



West Virginian Department of Health and Human Resources
Bureau for Children and Families

Child/Youth Visitation Checklist

Name of Visitation Center: \_\_\_\_\_

Visitation Center Director/Operator Name: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

General Preparedness and Planning

Prevent the Spread of COVID-19

- Plan in place to protect staff, children/youth, and their families from COVID-19? Yes \_\_\_ No \_\_\_
Adequate supplies available to support hand hygiene behaviors? Yes \_\_\_ No \_\_\_
Adequate supplies available for routine cleaning of objects and surfaces? Yes \_\_\_ No \_\_\_
Encourage staff to take everyday preventive actions to prevent the spread of respiratory illness? (i.e. wash hands, cover cough and sneezes, etc.) Yes \_\_\_ No \_\_\_
Require sick children/youth, family members and staff not participate in visitation? Yes \_\_\_ No \_\_\_
Plan in place if someone is or becomes sick prior to or during visitation? Yes \_\_\_ No \_\_\_

Monitor and Plan for Adequate Staffing

- Plans developed to cover visitation in the event of increased staff absences. Yes \_\_\_ No \_\_\_
Recommend that staff at higher risk for severe illness from COVID-19 not participate in visitation? Yes \_\_\_ No \_\_\_
Plan developed to maintain an adequate ratio of staff to children to ensure Safety. Yes \_\_\_ No \_\_\_

Plans for Implementing Social Distancing Strategies

- Plans for implementing social distancing strategies have been reviewed. Yes \_\_\_ No \_\_\_
Plans for visitation site that allows for social distancing has been developed. Yes \_\_\_ No \_\_\_

Plans for In-Person Visitation Sessions

- Follow current guidance about gathering. Yes \_\_\_ No \_\_\_
Plan to limit nonessential visitors. Yes \_\_\_ No \_\_\_
Plan for staff members, family members and older children to wear face coverings during visitation. Cloth face coverings should NOT be put on babies and children under age two because of the danger of suffocation. Yes \_\_\_ No \_\_\_
Plan for use of sanitizer during the visitation and healthy hand hygiene behavior Before and after visitation. Yes \_\_\_ No \_\_\_
Plan for arrival and departure of individuals participating in the visitation. Yes \_\_\_ No \_\_\_

**Child/Youth Visitation Checklist**

**Screening Children/Youth and Family Prior to and Upon Arrival**

- Plan for screening family members and children/youth prior to the visitation. Yes\_\_\_ No\_\_\_
- Plan for screening staff, family members and children/youth at beginning of visitation. Yes\_\_\_ No\_\_\_

**Clean and Disinfect**

- Have read, understand and will follow guidance provided by CDC for cleaning and disinfecting of the visitation site and all its contents. Yes\_\_\_ No\_\_\_
- Have read, understand and will follow the guidance provided by CDC for an intensified cleaning and disinfection efforts? Yes\_\_\_ No\_\_\_