Off-Campus Visitation which includes, overnight visitation and transitional visitation. *These guidelines are intended to supplement but not replace provisions in the Residential Transition and Discharge Protocol.*

The Department will continually assess 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 and of in-person contacts on a case-by-case basis. Determinations will be made regarding resumption of regular practices utilizing review of Department data related to youth in care affected by COVID-19, as well as CDC, IDPH, and regional health data.

II. PRIMARY USERS

Primary users include DCFS Licensing and Monitoring Staff and Supervisors, DCFS and POS Casework Staff and Supervisors and Residential, Group Home, ILO/TLP Administrators and Staff

III. BACKGROUND AND SUMMARY

On March 9, 2020, Governor Pritzker declared all counties in Illinois a disaster area in response to the COVID-19 pandemic. On March 10, 2020, DCFS requested that Congregate Care Facilities submit a COVID-19 Agency Action Plan which outlined



strategies to prevent the introduction of COVID-19 into congregate care facilities, manage known or potential exposures to COVID-19 and assist in preventing widespread transmission.

Special considerations have been and continue to be taken to prevent disease transmission of COVID-19 when youth or residents, visitors and staff move into and within programs, foster homes and congregate care settings. On May 29, 2020, the Governor announced Restore Illinois, a comprehensive phased plan to safely reopen the State's economy, get people back to work, and ease social restrictions. There are five phases to the recovery plan of RESTORE ILLINOIS as outlined by the Governor's Office and Illinois Department of Public Health (IDPH), Illinois Emergency Management Agency (IEMA) and other state agencies equipped and experienced at responding to infectious disease outbreaks. For details of this plan, visit: <https://coronavirus.illinois.gov/s/restore-illinois-introduction>.

On June 26, 2020, Illinois entered Phase IV of its plan, which impacts long-term care and congregate care facilities. A committee comprised of DCFS, IDPH, Illinois Collaboration on Youth (ICOY), and several congregate care providers met to develop guidance related to how the systems which serve this population should respond to the state entering Phase IV. This guidance is intended to be updated frequently as Illinois moves throughout the phases of Restore Illinois, in order to provide the most up-to-date guidance for the congregate care facilities. Should this Guidance be amended it will be emailed to all congregate care providers and posted on the DCFS COVID-19 Website: <https://www2.illinois.gov/dcfs/brighterfutures/healthy/Pages/Coronavirus.aspx>

Current and Former Guidance around Parent/Child and Sibling Visitation

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 and directed providers to coordinate and facilitate virtual or phone contact between youth in care and their parents and siblings.

On June 15, 2020, DCFS released [Action Transmittal 2020.07](#) with updated guidance for DCFS and Purchase of Service (POS) permanency caseworkers related to in-person parent-child visitation, sibling visitation, and caseworker in-person contact with youth in care. This document should be consulted when the child and family team (CFT) are developing visitation plans for youth in congregate care settings.

IV. INSTRUCTIONS

A. On-Site Visitation Plans for Youth in Congregate Care Settings

In accordance with the Illinois Department of Public Health (IDPH) issuance of the [Outdoor Visitation Guidance for Long-Term Care Facilities \(LTCF\)](#), DCFS Licensed Congregate Care Facilities may start in-person youth visits with family and other important people in their lives. This includes the youth's permanency worker/supervisor, residential monitor and other DCFS staff. IDPH classifies a licensed, congregate care facility as an LTCF. DCFS Licensed Congregate Care Facilities must develop an Agency On-Site Visitation Plan, which should include an agency-wide protocol on both indoor and outdoor visitation. The plan should

follow the Center for Disease Control (CDC) and IDPH Health and Safety recommendations, specific to COVID-19, while allowing for flexibility based on individual agency needs and resources as well as youth and family treatment needs.

