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The Indiana Department of Child Services has undergone tremendous change over the past few months to continue to serve Hoosier families and children while preventing the spread of COVID-19. Now, we must do our part to be equally vigilant as the state takes steps to reopen.

As DCS works to follow [Governor Holcomb's Back on Track plan](#), we have updated agency guidance related to parenting time and staff visits with families and children under DCS care.

The coming days will bring a number of important changes, which are outlined below. Most notably, Governor Holcomb's plan allows for us to begin phasing in face-to-face contact with our children and their parents.

Parenting time is critical for developing and maintaining the parent/child relationship and is an important part of our efforts to strengthen families. In-person interaction between parents and their children in out-of-home care is essential to the well-being of both children and their parents and contributes to timely and positive permanency outcomes for children. Parents and their children need time together, and face-to-face family interactions should resume as possible following safety measures advised by the Indiana State Department of Health and the Centers for Disease Control and Prevention.

Starting June 1:

- Family case managers (FCMs) will resume monthly face-to-face visits with children within Indiana to assess for safety, well-being, permanency and case plan progress.
 - Note: This excludes face-to-face contacts with DCS youth in residential facilities.

Starting June 15:

- Face-to-face parenting time visits will be held at least once per week (unless otherwise ordered by a court to occur more or less frequently).
 - Additional visits will continue virtually.

Guidelines for Team Decision-Making

It is important for parents, children, resource providers and DCS staff to prepare for face-to-face visits while mitigating the spread of the virus. This is best accomplished by involving the child and family team during all stages of planning in alignment with the DCS Practice Model. Child and family teams should be creative in determining how to safely facilitate parent/child visits, taking into account location options, transportation, parties present, etc. Prior to scheduling the first face-to-face visit, arrange for a conference call with the parents, child (if age/developmentally appropriate) and resource providers for the children to create a plan.

1. Consider the physical and emotional safety of all participating children, parents, resource providers and other children in the home. Take into account how the parents' living arrangements could impact this.

2. If an adult connected to a case is at higher risk for severe illness from COVID-19 (consult [CDC guidelines](#)) and there are concerns about their safety and health regarding visits, engage them in conversations with the team to create safe, balanced visitation arrangements.
3. Create a plan that conforms to social distancing and optimally protects the health and safety of all parties. Share the [Indiana Back on Track plan](#) with all parties as a resource.
4. Consider who is critical to the parent/child visit in order to reduce unnecessary exposure to other parties. Now is generally not the time to physically introduce new people to the child and family.
5. Locations for face-to-face-visits should be clean, safe and minimize exposure to others.
 - a. Outdoor locations:
 - i. State and local authorities will determine when parks and other recreational facilities open. Check in advance which areas or services (including bathroom facilities) are open, and bring what you need with you.
 - ii. Stay at least 6 feet away from other people not in your group (“social distancing”) and take other steps to prevent COVID-19. This might make some open areas, trails and paths better to use than others. Do not go into a crowded area.
 - iii. Do not use playground equipment as it can be challenging to keep surfaces clean and disinfected.
 - b. Indoor locations:
 - i. Clean and disinfect before and after visits.
 - ii. Choose a location that permits social distancing of 6 feet between DCS staff and parent(s) and avoid crowded locations.
 - c. DCS local office visitation rooms
 - i. In order to best control exposure to the virus, the use of DCS visitation rooms may be the best option for face-to-face visits.
 - ii. Clean and disinfect visitation rooms before and after each visit.
 - iii. Remove toys and items that cannot be easily cleaned and disinfected (e.g., stuffed animals, soft toys, books and throw pillows).
 - iv. Consider activities that will create an environment for quality parenting time while preventing the spread of the virus.

Screening for COVID-19 Symptoms

1. Have you have been instructed to self-quarantine/isolate? If yes, why?
2. Have you had contact within the last 14 days with any person with symptoms of COVID-19 OR a confirmed COVID-19 diagnosis?
3. Do you have any symptoms of a respiratory infection (e.g., cough or shortness of breath)?
4. Do you have at least 2 of the following symptoms?
 - Fever
 - Repeated shaking with chills
 - Chills
 - Muscle pain
 - Headache
 - Sore throat
 - Loss of taste or smell (recent onset)

Note: Consult the CDC’s [symptom list](#) for the most recent updates.

Prohibit anyone with symptoms from participating. Identify anyone who is [high risk](#) and work with child and family team to determine the safest way to hold the visit. If anyone involved in the meetings meets CDC criteria for COVID-19, the scheduled parenting time or monthly contact must be rescheduled to a virtual visit.

