



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___