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 September 1, 2020, the Department and Providers will resume a modified FACE to FACE visitation requirement**
• For youth placed in a Congregate Care setting, DCS FSWs will visit the youth 1 time per month face to face in the placement setting. Health Department guidance for face to face visitation will be followed if there are active positive cases of COVID in a congregate care facility, and Central Office Network Development and the Child Health Unit will apprise regions when visits should not be made to facilities for precautionary reasons. Additionally, regions should adhere to protocols that limit the number of staff visiting a facility and schedule in a manner that allows a minimum number of staff to see multiple children during a visit.
• DCS will continue to utilize videoconferencing to meet visitation requirements when there are active cases of COVID in the facility and the health department has restricted visitors.
• When DCS staff may make face-to-visits at the facility, staff must wear mask as well as follow all CDC, TDH and provider guidelines.

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.

- As we plan forward to relax restrictions on visitation, utilize this period between the issuance of this document for Private Providers, DCS regional staff, and families to develop a phased plan to begin facilitating face to face visits in the coming months between children and parents as well as home passes. This phased plan 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. 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.

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 regarding factors to consider when providing services by face to face and video conferencing

*Effective September 1, 2020, the Department and Providers will resume a modified FACE to FACE visitation requirement*

- For youth placed in Private Provider Foster Homes, Private Provider Agency staff will visit the youth a minimum of 1 time per month face to face in the foster 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.

- For youth placed on a Trial Home Visit and being served by 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.

- Screen the individual to determine whether videoconferencing services are appropriate.

- When continued safety concerns exist in the home, the visit should 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
- Refer to Reporting Requirements for COVID-19 Document which can be found @ https://www.tn.gov/dcs/covid-19.html
- Providers will report to the DCS Executive Director of Network Development, Camille Legins (camille.legins@tn.gov or 731-514-1780) if any custodial child in a congregate care facility is exposed to, exhibits symptoms of, is being tested for COVID-19, or has tested 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