

## DHS SSA IN-PERSON VISITATION AGREEMENT

We know that these have been stressful and challenging times. We appreciate everything you are doing to stay connected and supportive of your child(ren). We are committed to working with you to resume in-person visits in a manner that takes into account the health and safety of all involved.

As of July 1, 2020, the Maryland Department of Human Services Social Services Administration (DHS/SSA) will begin to gradually resume in-person visitation. Parents participating in in-person visitation with children in DHS/SSA custody must review and discuss with the caseworker the visitation protocol prior to resuming in-person visits. This protocol is intended to ensure the safety of children, families, parents, caregivers, and staff. We recognize that communication is critical during this time. The information enclosed focuses on how to conduct in-person visitations during this time of COVID-19.

### I. General

All visit participants must be approved in advance by the local department. The local department will seek to minimize the risk of coronavirus transmission by limiting the number of participants to only the parent(s) and child(ren) whenever possible.

### II. Exceptions to In-Person Visitation

In-person visits will be rescheduled if

- a. A visit participant (including the child, parent, and staff supervising the visit) is experiencing signs of illness (as indicated by the Pre-Screening Health Questions, Attachment A) or had known exposure to COVID-19 within the past 14 days.
- b. The local department determines that in-person visit would increase the risk for vulnerable individuals who are either participating in the visit or are caring for children who are visiting.

Every effort will be made to mitigate the risk and allow for in-person visits. The caseworker will ensure that extra precautions can be exercised to conduct in-person visitation. If you or someone in your household is considered high-risk based on CDC categories (see **Vulnerable Individuals** definition, right) please notify your caseworker when they call to schedule the visit, so that the extra precautions can be exercised.

***Vulnerable individuals*** are defined as those who are older (age 65 or older) and individuals with serious underlying health conditions, including serious heart conditions, chronic lung disease, moderate to severe asthma, diabetes, severe obesity, chronic kidney disease requiring dialysis, liver disease, and those whose immune system is compromised.

In addition to the typical safety procedures, the extra precautions listed below will be implemented if someone in the home is identified as high-risk:

- i. Staff conducting visitation will ask the ill or high-risk household member to remain in a separate area of the home throughout the duration of the visit, if possible and the visit cannot be conducted outdoors.
- ii. Staff conducting visitation will refrain from touching any surfaces, whenever possible;



surfaces that must be touched will be disinfected.

- iii. After leaving each home, staff conducting visitation will wash their hands or use hand sanitizer and disinfect any equipment they had in the home with them.

## II. Face Covering

- a. The face coverings must be worn by all adult participants during the visit. If all adult participants are unable or unwilling to wear a face covering during the visit, then a video or telephone conferencing visit will be held instead.
- b. Face coverings will be provided for all children age two and older. They should be encouraged to wear them, but no visit will be cancelled due to a child's inability or unwillingness to wear their face covering.
- c. All visit participants are required to wear a face covering when traveling to and from the visit if there is anyone else in the vehicle who is not a member of their household (for instance, parents or children riding with contracted transportation staff, parents riding with a friend, etc.)
- d. All visit participants should follow CDC guidelines (*CDC DIY-cloth-face-covering-instructions*) regarding the use of face coverings, including:
  - i. Washing hands before putting the face covering on;
  - ii. Making sure both mouth and nose are covered;
  - iii. Hooking the loops around ears or tying the face covering snugly around the head;
  - iv. Refraining from touching the face covering or pulling it down during use;
  - v. Removing the face covering without touching eyes, nose, or mouth and immediately washing hands after removal; and
  - vi. Washing the face covering between uses and ensuring it is completely dry before using it again.

## V. Transportation

- a. No visit participant should be transported by anyone who is sick or self-isolating due to close contact with someone who has tested positive for COVID-19 or who suspects they may have COVID-19.
- b. All visit participants are required to wear a face covering while traveling in the vehicle.
- c. If the weather allows, the car windows should be opened slightly to allow for airflow.
- d. Parents will not be permitted to get their children out of the car or car seat or put them back into the car or car seat. Parents should practice social distancing and remain at least 6 feet from the child's transportation vehicle and its driver.
- e. It is recommended that frequently touched areas of the vehicle be wiped with disinfectant before the trip begins.

## IV. Pre-Screening

- a. Before each visit the staff supervising the visit will contact the parent to review the Pre-Screening Health Questions (Attachment A). If the parent answers yes to any of the pre-screening questions, the in-person visit will be postponed and telephone or video conference visits will be held until the risk of coronavirus transmission has resolved.



