

**Guidance for Private Providers and Facilities Operated by Private Providers**  
**COVID-19 (Coronavirus)**  
**October 30, 2020**

The following guidance is based on the most current Centers for Disease Control (CDC) and Tennessee Department of Health (TDH) recommendations for the prevention of the spread of COVID-19. This guidance is not intended to address every potential scenario that may arise as this event evolves.

**Guidance for visitation to residential facilities operated by private providers**

- Each residential facility is required to have a specific plan that allows family visitation to resume with appropriate safety precautions by June 10, 2020.
  
- When scheduling visitation the following preliminary questions should be asked.
  - COVID-19 related screening questions should be posed to family members wishing to schedule a visit BEFORE scheduling the visit and again upon arrival for the visit.
    - Have you been exposed to anyone who has been tested for COVID-19? If so, have results been received? If no, then visitation will not be scheduled until a confirmation of negative results received.
    - Have you been exposed to anyone who has **tested positive** for COVID-19? If so, visitation will not be permitted unless it has been more than 14 days since last contact with that individual.
    - In the past 72 hours have you experienced any of the COVID-19 related symptoms identified by the CDC? If so, visitation will not be scheduled.
  
- Fever, chills, fatigue, headache, sore throat, cough, shortness of breath, muscle/body aches, loss of taste or smell, congestion or runny nose, nausea or vomiting, or diarrhea.
  
- Additionally, the following will be required upon arrival for a visit:
  - Temperature checks completed and maintained in a log prior to entering the facility; if temperature is at or above 100.4, admittance/visitation will not be permitted.
  - All family visitors, youth, and staff must wear a mask during the entire visit.
  - Each facility will ensure social distancing is maintained by all parties during visits.
  - Limit number of families allowed on a campus at one time.
  - Limit number of family visitors per child to two people during each scheduled visitation.
  
- All other visitors and volunteer access to residential facilities is suspended until further notice.
- Attorneys representing the youth, medical personnel, and vendors delivering supplies are exempt from this suspension.
- This revised guidance of family visits on campus applies to facilities that serve both delinquent and

dependent and neglected youth.

- Following guidance from the CDC, DCS continues to strongly urge private providers who operate residential treatment facilities to conduct COVID-19 symptom and temperature checks on all employees and other essential personnel prior to entry into their facilities. Per CDC guidelines, those running a temperature of 100.4 or higher should not be permitted to enter the facilities.
- DCS is urging all providers to follow CDC guidelines regarding limiting social interactions that could potentially expose custodial youth to COVID-19.

#### **Guidance to Prevent Spread of Respiratory Germs WITHIN Facility**

- DCS is urging all providers to limit cross contamination between units or cottages when possible.
- DCS is urging all providers to consistently disinfect high traffic areas or known contaminated areas. DCS is urging all providers to maintain appropriate personal protective equipment (PPE) supplies and practice PPE conservation (PPE includes face masks, eye protection, gowns and gloves)
- DCS is urging all providers to isolate persons that are ill and mask them immediately. PPE must be worn by those caring for ill individuals

#### **Guidance for DCS staff making visits with youth in provider facilities**

***Effective November 1, 2020, based upon the recent upward trending in reported positive COVID-19 cases, the Department is recommending limited Face to Face visitation until further notice.***

- For youth placed in a Congregate Care setting, DCS FSWs should utilize videoconferencing except in circumstances where it is deemed appropriate/in the child's best interest to have a F2F visit. In such instances, Health Department guidance for face to face visitation will be followed.
- When DCS staff make face-to-visits at a facility, staff must wear mask as well as follow all other CDC, TDH and provider guidelines.
- DCS will continue to utilize videoconferencing to meet visitation requirements when there are active cases of COVID in a facility and the health department has restricted visitors; Central Office Network Development and the Child Health Unit will apprise regions weekly when visits should not be made to facilities for precautionary reasons.

#### **Guidance regarding transportation of youth**

- If youth must be transported for court appearances, medical exams, or other essential appointments, the department strongly urges sanitizing the vehicles before and after transportations occur.
- Youth and staff should wear mask during transportation to appointments and court appearances.
- For the period between the issuance of this document and moving forward, Private Providers and DCS staff are encouraged to continue to develop plans to facilitate face to face visits between children and DCS staff when feasible and safe.

