



**CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services
Division of Protection and Permanency**

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Contract Correspondence Transmittal (CCT)

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Key Words/Phrases: Updated COVID-19 guidance/face to face service provisions & visits/training/fingerprinting/vaccination consent	
Attachments/Forms: vaccination consent form	

The intent of this correspondence is to provide updated guidance regarding face-to-face service provision and family time/visitation. As the infection rate continues to decline, updated guidance is being issued in alignment with the most recent guidance from the Governor’s Office and the Department for Public Health. All guidance included in this CCT will be **effective beginning Monday, June 14, 2021**, and will remain in effect until further update.

DCBS Face to Face Service Provision

Child protective services staff are to initiate all referrals through face-to-face in-person contact through normal procedures as outlined in standards of practices. If it is determined that someone in the household or residential program has tested positive for COVID-19 within fourteen (14) days of a visit to the home or facility, staff will determine if contact should be initiated through other means. Staff should continue utilizing the [COVID-19 Screening Tool 5-2020](#) prior to making face-to-face contact.

Visits to children in out-of-home care shall occur in-person at least once every three months. The two subsequent months in between a visit may be held utilizing videoconferencing platforms. It is important to note that this method may be temporary due to a federal waiver and may not be allowable under federal requirements long-term once the state of emergency is lifted.

Visitation Between Children and Parents/Family Time

Visitation between parents and their children is critical to ensure bonding, develop or maintain healthy relationships, and has been proven to positively correlate with timely reunification. It is imperative that face-to-face visits continue for as long as this can occur safely. Visitation should be



occurring face-to-face unless a health risk has been determined after consultation with the DCBS worker.

Family time/visits are encouraged to be scheduled outdoor whenever possible. [CDC Disinfection Guidance](#) may be followed after family time/visits. Items in visitation rooms that cannot be disinfected before and after visits following these guidelines should be removed from these spaces. Additionally, staff should be utilizing the [COVID-19 Screening Tool 5-2020](#) provided prior to every visit. [Checklist for Visitation-Family Time During COVID-19 Pandemic](#) is a resource that may also continue to be utilized. Visits should be rescheduled if any parties to the visit are ill or have recently been exposed to someone diagnosed with COVID-19. The COVID-19 screeners may be maintained in the case file.

Residential/congregate care providers were previously advised that family time/visits with parents should not occur if any residents or direct care staff had tested positive in the past 14 days. Face-to-face contact between parents and their children should be allowed if there have been no positive test results for residents or direct care staff within the past 14 days. This guidance remains in effect.

Foster/Adoptive Parent Home Studies/Training/Fingerprinting

Foster parent home studies and safety check and reviews should be conducted face-to-face. However, it is important to recognize that portions of the home study and/or safety check and review can be conducted utilizing videoconferencing platforms. The home visit must be in-person but follow-up interviews and discussions may utilize these platforms. In-person observation of the home should occur.

Foster and adoptive parent pre-service and ongoing training may continue utilizing videoconferencing platforms. All training will continue to be given credit as face-to-face if it is delivered in a format that allows interaction with the trainer and between participants. Hybrid training options may be considered or face-to-face if there is a need among the families you are serving. If group trainings are offered face-to-face, all state executive orders should be followed as well as [Center for Disease Control \(CDC\)](#) guidelines.

The Department continues to have a federal waiver for fingerprinting. Fingerprinting of foster/adoptive parents will not resume at this time. The Department is currently implementing the KARES system. In accordance with 922 KAR 1:490E, foster and adoptive parents as well as relatives who has lived out of states within the past five years will begin being fingerprinted on July 1, 2021. Further guidance will be issued related to this later in the month.

Home visits/Teletherapy

Regular foster home visits should resume on June 14, 2021 according to PCP policy. Staff should be utilizing the [COVID-19 Screening Tool 5-2020](#) provided prior to every visit.

Private child placing providers may continue to utilize videoconferencing platforms for required therapy until further guidance is provided by the Department of Medicaid Services. Teletherapy services should continue to occur through HIPAA compliant remote platforms.

Vaccination and Face Coverings

Guidance was provided in CCT 21-09 and CCT 21-11 concerning COVID-19 vaccinations for youth in out of home care. Studies continue to show that the COVID-19 vaccine is safe and effective for children. At this time, if a child or youth is in the temporary custody or committed to the Cabinet, the parent(s) or guardian(s) who had custody prior to the removal shall be given the opportunity to consent to the vaccine. Pursuant to KRS 605.110, the Department for Community Based Services (DCBS) may consent to the medical authorization of a child or youth committed to the Cabinet and

arrange for the furnishing thereof by other public or private agencies. Efforts shall be exhausted in engaging the parent's consent prior to DCBS consenting. If termination of parental rights has occurred, a DCBS worker may consent to the vaccine. Sites that are administering the COVID-19 vaccine will have a consent form. It may be difficult for a parent to travel if a form cannot be signed online or in advance. Attached to this correspondence is a [COVID-19 Vaccination Consent for Individuals Under 18 Years of Age](#) form that parents may sign that allows the foster parent or private child placing or caring agency to sign the COVID -19 vaccination site consent form.

Upon face-to-face contact with a client, child or youth, or community partner, staff should continue to follow all guidelines issued regarding use of the screener [COVID-19 Screening Tool 5-2020](#), [Personal Protective Equipment \(face coverings\)](#), social distancing, and all guidelines from the [Center for Disease Control \(CDC\)](#) regarding handwashing and disinfection.

Additional information regarding COVID-19 guidelines can be found at:

- <https://governor.ky.gov/covid19>
- <https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>
- <https://kycovid19.ky.gov/>
- <https://govstatus.egov.com/ky-healthy-at-work>

It is important to recognize that Kentucky is still under a state of emergency but heading in the right direction. It is important to note that the vaccine is scientifically proven to be safe, effective, and reduces the risk of spreading COVID-19. Therefore, all are encouraged to take that step in obtaining the COVID-19 vaccine. However, not everyone will be vaccinated and that is an individual choice. The [CDC](#) website has helpful information and guidelines whether you have or have not received the vaccine. Let's acknowledge how hard this past year has been, be respectful of one another, and continue serving our state safely.

If you have additional questions, please contact Holly Davis at hollyc.davis@ky.gov or Sherry Postlewaite at Sherry.Postlewaite@ky.gov.

Please forward this communication to relevant agency staff.