On-Site Visitation Plans must be submitted to the agency's Residential Monitor for review and approval. Once approved, parent-child visitation, caseworker visits, sibling visits, and visitation with all other visiting resources, can resume. This plan should be shared with internal and external DCFS stakeholders (i.e., caseworker/supervisors, DCFS licensing, GAL/CASA) and should be adjusted as Public Health guidance continues to evolve. Scheduling of visits and required pre-screening procedures should begin within the next 30 days of the effective date of this Action Transmittal. ***Please note that this planning should occur during Child and Family Team Meetings (CFTM) or other appropriate planning meetings.***

Agency On-Site Visitation Plans are required to include the following components:

1. Specific protocols and requirements for visitors, youth and staff
 - Universal masking
 - Environmental cleaning procedures
 - Hand hygiene and availability of hand sanitizer
 - Staff training requirements and social distancing expectations
2. Scheduling of visits and screening procedures
 - Youth, families and DCFS/POS staff should be notified that visitation is offered, the hours of visitation and how to schedule visitation during conversations with family or during a CFTM.
 - Youth and visitors should be informed of safety expectations during visits (i.e., use of PPE, social distancing) as part of the scheduling process and provided with educational materials as needed.
 - Screening procedures for visitors and youth should be detailed and may include screening at the time of scheduling as well as immediately prior to the visit.
 - At the time of the visit, check-in procedures should include required infection control procedures (i.e., hand washing and sanitation) be completed. Creation of screening/sanitation stations and identification of single points of entry are recommended.
3. The location of visitation spaces
 - Outside spaces for visitation that include comfortable accommodations (appropriate seating, shaded areas, etc.) and allow for social distancing are minimally required.
 - Agencies should consider providing "clean" spaces designated inside the facility for visitation that can be easily accessed by visitors and disinfected after each use. Agencies should post signage for what the "clean" space should be used for (i.e. doffing PPE, disposing of items used during the visit, etc.).
 - Signage to promote safe visitation should be posted.

4. Length and frequency of visits
5. The number of visitors and ages of visitors permitted at any one time
6. Supervision of visits
 - The plan should indicate staff who will be available to supervise, when applicable. When visits do not need to be directly supervised, the plan should indicate staff who will provide oversight and be available to aid youth and visitors.
 - The plan should indicate how private visits with legal caseworkers/supervisors and monitors will be completed.
7. Written protocols regarding food/meals during visits, if applicable
 - If food/meals are allowed, your plan should address the use of disposable utensils, which should be disposed of in the “clean” space afterwards.
 - Clearly identifying any prohibitions to food/meals such as not sharing small bites or bringing birthday cake and candles.
 - Stressing the use of universal masking while serving food and maintaining social distancing.
8. Planning for activities during visits
 - Clearly articulate what can and cannot be brought to the visit.
9. Conditions under which visits will be cancelled or postponed if someone displays or reports symptoms.
 - Indicate if visits will be conducted or limited if the program is experiencing a COVID-19 outbreak.
10. Procedures for sanitizing visitation spaces after each use
11. Expectations for follow-up reporting by visitors of COVID-19 symptoms or infection
 - Visitors should report COVID-19 symptoms that developed after the visit (including timeframe) to the agency.
 - The agency should follow its standard operating procedures to determine exposure and consult with nursing or the Medical Director, and the local Public Health Department.

For more information, please visit the following websites:

<https://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/long-term-care-guidance>.

B. Off-Site Visitation Guidance for Youth in Congregate Care Settings

Off-site visits will be allowed for youth who are able to have supervised, unsupervised, and overnight visitation as well as for those who require transitional visits to facilitate moving from residential and group home programs to home-based discharge living arrangements (i.e., home of parent, foster care, TLP) and congregate care discharge living arrangements (i.e., TLP, CILA, group home, residential program). Visitation guidelines may be adjusted in accordance to mitigation efforts in response to community-based and or specific facility transmission rates. A CFTM should be convened prior to any visitation to ensure expectations and rules are clear.

For any type of off-site visitation individualized planning with the youth's child and family team should occur prior to the visitation as directed in Action Transmittal 2020.07. Prior to any off-site visitation, youth and all visitation participants should be screened for symptoms and exposure one day before a scheduled face-to-face visit and on the day of the visit. If anyone reports symptoms or close contact during screening, the visit should be postponed. Screening questions include:

- Within the last 14 days, have you or anyone in your home (or congregate care program) 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?
- Within the last 14 days, have you or anyone in your home (or congregate care program) 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?

