



## Resuming On-Site Supervised Visitation Services Safely for Families Experiencing Domestic Violence in a Time of a National Health Crisis

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**Release Date: May 13, 2020.** The information known about COVID-19 is rapidly evolving. Please be advised that new information is being released to the public very rapidly, and updates to these considerations may need to be taken into account.

Important Note: Please be advised that there is not a universal response that is currently being recommended or mandated for supervised visitation programming. We encourage you to look to your state, local, tribal, and/or territorial public health agencies for guidance in your location. The guidance provided in this document is not mandated, should not be viewed as a standard, and does not create any programmatic or legal obligations. The information and guidance are advisory in nature, informational in content, and are intended to assist supervised visitation programs in providing services as safely as possible for families and staff.

As we navigate new information, we will be putting out new and updated ideas to consider. We are supporting programs to take protective measures and consider possible programming modifications that may be needed during this time of uncertainty. Programs may need to temporarily stop services, re-open services, limit the level of services available, or modify how some services can be provided to families. Programs will be faced with all of these changes while still maintaining high quality, trauma-informed, adult and child survivor-centered, safety-driven services that successfully meet the unique needs of families impacted by violence.

First and foremost, we hold the understanding that contact between children and a parent who has caused harm can have a negative and dangerous impact if contact is not emotionally and physically safe. The



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importance of your programming is essential and important to the safety of adult and child survivors in your community.

To ensure safety and no further harm comes to adult survivors and children, it is important that visitation programs must not create programming modifications that don't take into account the varied and different safety needs of each family ordered to use supervised visitation services. There is room for unintended consequences that can pose a risk and harm to families if services are not maintained with a high level of expertise related to adult and child safety. Different and changing levels of risk will require different levels of response. Many family circumstances are unique and will change over time, so flexibility is a necessity.

It will be important to work with your local health officials, health consultants, and other community partners to determine the most appropriate plan and action. Every state and community will have varied and ever-changing response protocols, shelter in place mandates, guidance on closure restrictions as well as phasing out and lifting such sanctions, and perhaps even reinstating closure restrictions.

We also hold the reality that during this time of a global pandemic, there is no clear path or direct guidance on what will happen next. The reality of this uncertainty will require us to be responsive as changes occur in the outbreak, and new information becomes available. Programs should be thinking about a continuum of approaches that can be adopted and implemented as needed. It may not be feasible or safe to create one way in which services are available during this time. Programs may experience closures, re-opening, and partial closures over the coming weeks, months, or years. This reality will require programs to have a variety of service



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options available that can easily be modified to account for your community's changing needs. Families will also come to programs with different and often changing levels of risk and concern around safety.

It will be important to think creatively about ways your program can resume on-site services safely, while still maintaining the option of remote services, and other possible temporary program modifications. Despite any of the changes in programming, services should still be grounded in the OVW SV&SE Guiding Principles and centralized for the safety of adult and child survivors.

To give a strong foundation to all aspects of your programming, we encourage you to be mindful of maintaining a culture of care and wellness for you, your program participants, employees, volunteers, and community partners. Below are some reminders of how you can support the well-being of staff and the families you serve:

- Lead with care and compassion.
- Prioritize a culture of care and well-being.
- Do not express judgment and avoid assumptions.
- Be authentic and genuine in every interaction.
- Show compassion and dignity to every person who enters your doors.
- Be transparent about roles and expectations.
- Be flexible.
- Connect with your local domestic violence program.
- Know what resources are available for families in need so you can connect parents and children to those needed resources.
- Create regular time to connect with staff, check-in, and see how you can support one another during this time. Fear, anxiety, and worry can quickly overtake our hearts and minds when circumstances are



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new, unknown, uncertain, unclear, or rapidly changing. Any opportunity to maintain the love and connection the staff share will be an important strategy to get through this time.

- Work with your local health officials, health consultants, and other community partners to determine the most appropriate plan for your program.

