

Date: January 26, 2021

To: Directors, Local Department of Social Services
Assistant Directors, Local Department of Social Services

From: Michelle L. Farr, LCSW-C, LICSW 
Executive Director, Social Services Administration

Re: Virtual Visitation Guidance

As Maryland continues its road to recovery from COVID-19 the Department of Human Services/Social Services Administration (DHS/SSA) remains vigilant in ensuring the safety of staff, children, youth, families, and resource caregivers with whom we partner. Given the guidance provided by the Governor and the current concerns related to recent surges in COVID-19, DHS/SSA has made the decision to return to virtual visitation for many of our programs through March 31, 2021. Of important note, Child Protective Services (CPS) investigations will continue to require initial face-to-face contact with the alleged victim, as well as the children who are household or family members of the alleged victim and children in the care or custody of the alleged maltreater.

While we feel virtual visits can ensure the safety of all parties, we want to remind our partners of the importance of maintaining connections between children and their families of origin, particularly during the pandemic. We encourage everyone to continue to engage in conversation about opportunities to maintain connections and contacts between children and families. If there are agreed upon opportunities for safe face-to-face visits between children and families, we ask that all parties fully explore those options. In addition, we are providing information to assist staff in conducting a successful virtual visit. We hope your staff will find this resource useful.

Listed below please find specific guidance related to face-to-face visits for each program:

CPS Responses (Investigative Response/Alternative Response (IR/AR))

Family Law and COMAR require initial face-to-face contact with the alleged victim, as well as any children who are household or family members of the alleged victim and children in the care or custody of the alleged maltreater. The COVID positive/exposed status of the alleged victim, other children who are household or family members of the alleged victim or in the care or custody of the alleged maltreater or of the caregiver, does not relieve CPS of the required initial face-to-face response. Any subsequent face-to-face contact will be determined by child maltreatment safety and risk factors and need to obtain evidentiary/assessment information to complete the CPS Response (such as observing the inside of a home, etc.) and only after consultation with and authorization from the supervisor.

Risk of Harm (ROH) and Requests of Other Agencies (ROA) and Request for Voluntary Placement

Regulations/policy require initial face-to-face contact with all children in the household, as well as any other children who may reasonably be at risk due to the information shared in the referral or determined by the caseworker. The COVID positive/exposed status of the children does not relieve caseworkers of the required initial face-to-face response. Any subsequent face-to-face contact will be determined by child



maltreatment safety and risk factors and need to obtain assessment information to complete the ROH, ROA or Request for Voluntary Placement (such as observing the inside of a home, etc.) and only after consultation with and authorization from the supervisor.

When having face-to face contact with children and families in conducting any type of CPS Response (IR, AR, ROH, ROA, Request for Voluntary Placement), staff should follow the pre-screening protocol including verbally screening for COVID-19.

Family Preservation/Services to Families with Children-Intake (SFC-I) (self-referrals only)

Visit requirements remain in place for all families receiving Family Preservation and SFC-I (excluding ROH cases), but such visits may be conducted by videoconferencing or using other virtual communication forums/teleconferencing upon consultation with the supervisor after reviewing specific family circumstances (to include child maltreatment safety and risk issues). Caseworkers, supervisors, and families should work together to make visitation plans for each individual family. If it is determined that face-to-face visits can occur, follow the pre-screening protocol including verbally screening for COVID-19 prior to face-to-face visitation.

Families with a Safety Plan or an Order of Protective Supervision will likely require face-to-face visits as well as case situations where there are concerns related to unsafe home conditions, lack of supervision, safe sleep, etc. and may require more frequent contact. If the delivery of community services is disrupted due to COVID-19-prevention measures, caseworkers should communicate with community service providers regarding contingency plans for services. If community service providers are unable to provide adequate support to clients, caseworkers may need to provide more support to clients, which may occur via videoconferencing or telephone contact.

Placement & Permanency

All scheduled visits requirements remain in place, but such visits can be conducted by videoconferencing. Workers, supervisors, resource families, youth, and families of origin should work together to make visitation plans for each case. In the absence of community resources, workers must provide more support to clients who will require further assessment via telephone contact or video conferencing/teleconferencing. Maintain regular contact with placement providers (in- and out-of-state placement providers).

Monthly Caseworker Visits: The monthly caseworker visits requirement remains in place for all placement types, but these visits can be conducted by videoconferencing/teleconferencing. If it is determined that face-to-face visits can occur safely, follow the pre-screening protocol including verbally screening for COVID-19 prior to face-to-face visitation. If the face-to-face visit will occur at the local department it is recommended that specific visitation days and times for visits are designated (i.e. Mondays and Wednesdays between 9 a.m. and 7 p.m.) to reduce the amount of public and staff traffic in the buildings.