Frequent check-in meetings during visits (especially extended visitation) are required to regularly assess the health status of the youth and all visitation participants (e.g., household members, staff/youth in the congregate care program), compliance with safety rules, overall stability, challenges, etc.

In the event the youth or visitation participants report COVID-19 symptoms or exposure to a close contact during an extended visit, the youth's planning team should immediately be notified and a staffing should be completed to determine next steps (e.g., isolation or quarantine at the current location or the residential/group home, complete testing, implementation of additional safety rules). The planning team should debrief following visitation to determine if the visitation plan should be revised or updated.

Overnight Visitation

Overnight and extended visits to a home-based living arrangement will be permitted if household members being visited have agreed, in advance, to abide by the CDC safety measures as recommended by IDPH to reduce exposure to COVID-19. See "How to Protect Yourself & Others" at the end of this document for applicable CDC safety measures. Visits may be put on hold only if there are concerns about

possible COVID-19 exposure for the youth or their visiting resource. Additionally, household members shall acknowledge that they do not have known exposure to COVID-19 or symptoms of COVID-19 or have received a negative test result since their last known exposure.

Unsupervised visits will be limited to the home or future residence of the youth. The youth and family must practice the following safety measures:

1. The residential program staff will review COVID-19 safety guidelines with the visiting resource while the youth is at home.
2. Visiting resources should immediately report to the agency any COVID-19 symptoms that developed after the visit.
3. While on the visit, the youth and family should follow all applicable IDPH and CDC guidelines while participating in community activities or visiting indoor public places.
4. If a positive case is confirmed at the residential program or during the visit staff will hold a staffing within 24 hours to determine best approach to ensure safety and follow the guidance of the agency's medical director and/or nursing staff, IDPH and DCFS Chief Nurse.
5. If a youth tests positive, the youth's CFT shall convene a meeting to determine if the youth will quarantine at the visiting resource's home so as not to hinder the transition process. If the visiting resource is not in support of that option, all visits shall cease and the CFT shall re-evaluate the timeline for visitation or transition.
6. Return Expectations from Off-Campus Visits:
 - The youth will be expected to change clothes, wash hands, and get temperature checked before returning to their unit.
 - Youth will need to be under close observation and the agency must implement infection control measures such as social distancing, wearing a mask, astringent hand hygiene and environmental cleaning in addition to monitoring for symptoms.

Transitional Visitation

The youth's CFT, including representatives of the residential/group home program, are responsible for completing transition planning to adequately prepare the youth and caregiver for discharge and promoting safe visitation. If a CFT for the youth/family has not been established, the residential services team (including the youth, DCFS/POS caseworker/ supervisor, GAL/CASA, and other individuals supportive of the youth) should complete transition planning in collaboration with the caregiver (or congregate care provider staff). If the youth's case will be transferred upon discharge from the residential and group home program, the receiving legal caseworker and supervisor should also participate in planning.

1. The following issues should be addressed by the youth's team when completing planning for transitional visitation:
 - The number of visits and duration by type of visit
 - Risks to safe visitation and mitigation strategies
 - Agreed-upon safety rules
 - Transportation to, from and during visits when applicable.
 - Safety supplies (i.e., face coverings, hand sanitizer, disinfecting cleaning products) required by the youth and individuals in the home-based environment.
 - Check-in requirements during extended visitation (including who will check in, how frequently, and issues to discuss).
 - Additional supports provided during extended visitation by different team members.

2. The type, frequency and duration of visitation should be tailored to meet the needs of the youth and caregiver (or congregate care provider) while minimizing the risk of COVID-19 exposure.
 - Remote technology and short visits that include social distancing/face coverings/disinfection should initially be conducted to allow the youth and caregiver (or congregate care provider) to get to know each other and develop rapport.
 - The team should consider planning extended visitation to minimize the youth moving back and forth between the current residential /group home program and the discharge living arrangement. The timeframe for extended visits may range from 3 to 30 days. In some situations, the planning team may determine youth should be discharged to the discharge living arrangement at the end of the extended visitation period to minimize health risks.
 - All decision making for transitional visitation should be consistent with existing court mandates regarding visitation. When the level of supervision for visitation is at the discretion of the legal case worker, the team should conduct ongoing safety and risk assessment activities to ensure the level of supervision required during visits progresses through the stages (i.e., supervised, unsupervised, overnight, extended) as expeditiously as possible. The planning team should consider including unannounced virtual check-in meetings and supports provided by the team members in the visitation plan when moving to unsupervised, overnight or extended visitation.