### **General Guidance & Current Knowledge Released by the Centers for Disease Control (CDC) and Prevention & Occupational Safety and Health Administration (OSHA)**

Federal guidelines by the [CDC](#) and [OSHA.gov](#) currently recommends employers develop policies and industry best practices regarding:

- Implementation of basic infection prevention measures (social distancing, handwashing, and disinfection of surfaces)
- Prompt identification and isolation (temperature and symptom checks)
- Implementing workplace controls (protective equipment and administrative controls)

Based on what is currently known about the virus, spread occurs most frequently from person-to-person who are in close contact (within about 6 feet). This type of transmission occurs via respiratory droplets. Current evidence suggests that SARS-CoV-2 may remain viable for hours to days on surfaces made from a variety of materials.

### **Resuming On-Site Supervised Visitation Considerations**

To safely resume on-site SV&SE services, programs should consider how they will implement the current best practice measures for the prevention of COVID-19.



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### Staff Considerations

To ensure a safe environment in your SV&SE program, you must prioritize keeping staff safe and healthy. Programs will want to consider a variety of options to meet the unique and varied needs of the staff team and account for any health risks that make some staff more vulnerable.

Considerations to create a safe environment for staff (workplace controls):

- Implement social distancing protocols and provide protective equipment such as face masks and gloves for all staff who come in direct contact with other staff and program participants.
- Create a protocol to ensure sick staff members do not come to work and do not return to work until it is safe to do so. All staff members should be asked to follow the guidance established on the [steps to take to help stop the spread of COVID-19](#) if they are ill. Before arriving to work, each staff person should be asked to verify their health status to be safe and void of any symptoms prior to coming in contact with other staff members or program participants.
- Be prepared for possible staff quarantine if there is exposure to the virus. Any staff member exposed to someone who tests positive for COVID-19 will need to immediately quarantine. Establish a safe back-up plan, so non-exposed staff is available to step in if needed. For example, when possible, utilize an A and B staff team who do not work across teams. This will prevent the entire staff from potential exposure, mandated quarantine, and possible full program closure if there is exposure in your program.
- For staff who are at higher risk for severe illness from COVID-19 (older adults and people of any age who have serious underlying medical conditions) should consult with their medical provider to



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assess their risk and to determine if they should not work in direct contact with people.

- Develop program policies and protocols on [cleaning and disinfecting](#) to prevent the spread of the virus. Staff should be trained to safely and effectively follow the established policies and protocols. Refer to [OSHA.gov](#) for guidance and assistance in creating a uniformed cleaning response checklist.
- Consider installing workplace controls such as high-efficiency air filters, increasing ventilation rates in the work environment, and installing physical barriers where needed and appropriate.
- Reconsider the length of time staff members are required be in direct contact with others.
- Plan your internal and external communication plan if temporary service closure or re-closure is required or recommended in your jurisdiction.
- Post information widely - Centers for Disease Control and Prevention has several free printable handouts and posters available in multiple languages ([CDC Handouts & Posters](#)).

As a program, you will also need to consider how staff will safely come in contact with families. Supervised visitation programming is a service that inherently may require close contact (at times, outside the guidance of maintaining 6 feet of distance) to ensure safety is maintained. As a program, you will want to consider what protocols you will want to have in place to ensure a safe distance can be maintained as much as possible balanced with your ability to safely monitor every interaction.

Overall, it will be important to remain firmly grounded in your role in providing supervised visitation to ensure that no further harm occurs during service provision. This means that if your programming limitations would



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compromise your ability to provide services in the safest way possible new considerations will need to be made.

### **Program Modification Considerations**

Resuming on-site supervised visitation services will require careful and thoughtful program modifications to ensure your services are still being provided in a manner that supports the safety of adult and child survivors, meets the unique needs of families impacted by violence, and safely adheres to the guidance to stop the spread of COVID-19.

To help reduce the spread of the virus, programs should follow clear social distancing protocols, significantly reduce the number of people who come to your facility, and decrease the amount of time people spend in your facility. To support these guidelines, possible program modifications to consider include:

- Complete all initial paperwork and registration forms with program participants over the phone or via videoconference.
- Conduct participant check-in appointments over the phone or via videoconference.
- Continue to offer remote supervised visitation.
- Temporarily limit the number of people attending on-site visits with the visiting parent.
- Temporarily reduce the amount of time on-site supervised visitation can take place.
- Conduct services in very contained areas and reduce the use of any shared space to single-family use only (e.g., shared kitchen areas, craft tables, game areas).



