ACTION TRANSMITTAL 2020.02 (Updated)

Parent – Child and Sibling Visitation

PROCEDURES 301 AND 315 SECTIONS PERTAINING TO PARENT-CHILD AND SIBLING VISITATION

DATE: March 25, 2020

TO: All DCFS and POS Permanency Staff and Supervisors and Adoption Staff and Coordinators

FROM: Marc D. Smith, Acting Director

EFFECTIVE: Immediately

I. PURPOSE

This updated Action Transmittal supersedes ALL other memos on COVID-19 and Parent-Child and Sibling visitation. This updated Action Transmittal will replace Action Transmittal 2020.02 that was issued on March 19, 2020.

The purpose of this Action Transmittal is to notify all DCFS and POS Purchase of Service Permanency Staff and Supervisors and Adoption Staff and Coordinators of actions being taken regarding Parent-Child and Sibling visitation in response to COVID-19.

II. PRIMARY USERS

DCFS and POS Permanency Staff and Supervisors and Adoption Staff and Coordinators.

III. INSTRUCTIONS

Addressing Logistical Problems During the COVID-19 Public Health Crisis

The citizens of Illinois, and our country, are currently experiencing an unprecedented public health crisis. Following recommendations from the Center for Disease Control and Illinois Department of Public Health, public and private schools are closed, and citizens are advised to stay in their homes and practice social distancing. As the Department and our private agency partners take the necessary steps to comply with these directives, it is crucial that we continue to provide important services to children and families.

Supervised Visitation

In light of the extreme circumstances related to COVID-19 and the need to ensure that the health of children is protected through social distancing, DCFS is suspending all agency supervised visitation that is in-person, between parents and children in foster care and all
sibling visitation. All DCFS and private agency staff as well as caregivers shall identify alternative ways to allow parent/child and sibling contact during this crisis. Technology such as videoconferencing, telephones, etc. will allow children to continue to have meaningful interaction with their families during this time. Caregivers should use the technology available in their homes for this purpose. (For example, all caregivers are required to have access to a telephone in their home.) Caregivers should work to ensure that the alternative means of contact provides an opportunity for meaningful interaction with parents and siblings given the current public health crisis.

Unsupervised Visitation

Existing unsupervised visitation may continue. When in-person unsupervised visitation is continuing, the following pre-screening tool shall be utilized to ensure that it is safe and appropriate to do so. If a parent is unable to participate in an in-person visitation because of sickness or health concerns, all DCFS and private agency staff shall identify alternative ways to allow parent/child and sibling contact during this crisis. Technology such as videoconferencing, telephones etc. will allow children to continue to have meaningful interaction with their families during this time. Caregivers should use the technology available in their homes for this purpose. (For example, all caregivers are required to have access to a telephone in their home.) Caregivers should work to ensure that the alternative means of contact provides an opportunity for meaningful interaction with parents and siblings given the current public health crisis.

Pre-screening tool (must ask all 3 questions):

1. Within the last 14 days have you traveled to an area with widespread coronavirus according to the CDC?
2. Within the last 14 days have you had close contact with a person with test-proven COVID-19?
3. Do you have fever, cough or trouble breathing?

If the answer is YES to any of these 3 questions:

- The unsupervised visits will be suspended until the youth/caregiver/family members are well and/or the 14-day quarantine has expired.
- The youth/caregiver/family members will be notified of the COVID-19 risk assessment results.
- The following isolation measures will be implemented.

Isolation measures include, but are not limited to:

- Persons who are ill but without travel or known COVID-19 exposure should stay home until symptom-free for 7 days after onset of symptoms and at least 72 hours without fever above 100.4°F (38°C). In group facilities, they should separate from other residents and have limited contact with staff.
• Persons with travel or contact exposure but without symptoms should follow the 14-day quarantine guideline; and
• Persons with symptoms and travel or contact exposure should contact their medical provider for guidance regarding medical evaluation and possible testing.

INSTRUCTIONS TO PERMANENCY WORKERS AND SUPERVISORS (AND, WHEN REQUIRED, INTACT WORKERS) DURING THIS PUBLIC HEALTH CRISIS

Effective immediately, Permanency Workers shall encourage all foster parents and relative caregivers to facilitate parent-child visitation via video and phone.

Within one week of the date of this Action Transmittal:

• DCFS and POS Permanency Workers must ask, and strongly encourage, caregivers to permit use of available technology in their homes for youth in care to stay in contact with their parents and/or siblings until this public health crisis is over. Permanency Workers should make every attempt to arrange this for a parent or caregiver who has limited access to video and phone capabilities. Possible methods of contact include phone calls, videoconferencing and phone apps which allow for video contact. For caregivers concerned with confidentiality, workers will review how to use *67 to block caller ID when making phone calls.

Contact with parents and siblings can provide at least one predictable element in a stressful situation, as well as reassure children that their parents and/or siblings are safe. Permanency Workers and caregivers must consider how they can ensure that youth in care continue to have regular and frequent contact with their parents and siblings; and are able to communicate with each other at any holidays or milestones (birthdays, graduations, etc.) during this time.

Note: Holidays should include any recognized national or State holidays as well as holidays recognized by the religion or culture of the family of origin.

• Permanency Workers shall establish a visitation and contact plan for each child on their assigned caseloads who are allowed parent-child and/or sibling visits. The visitation and contact plan shall be in effect for the duration of the public health. A copy of this Action Transmittal shall be attached to the visitation and contact plan.

• The visitation and contact plan shall address how parent-child and sibling visits and contacts shall occur using the technology available to the child’s caregiver. The Plan shall specify the frequency of visitation and contact that is being authorized, and:
  o identify the dates, times of day, and duration (recommended minimum: 30 minutes, but may extend to 1 or 2 hours) of each scheduled parent-child and/or sibling visit. As noted in Procedures 301 and 315, any time contact
and visitation can be increased, the Permanency Worker should ensure it is done.
- identify, by name, who is expected to participate at parent-child and/or sibling visits;
- state whether the visit will be supervised, and if so, by whom; and
- identify the modes of communication or contact that will be used for the visit.

IV. 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.

V. FILING INSTRUCTIONS

Staff should remove Action Transmittal 2020.02 that was issued on March 19, 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