3. The planning team should assess risks to safe visitation within the environment of both the residential/group home and targeted discharge living arrangement.
 - Risks within the youth's current residential/group environment include a COVID-19 outbreak within the last 28 days. The team should consider the number of youth and staff with positive test results, the timeframe since a youth or staff had a positive test result, and the infection control and transmission-based procedures implemented by the residential/group home program. When there is not a current outbreak,

additional risks to safe visitation include reports by youth or staff of close contacts with COVID-19 positive persons and youth or staff under quarantine.

- When the targeted discharge living arrangement is home-based, risks to safe visitation include whether a household member tested positive for COVID-19, recent close contact by a household member with someone who is COVID-19 positive, potential exposure risks of household members due to their activities and work within the community, and safety precautions observed by all household members. The team should also determine if older adults and/or people who have severe underlying medical conditions are sharing the home.
 - When the targeted discharge living arrangement is congregate care, risks to be assessed by the team are similar to risks within the youth's current residential or group home environment regarding a recent COVID-19 outbreak and the impact on youth and staff as well as exposure concerns.
 - Strategies to mitigate the identified risks should be incorporated into the visitation planning. Such strategies may include but are not limited to delaying in-person or overnight visits until there are no potential exposure concerns and developing safety rules to which all visit participants agree.
4. Written action plan tasks necessary to complete transitional visits should be communicated to all team members and visit participants. When the CFT leads visitation planning efforts, the DCFS/POS case worker is responsible for communicating action plan tasks. Otherwise, the residential or group home program is responsible for communicating the action plan tasks.

C. Visitation for Medically Complex Youth

Visitation for children with complex medical issues may occur after a CFTM is convened and should include a healthcare provider, medical professional or designee who is knowledgeable about the child's medical condition and can provide a medical opinion as to the safety of the child participating in the family visitation. If no healthcare provider or designee is available to participate in the CFTM after several planned attempts by the caseworker, then a CFS 531 can be completed for DCFS nursing to provide input. Following the medical opinion, if the team decides it is in the best interest of the child to hold **in-person** worker, parent, family and 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-by-case basis and for each child's unique circumstance. The CFT shall also consider medical issues of family members and caregivers when making decisions about in-person visitation.

Children with Medically Complex diagnosis include **but are not limited to:**

Chronic Lung Disease:

Receiving supplemental oxygen within the last 6 months

Tracheostomy

Ventilator or other respiratory support (e.g. BiPAP)

Cystic fibrosis
Restrictive lung disease
(Exclude asthma unless diagnosed with severe persistent asthma)

Neuromuscular Disease:

Non-ambulatory cerebral palsy
Muscular dystrophy or other neurodegenerative disorders
Dysphasia or aspiration (youth with G tube or GJ tube and unable to take regular oral feedings)

Cardiac Disease:

Congenital heart disease (unless corrected and no longer following with cardiology)
Cardiomyopathy or other acquired heart disease managed by a cardiologist
(Exclude otherwise healthy youth with "heart murmurs")

Immune Suppression:

Cancer or other condition treated with chemotherapy
HIV/AIDS
Immunosuppressive treatment (rheumatologic disorders, chronic systemic steroids)
Transplant recipients or those awaiting transplant
Kidney failure/dialysis

Other:

Youth with other chronic conditions deemed at increased risk of COVID-19 complication by their medical provider

D. DCFS/POS Staff, Vendors, GAL/CASA Visitation

Prior to any in-person visitation with youth in a DCFS Licensed Child Care Institutions, Group Homes and ILO/TLP contact must be made with the facility and visitation must be scheduled with the facility. The facility will be responsible for sharing their On-Site Visitation Plan and provide any educational information that accompanies this plan. The planning for on-site visits with youth should occur during CFTM or other appropriate planning meetings.