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- Limit the number of items available during a visit - keeping in mind that all touched surfaces will need to be carefully disinfected after each visit.
- Eliminate all soft surfaces in visitation space that would not be easily disinfected at the conclusion of each visit (e.g., throw rugs, stuffed animals, pillows).
- Consider limiting the number of hard to clean items from your visitation space.
- Ease the burden of health care facilities during this time. Lift any requirements for documentation from a healthcare provider to cancel appointments and work with your courts if they are issuing orders that require healthcare provider documentation of illness.
- Temporarily reduce the number of items brought into the facility (e.g., backpacks, toys, etc...).
- Significantly reduce the contact between families-to-staff and family-to-family to maintain safe distancing.

Typically in the work of supervised visitation programming, staggered arrival and departure times have had significant meaning to ensure the protected parent does not come in contact with the parent who caused them harm. During this time of a public health crisis, staggered arrival and departure times have a new layer of meaning. Staggered arrival and departure times should also now be extended between all families utilizing services. This means you should limit the number of people coming and going from the program at the same time and eliminate the need for multiple people arriving at the same time and utilizing the same space at the same time. Areas such as entrances, waiting areas, restrooms, hallways, and common areas should all be limited to one family at a time. Programs should create enough buffer between every family to ensure





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multiple families are not in contact with one another or utilizing any of the same common areas. There should also be enough time between each family coming and going from the program to allow staff to disinfect all of the common touch areas safely.

Arrival and departure modification options:

- Implement a temperature and health screen before service provision.
- Significantly limit the number of families scheduled to arrive and depart from the program. Programs should ensure that there is never a time when multiple families would be in the same space at the same time.
- Significantly alter the program schedule to ensure there is enough time between families to clean and disinfect all common touch areas.
- Create a new safe pick-up and child return safe zone outside the building (for example, from the car in a safe parking zone, or outside the entrance) to eliminate the need for additional people to enter and exit the facility.
- Create a safe drop-off and pick-up space inside the building that isn't in a small confined space or doesn't require moving through multiple areas of the facility.
- Eliminate unnecessary frequent touch items such as sign-in sheets, shared pens, restroom keys.
- Create a protocol for arriving parents to call the center staff upon their arrival or imminent arrival so staff can be prepared to greet them and avoid the use of common touch spots such as door handles, doorbells, and intercom buttons.
- Install handwashing stations at the entrance of the facility, so that all staff, parents, and children can clean their hands before they enter the facility. If a sink with soap and water is not available, consider



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purchasing or renting portable handwashing stations. If either of these are not possible, provide hand sanitizer with at least 60% alcohol.

- Provide gloves and sanitary disinfecting wipes for cleaning any common touch areas between each use (door buzzers, door handles, pens, chairs, tables, toys, desks...).
- Ask that the same parent or designated person drop off and pick up the child, if possible, to reduce the number of people coming and going from the program. If possible, ask older adults such as grandparents or those with serious underlying medical conditions not to go to the facility because they are more at risk for [severe illness from COVID-19](#).
- Modify how staff transport children from one parent to another. Possible options include:
  - Infants could be transported in their car seats.
  - Toddlers could be transported using a stroller or wagon.
  - Young children could use a trike or a ridealong vehicle.
  - For multiple children or spaces that require more vigilance in moving children from one area to another, programs could consider utilizing a rope, string, or ribbon for each child and staff to hold onto while transitioning from one area to another. Programs should ensure the material used can be adequately disinfected or replaced after every use.

### **Contact Between Children and Visiting Parents**

Programs will need to carefully consider how to set up parameters and agreements about physical contact within each family. Each family will have varying levels of risk associated with coming into contact with each other. For each family utilizing on-site services, it will be important to



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establish a clear understanding and an agreement about coming into close physical contact with one another. For some families maintaining social distance between each other may be needed and possible. For others, it may not be identified as essential and therefore not necessary, and for others, it may be considered important but based on other factors, not possible. For those who express serious concern about maintaining safe social distancing that may not be possible to ensure, on-site services may not be a viable option for those families at this time, and remote services may need to be considered.

It is important to remember that each family will have unique and varied needs, and therefore, programming guidelines should account for being responsive to these needs. One guideline for all to follow is not a responsive method and one method of service delivery at this time may not be appropriate either.