#### **Guidance regarding week-end home passes and family visits**

- For the period between the issuance of this document until further notice, home passes will be granted only for D&N cases where stepdown/THV is deemed eminent, which will be determined through the CFTM process where a detailed plan for transition has been developed or a court order exists requiring a home pass is in place. In this case, contact the FSW to consult with Legal regarding next steps for an agreed order and/or amended court order, etc. DCS staff will have responsibility for

advising families of the updates to the temporary restriction. Please note: A Court Order **cannot** be violated and must be adhered to until DCS Legal advises otherwise. When visits do occur via videoconferencing, please provide a space for the youth where they can participate that provides quiet and confidentiality.

- Facilities should continue to develop phased plans for facilitating face to face visits between children and parents as well as home passes, particularly in the upcoming holiday months. Plans should take into consideration location, ability to social distance, and ability to follow CDC and TDH guidelines.
- Sibling visits and Parent/Child visits can occur via videoconferencing unless there is a court order requiring a face to face contact. In this case, contact the FSW to consult with Legal regarding next steps for an agreed order and/or amended court order, etc.

#### Guidance regarding court appearances

- From the date of this document until further notice if the child/youth has a pending court date, providers should check with the case manager to ensure that the court date has not been re-scheduled.
- If transportation to court must be made, please refer to the guidance above on transportation of youth.

#### Guidance for provider staff to consider when providing services by face to face and video conferencing

**Effective November 1, 2020, based upon the recent upward trending in reported positive COVID-19 cases, the Department is recommending limited Face to Face visitation until further notice.**

- For youth placed in private provider foster homes, private provider agency staff should utilize videoconferencing except in circumstances where it is deemed appropriate/in the child's best interest to have a F2F visit. In such instances, Health Department guidance for face to face visitation will be followed.
- For youth placed on a Trial Home Visit and being served by a private provider agency, the agency staff will visit the youth a minimum of 1 time per month face to face in the home. All other required visits to meet requirements of contract/provider manual, can occur by video conference unless there are safety concerns in the home or the youth's behaviors require more face to face visits to meet the child and family's needs; when this occurs, screen the individual to determine whether videoconferencing services are appropriate.
- When continued safety concerns exist in the home, the visit should likely occur face-to-face after the appropriate screening questions have been asked.
- When a youth is transitioning to a trial home visit from an out-of-home placement, the youth should be seen face-to-face, rather than videoconferencing, to assess safety. CDC guidelines should be followed.
- Assess the individual's ability to utilize technology resources for a videoconference – e.g. webcam or smartphone?
- At minimum, verbal consent for services will be accepted during this time.

#### Guidance on reporting

- Providers will report to the DCS Executive Director of Network Development, Camille Legins ([camille.legins@tn.gov](mailto:camille.legins@tn.gov) or 731-514-1780) if any custodial child is exposed to, exhibits symptoms of, is being tested for COVID-19, or has tested positive for COVID-19.
- Providers will send daily COVID-19 youth and youth testing by noon each day utilizing the daily tracking log

Providers will report to DCS Executive Director of Network Development, Camille Legins ([Camille.legins@tn.gov](mailto:Camille.legins@tn.gov)), and Deputy Commissioner of Child Health, Dr. Deborah Lowen ([Deborah.lowen@tn.gov](mailto:Deborah.lowen@tn.gov)) and appropriate Regional Administrator/Director if a therapeutic foster parent tests positive for COVID-19.

**The following guidelines are set forth and recommended by the TN Department of Health:**

**Everyone Should:**

- **Keep hands clean**
  - Wash with soap and water for 20 seconds several times per day OR sanitize hands with an alcohol-based hand sanitizer that is at least 60% alcohol
  - Avoid touching the eyes and face with unwashed hands
- **Avoid close contact**
  - Put six feet of distance between yourself and others, when possible
- **Cover mouth and nose with a mask or homemade cloth face cover when around others**
  - A cloth face covering helps to protect others from you
  - N-95 and surgical face masks are not necessary for public interactions
  - Do NOT place face coverings on children younger than age 2 or unconscious individuals
  - Use of a face mask does NOT replace frequent hand washing
- **Cover coughs and sneezes and immediately wash or sanitize hands**
- **Clean and disinfect frequently touched surfaces throughout the day**
  - Remember doorknobs and handles, light switches, phones, faucets and sinks

**Links to Tennessee Department of Health Guidance**

[General Guidance and Use of PPE by Non-Medical](#)

[Close Contact Guidelines](#)

[Case Guidelines](#)