The following must be adhered to:

1. All staff must abide by each agency's On-Site Visitation Plan which will include, at a minimum, use of universal masking, social distancing, use of designated visit spaces, time length of visitation, bringing in of food or outside items, number of visitors allowed per youth/visit and change/cancellation procedures.
2. All visitors should supply their own personal face covering and face covering must be worn over mouth and nose during the duration of the visit in the facility and while with the youth. This is to include any visitation occurring in outside spaces. The facility should have masks available should visitors not have their own face covering.

3. All visitors must cooperate with any pre-screening and screening procedures and answer the universal questions consistent with the facilities' On-Site Visitation Plan. No visit should be scheduled if yes is answered to any pre-screening questions outlined in the earlier part of this document.
4. All visitors must cooperate with the agencies' check-in and check-out procedures as outlined in the agencies' On-Site Visitation Plan.
5. All visitors should practice hand hygiene prior to, during and after each visit by washing hands with soap and water for 20 seconds or using hand sanitizer. All visitors should refrain from touching their face during the scheduled visit.
6. No cross-visitation (visiting among the youth's peers within the facility) should occur during the scheduled visit. Visitation should be limited to the participants planned for in the original scheduled visit.
7. All visitors should be alert for symptoms. Watch for fever, cough, shortness of breath, loss of taste or smell or other symptoms of COVID-19. Visitors must report COVID-19 symptoms that developed after the visit (including timeframe) to the agency.

E. How to Protect Yourself & Others: Infection Control and Transmission-Based Precautions

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

Know how the virus spreads

- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- The best way to prevent illness is to avoid being exposed to this virus.
- The virus is thought to spread mainly from person-to-person.
 - Between people who are in close contact with one another (within about 6 feet).
 - Through respiratory droplets produced when an infected person coughs, sneezes or talks.
 - These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
 - Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

Wash your hands often

- Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- It's especially important to wash:
 - Before eating or preparing food
 - Before touching your face
 - After using the restroom
 - After leaving a public place
 - After blowing your nose, coughing, or sneezing
 - After handling your cloth face covering
 - After changing a diaper
 - After caring for someone sick
 - After touching animals or pets
- If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth with unwashed hands.

Avoid close contact

- Inside your home: Avoid close contact with people who are sick.
 - If possible, maintain 6 feet between the person who is sick and other household members.
- Outside your home: Put 6 feet of distance between yourself and people who don't live in your household.
 - Remember that some people without symptoms may be able to spread virus.
 - Stay at least 6 feet (about 2 arms' length) from other people.
 - Keeping distance from others is especially important for people who are at higher risk of getting very sick.

Cover your mouth and nose with a cloth face cover when around others

- You could spread COVID-19 to others even if you do not feel sick.
- The cloth face cover is meant to protect other people in case you are infected.
- Everyone should wear a cloth face cover in public settings and when around people who don't live in your household, especially when other social distancing measures are difficult to maintain.
- Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- Do NOT use a facemask meant for a healthcare worker. Currently, surgical masks and N95 respirators are critical supplies that should be reserved for healthcare workers and other first responders.
- Continue to keep about 6 feet between yourself and others. The cloth face cover is not a substitute for social distancing.

Cover coughs and sneezes

- Always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow and do not spit.
- Throw used tissues in the trash.
- Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

Clean and disinfect

- Clean AND disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- If surfaces are dirty, clean them. Use detergent or soap and water prior to disinfection.
- Then, use a household disinfectant. Most common EPA-registered household disinfectants will work.

Monitor your health daily

- Be alert for symptoms. Watch for fever, cough, shortness of breath, or other symptoms of COVID-19.
- Especially important if you are running essential errands, going into the office or workplace, and in settings where it may be difficult to keep a physical distance of 6 feet.
- Take your temperature if symptoms develop.
- Don't take your temperature within 30 minutes of exercising or after taking medications that could lower your temperature, like acetaminophen.
- Follow CDC guidance if symptoms develop.

VI. QUESTIONS

Staff, supervisors and managers may direct their questions through their chain of supervision. POS agencies may contact their APT monitors for additional guidance. 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.

VII. FILING INSTRUCTIONS

File this Action Transmittal immediately behind Procedures 301.