Parenting Time

Strategies must be in place to minimize risk to children, parents, resource families, child welfare personnel and others in our homes and communities. Maintaining face-to-face family interactions must be pursued in an intentional manner to mitigate risks. This requires all parties involved to take additional precautions. Foster parents and relative/kinship caregivers are important in the coordination of parenting time.

Beginning June 15, in-person parenting time will resume with the following guidelines:

1. DCS staff and visitation personnel:

- a. Self-screen for COVID-19 symptoms using the questions above.
 - b. Wear a cloth or surgical mask.
 - c. Reinforce social distancing practices.
 - d. Ensure the necessary amount of diapers, wipes and formula are available for the duration of the visit.
2. Parents:
- a. Arrive 15 minutes before scheduled visit.
 - b. Wait for staff providing supervision to escort them to the visitation area.
 - c. Follow CDC guidelines for handwashing.
 - d. Wear a face mask unless it needs to be removed to address child's fears.
 - i. Parents are encouraged to provide their own masks.
 - e. May and should hug their children.
 - f. May not bring food or drinks to visits without prior authorization.
3. Resource parents:
- a. Contact FCM or visitation personnel upon arrival if providing transportation.
 - b. Remain in vehicle until FCM or visitation staff can escort children to the parenting time location.
 - c. Engage with parents while following social distancing practices to share information and build a relationship.
 - d. Ensure children are fed and hydrated prior to the visit to prevent the need for bringing snacks into the visitation room.
 - e. Provide diapers, wipes and a bottle with formula for the duration of the visit if requested in advance.
4. Children and youth:
- a. Wait for staff providing supervision to escort them to the visitation area.
 - b. Follow proper handwashing hygiene.
 - c. Wear a face mask when practical.
 - i. Children 2 and younger (or those of any age with special needs) should not wear a mask.
 - d. May bring one washable comfort item or toy.

Safe Use of Personal Protective Equipment

1. Face masks can help prevent transmission of any infection. Per the CDC, cloth face coverings should:
 - a. Fit snugly but comfortably against the side of the face.
 - b. Be secured with ties or ear loops.
 - c. Include multiple layers of fabric.
 - d. Allow for breathing without restriction.
 - e. Be able to be laundered/machine-dried without damage or change to shape.
2. Avoid touching the mask while wearing it.
3. Wash hands following CDC guidelines after removing the mask.
4. Replace masks as soon as they become damp.
 - a. Fold facemasks inward when removing to reduce contact with outer surfaces during storage.
 - b. Store mask in a clean paper bag or breathable container.
5. Wear gloves to prevent exposure to bodily fluids (e.g., when administering drug screens; receiving or processing mail; exchanging items with individuals). CDC guidelines must be followed to avoid contamination and decrease the chance of any transmission of infection, including during [glove removal](#).

Monthly Contacts with Children

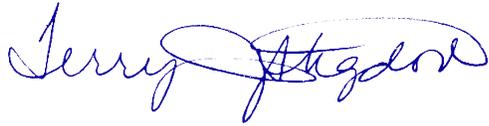
Beginning June 1:

1. FCMs will resume monthly face-to-face visits with children on their caseloads.
 - a. Follow DCS policy ([in-home](#) or [out-of-home](#)) regarding visit locations.

- i. Call prior to the visit to ask the COVID-19 screening questions listed above.
 1. If someone in the home answers yes to any screening question, the FCM should consult their supervisor to determine whether the visit should take place in person or virtually. If the visit will be in person, the FCM should provide a mask to the affected person in the home if possible.
- b. Upon arrival to the home, the FCM should use hand sanitizer and put on a face mask.
- c. Do not bring unnecessary items into the home and avoid placing belongings on any surface in the home.
- d. Do not share pens when signing documents.
- e. Use a barrier (e.g., tissue or paper towel) to open doors.
- f. Visit the child outdoors, weather permitting, after the home assessment is complete, to further limit exposure.
- g. Visit outside with the caregivers if appropriate supervision of the child can still occur.
- h. Practice social distancing of at least 6 feet.
- i. Remove mask and wash hands following visit.
- j. Clean surfaces in car before and after providing transportation.

Continued Virtual Contact

There will be circumstances that necessitate continuing virtual visits. DCS continues to encourage frequent virtual visits between parents and their children as we transition back to face-to-face parenting time. As the state takes careful steps to get back on track, DCS will continue to update its guidance.



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