- **Parent-Child Visits:** Weekly parent-child visits for children/youth with the goal of reunification should continue as required but may be conducted by videoconferencing/teleconferencing. Monthly visits that occur by means of video conferencing must be documented as “in the child’s residence” for meeting the requirement during the pandemic. If it is determined and agreed upon by all parties that in person visits can occur safely, follow the pre-screening protocol including verbally screening for COVID-19 prior to face-to-face visitation. Family Support Workers can assist with parent-child visits as appropriate.



- **Sibling Visits:** Sibling visits should continue as required but may be conducted by videoconferencing/teleconferencing. If it is determined and agreed upon by all parties that in person visits can occur safely, follow the pre-screening protocol including verbally screening for COVID-19 prior to face-to-face visitation. Siblings can visit in conjunction with parent visits.
- **Voluntary Placement Agreement Visits:** The monthly caseworker scheduled visits requirement remains in place, but such visits can be conducted by videoconferencing. If it is determined and agreed upon by all parties that in person visits can occur safely, follow the pre-screening protocol including verbally screening for COVID-19 prior to face-to-face visitation.

NOTE: If there are opportunities to increase virtual visitation between a child and their family, it is encouraged that the visits occur more frequently to maintain connections and contacts between children and families.

Family Involvement Meetings (FIM)

The Local Department of Social Services (LDSS) should consider conducting face-to-face FIMs prior to all emergency removals and trial home visit disruptions if applicable. Only parents/caregivers and child (if appropriate) need to be face-to-face in the FIM and all participants must adhere to the required safety measures (wearing face masks and practicing social distancing) while participating in the face-to-face FIM. If the FIM cannot be held in person, telephone or video conferencing are to be used. Other supports can call in or use videoconferencing.

Resource Homes

All Resource Home requirements remain in effect; however, the Resource Home Worker may use videoconferencing to conduct recertification assessments. The Resource Home Worker should document in a contact note that a videoconference home inspection was conducted for recertification assessments.

If it is determined that face-to-face recertification assessments can occur safely, follow the pre-screening protocol including verbally screening for COVID-19 prior to the face-to-face assessment.

Resource home studies should continue as long as all required safety assessments (Child and Juvenile Information System, State Fire Marshal, and Health Inspections) can be conducted. Medical assessments cannot be waived. The resource parent must have an updated medical assessment within the last six months (whether virtual or face-to-face, based upon the providing physician's written recommendation/approval).

Resource Parents can continue to earn In-Service Training credits through the web-based Foster Care College.

ICPC

Maryland ICPC will continue to accept out of state requests for home studies and courtesy supervision requests. Courtesy supervision requests are mandatory and obligated under both ICPC and COMAR when a placement into MD is approved under the ICPC. If it is determined that face-to-face assessment can occur safely, follow the pre-screening protocol including verbally screening for COVID-19 prior to face-to-face person assessment. If it is determined that face-to-face assessments cannot be conducted safely, virtual communication/teleconferencing can be conducted. Caseworkers must document their use of Facetime, Skype, etc., to observe and assess the parent, youth and the home.

LDSS should continue to process requests for youth going out of state.



Tips for Conducting a Successful Virtual Visit with Children and Families

Before the visit

- **ACCESS:** Find out what type of technology will work best for the client. This in and of itself may be a challenge if the client does not have access to the internet or a device that can be used for visits. Talk to your supervisor about how to access these items for your client.
- **SCHEDULING:** Schedule the visit ahead of time to accommodate schedules and allow for planning prior to the meeting.
- **DETERMINE EXPECTATIONS:** When making the appointment with the family, ask if there is anything they would like to discuss during the visit. If you have a specific agenda for the call, be sure to communicate that as well.
- **REVIEW** notes from the previous visit. Make notes of any items that need to be addressed during the visit.
- Double check your technology. If you are new to video conferencing, you may want to set up a practice session with a colleague. Being confident in your technology will help you be more relaxed when problems with it arise.
- Prepare your space for the meeting. Since you will likely be doing this videoconference in your home make sure you are aware of what is in the background. For example, you do not want to work in front of a bulletin board where you have bills or other items with your address on it. You do not want to work from your bed or in a room where the client can see a pile of laundry. Make sure the location of the meeting is not distracting and maintains a professional atmosphere.
- Make a plan with others that live in your home. Tell them you are going to make some private calls on X day
- Use headphones when possible. It provides for more privacy and is a safeguard for client confidentiality

During the visit

- **CAMERA:** Check the camera angle and look at the camera during the meeting. It is natural to want to look at the client's face, which is okay to do too but make sure at different points in the conversation that you look directly at the camera.