- b. Resource parents are expected to pre-screen the child(ren) before leaving for the visit. All other visit participants are expected to pre-screen themselves before leaving for the visit. (See *Pre-Screening Questions*, right)
- c. When answering these questions, a visit participant or resource parent should consider whether anyone in their or the child's household has experienced any of these signs or symptoms in the last 14 days. If so, the visit participant or child should not attend the visit in-person and the caseworker and/or supervisor should be notified immediately.
- d. If the answer to any of the prescreening questions is yes, then the person should not attend the visit in-person and the caseworker and/or supervisor should be notified immediately.

**Pre-Screening Questions:**

Have I (or has the child):

1. Been in close contact with anyone with COVID-19 in the last 14 days?
2. Experienced any of these symptoms in the last few days:
  - Fever or chills
  - Cough
  - Shortness of breath or difficulty breathing
  - Fatigue
  - Muscle or body aches
  - Headache
  - New loss of taste or smell
  - Sore throat
  - Congestion or runny nose
  - Nausea or vomiting
  - Diarrhea
3. Recently experienced a fever of 100.4 degrees Fahrenheit (38 degrees Celsius) or higher?

V. Visit Supervision

Staff supervising the visit are expected to immediately end the in-person visit if a visit participant begins exhibiting signs or symptoms of COVID-19. Please refer to the Pre-Screening information in Section IV a and b.

VI. Visit Procedures

- a. Parents are required to wear a face covering at all times during the visit. If a parent refuses to wear a face covering the visit will be cancelled or terminated as per the Visitation Agreement.
- b. Hand washing/Use of Hand Sanitizer
  - i. All visit participants (including the supervisor of the visit, parent, child, and any other visit participant) will be required to wash their hands with soap and water for at least 20 seconds or use hand sanitizer at the following points during the visit:
    1. At the beginning of the visit;
    2. After any visit to the bathroom (whether for themselves or to assist a child);
    3. After diapering;
    4. Before and after preparing food, snacks, or drinks;
    5. Before and after eating food, handling food, or feeding children;
    6. After playing outdoors;
    7. After blowing one's nose or helping a child blow their nose;
    8. After sneezing or coughing;
    9. After coming into contact with any bodily fluid; and
    10. After handling garbage or cleaning up.
  - ii. Staff supervising the visits will make every effort to have hand sanitizer available during the visit, but hand sanitizer should not be considered an



- alternative to hand washing.
- iii. Parents and staff supervising the visit should be encouraged to engage the children in frequent hand washing during the visit.
- c. Toys and activities
- i. Due to the need to minimize the spread of coronavirus and the difficulty of sanitizing fully between each visit, there will be no toys or activities available at the visit center.
  - ii. Toys should be brought by resource parents. All toys must be disinfected before use.
  - iii. No toys should be brought to visits if they cannot be cleaned, sanitized, or washed before and after the visit.
  - iv. Children's books and other paper-based materials are not considered to be a high risk for transmission. They may be brought to the visit and do not require cleaning or disinfecting before use.
  - v. Resource parents bringing toys to visits should immediately sanitize the toys upon returning home.
- d. Parents and staff supervising the visit should encourage children not to touch their own eyes, nose, or mouth or the eyes, nose, or mouth of others during the visit. This should be done in an age-appropriate manner that considers the developmental level of the child.
- e. Physical distancing
- i. Adult visit participants are expected to maintain appropriate physical distance (at least 6 feet at all times).
  - ii. We do not expect that the parent and child(ren) will practice physical distancing (e.g. hugging, holding hands) during a visitation, although you may agree to do so voluntarily if you think it would be safer. When possible, parents should engage in activities that minimize close physical proximity.
  - iii. Staff supervising the visit may need to get closer to visit participants depending on the level of supervision directed by the local department.
- f. Cleaning procedures
- Before each visit is held in a local department office or visitation center, staff will thoroughly clean and disinfect the space including, all furniture, bathrooms, door handles and handrails, etc.
- g. Special considerations
- i. Medically Fragile Children and Youth
    1. In addition to the outlined pre-screening procedure, objective temperature assessments are mandatory upon arrival and prior to child/youth contact. If visit participants have temperatures of 100.4 degrees Fahrenheit (38 degrees Celsius) or higher, those individuals will be instructed to leave and will be rescheduled to virtual visitation (telephone or video conferencing).
    2. Face coverings are mandatory for visitation. Visit participants unable or unwilling to wear face coverings will continue with virtual visitation.
  - ii. Infants and toddlers



In addition to the above conditions, a visit participant will wear an over-large, clean button-down long-sleeved shirt to wear over their clothing when holding and feeding the child; if participants cannot bring their own over-large shirts, the local department will work with them to obtain.

I have read the above Maryland DHS SSA Visitation Agreement and had the opportunity to ask questions regarding any portions of the agreement I am unsure about. I understand the requirements outlined in this agreement are considered important to ensuring my health and safety, as well as the health and safety of my child(ren), their caregivers, and any other visit participants.

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Visit Participant

Date