### **Specific Guidance for Temperature and Health Screening**

The current CDC and OSHA guidance asks employers to ensure those who come to your facility are healthy and virus free. This is difficult to implement with a high level of certainty, but some steps can be taken. It is also important to remember that people can be symptom-free or have very moderate symptoms and still be a carrier of the virus.

Screen parents and children upon arrival and ensure that persons who have a fever or other signs of illness are not admitted into the facility. Encourage parents to be on the alert for signs of illness and not come to the facility when they are sick. People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. [Symptoms](#) may appear 2-14 days after exposure to the virus. People with these symptoms\* may have COVID-19:



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- Cough
- Shortness of breath or difficulty breathing
- Fever of 100.40 (38.00C) or above
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

\*This list is not all-inclusive. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.

There are several methods programs can use to screen parents and children. The most protective method to eliminate or minimize exposure due to close contact with a parent or child who has symptoms during screening incorporates social distancing (maintaining a distance of 6 feet from others), therefore, we are providing guidance to implement this method in supervised visitation settings. If programs would prefer to implement a method of reliance on barrier/partition controls or the use of personal protective equipment (PPE) while screening, please refer to the [DC](#) for guidance on these alternative methods.

### Reliance on Social Distancing While Screening

- Ask each parent and child to wash their hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
- Ask each visiting parent to put on gloves and to take their own temperature upon entering the facility, verify the reading with staff, and confirm to staff that they are symptom-free.



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- Ask the custodial parent to put on gloves and take their child's temperature upon entering the facility, verify the reading with staff, and confirm to staff that their child is symptom-free.
- Make a visual inspection of the parent and child for signs of illness.
- Upon their arrival, stand at least 6 feet away from the parent and child while waiting for confirmation of the temperature reading. You do not need to wear personal protective equipment (PPE) if you can maintain a distance of 6 feet.
- Staff must ensure the thermometer is thoroughly disinfected in between each check.

### **Safe Exchange Service Modification Considerations**

The assumption that providing safe exchange services is less complicated and less risky is overshadowed by the reality of all the potential ways people who cause harm can use unsupervised access as a way to use children, obtain information, and pass information that can be harmful to both adult and child survivors.

Providers of safe exchange services are all well aware that providing this service tends to be the most difficult, complicated, and challenging service they provide. This reality, coupled with programs facing a national health crisis and ever-changing restrictions, creates a new level of complexity for centers to determine. At a time of uncertainty, possible community wide-closures and health quarantines, programs may not be certain if they conduct an exchange and whether they will be able to ensure a safe return.

### **Consideration for Modified Safe Exchange Services**

- Limiting the number of families entering the program at any one time.



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- Create limited access to the facility to conduct exchanges in entry points of the facility only.
- Facilitate transfers of children from two separate and distinct safe zones. Scheduling one parent to arrive in one specific zone and the other parent to arrive in another safe and separate arrival zone.
  - Think about the level of staff needed to conduct this adaptation safely. For example, staff teams of two people at each arrival zone with constant direct staff communication ability and staff back-up communication systems such as walkie-talkies or cell phone talk and text.
  - Ensuring there is a staff float position available to move between the separate parent arrival zones.
  - Ensuring connection to an immediate law enforcement response if an emergency arises (e.g., on-site law enforcement available, panic buttons, and cell emergency communication).
- Limit items that are exchanged (e.g., backpacks, clothing, toys, etc...)
- Create a safety plan with parents needing protection if either parent or the children get ill during their parenting time.

Supervised visitation and safe exchange programs address the complexities of domestic and sexual violence, stalking, and dating violence and provide the necessary safety, security, and resources needed to support victims of domestic violence and their children. These services are an essential component of the community safety net that supports survivors who are seeking safety for themselves and their children after separating from an abusive partner. As you think creatively about ways your program can temporarily restructure your services please keep in mind that there is not a current mandate for supervised visitation services to resume.



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Programs must determine if and how services can be provided in the safest manner possible.

As we co-create a new temporary reality to safely provide supervised visitation service in times of crisis, Inspire Action in partnership with OVW are committed to the health, welfare, and care of each of you and your communities and take our responsibility for supporting you and your programming seriously. Please contact Inspire Action staff for any needed support or resources. For all Office on Violence Against Women funded programs, please reach out to your OVW program specialist if you have questions regarding any changes in delivering services.

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