- **SPACE:** Let the client know where you are in your home and how you are protecting their confidentiality. Do not walk around – videoconferencing is different than talking on the phone. If someone is walking on video, it is very distracting.
- **EXPECT TECH ISSUES:** Understand that technological issues are going to arise on occasion. If you are comfortable with this then your client will be too. Stay calm. Smile. Breathe.
- **BE COMFORTABLE WITH SILENCE:** This is a good engagement strategy whether you are in a video conference or not. It is okay for there to be weighted pauses in conversation with clients. It is especially okay during video conferencing because it could be a function of the technology. If you pause, you may avoid the awkward speaking over each other.
- **DISTRACTIONS** may happen during the videoconference – try to limit them as much as possible. Use the mute button when you are not speaking to limit auditory distractions. If distractions happen and they are funny – laugh. Roll with them and show your humanity as much as possible
- Start by checking on the health and well-being of the child and family. Take some time at the beginning of your conversation to ask how they and their loved ones are doing. Who are they relying on for support right now? Ask about their formal and informal support systems.
- **HIGHLIGHT RESILIENCE:** As they share how they are doing. Look for places to highlight their resilience. If they have solved a problem, celebrate it. If they have reached out for help, acknowledge it. If they are telling you their concerns, thank them.
- **ACKNOWLEDGE SITUATION:** It is likely an unusual situation for you and the client, acknowledge it! This acknowledgement will help build authentic connection. Also, acknowledge there may be some awkwardness – speaking at the same time, talking over one another. If there is more than one person on the call then do not be afraid to call on people or say politely, “I would like to hear from XX person”.
- **PRIVACY:** Tell the client the actions you have taken to ensure their privacy. Let them know there is a sign on your door, low music or white noise maker to block sound and that you have asked your family to not disturb you.
- **CONFIDENTIALITY:** If you take any notes in your home, do not use the client’s name. You can use initials; you can number your appointments in your calendar then use the numbering system to connect the notes to a client name. You can create a code that is saved on a password protected document on your computer. Share with your clients the steps you are taking to ensure their confidentiality.



- VISITS WITH CHILD/FAMILY: If the client has a child placed outside the home ask how the visits with them are going, how are they visiting, are they playing any online games, sharing videos together – discuss ideas for how they can connect with their child during this time.

After the visit

- After the video conference complete your notes as you usually would.
- If you have taken hand-written notes and, you will want to do your documentation sooner rather than later. The idea here is that you can destroy the handwritten notes as soon as possible because even though they are coded, you do not want your client's information lying around your home.
- As always if you have concerns that need to be addressed you will want to do that with your supervisor.



Pre-screening Protocol

(The below guidance does not apply to CPS Responses, ROH, ROAs, and Request for Voluntary Placement cases after the initial face-to-face visit has been met unless there is a need for a face-to-face visit for evidentiary/assessment purposes.)

1. Parents:

- Before each visit the staff supervising the visit must make contact with the parent to review the pre-screening health questions related to COVID-19.
- If the parent answers yes to any of the questions, the in-person visit will be cancelled. The staff supervising the visit will immediately contact the caseworker or supervisor, resource parent and anyone providing transportation for the visit, as well as make every effort to accommodate a visit during the same time via telephone or video conferencing.
- If someone reportedly has symptoms, a positive test for COVID-19 or has been in close contact with someone with a positive test for COVID-19, telephone or video conference visits should be held until at least ten days since symptoms first appeared AND three days have passed without symptoms (without the use of fever-reducing medications), or after the individual has a documented negative coronavirus test result. Questions regarding resumption of in-person visits should be directed to the DHS SSA Child Welfare Medical Director.

2. Children, resource parents, other visit participants, and staff supervising the visit:

- Before leaving for the visit, all visit participants, including resource parents pre-screening the children attending the visit, are expected to pre-screen themselves using the following 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?*
- If the answer to any of the Pre-Screening Questions is yes, then the person should not attend the visit in-person. The caseworker and/or supervisor should be notified immediately



Pre-screening Health Questions related to COVID-19

If the answer to any question below is “yes,” please explain which household member(s) are affected and provide as much detail as possible.

1. In the past 14 days, has anyone in the household been potentially exposed to COVID-19 (close contact with someone who has been diagnosed with the virus and/or shown symptoms)?
 Yes **No** **Unknown**

2. Does anyone in the household have a cough or shortness of breath or difficulty breathing; or at least two of the following symptoms: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat or new loss of taste or smell; and the symptoms could be related to potential exposure to COVID-19?
 Yes **No** **Unknown**

3. Has anyone in the household tested positive for COVID-19 in the past 14 days?
 Yes **No** **Unknown**

4. Is anyone in the household isolated/quarantined per doctor’s orders?
 - a. **Yes** **No** **Unknown**

