

Guidance for Private Providers and Facilities Operated by Private Providers

COVID-19 (Coronavirus Disease)

January 6, 2022

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. TDH and CDC recognize that COVID-19 vaccinations are safe and the most effective means of preventing COVID-19. Vaccination and wearing masks is encouraged for the safety of children and adults.

Any medical questions from providers regarding exposure to the virus or quarantine periods for children in congregate care facilities, children in provider foster homes or foster parents should be directed to the child's pediatrician, the facility's medical provider or the local health department. Guidance on isolation and quarantine from the Tennessee Department of Health can be [found here](#).

Guidance for visitation to residential facilities operated by private providers

- Each residential facility will fully implement family visitation with appropriate safety precautions.
- Each facility will develop its own internal protocol/procedures for mask requirements, screening of visitors and staff, and number of people allowed during campus visits. DCS continues to encourage all providers to follow the latest CDC and TN Department of Health guidance when developing requirements. The following are questions may be taken into consideration when developing protocols for visitation:
 1. Are you experiencing any of the following? Cough, Shortness of Breath or Sore Throat
 2. Have you had a fever in the last 48 hours?
 3. Have you had a new loss of taste or smell?
 4. Have you had vomiting or diarrhea in the last 24 hours?
 5. If you are unvaccinated, have you had close contact with a confirmed case of COVID-19?

Guidance for DCS staff making visits with youth in provider facilities

- For youth placed in a Congregate Care setting, DCS family service workers or juvenile service workers will make face-to-face visits in facilities in accordance with departmental policy. However, some flexibility in face-to-face requirements was established through a departmental waiver memo, effective September 1, 2021.
- The FSW/JSW should contact the provider prior to conducting the visit to determine if the facility has any active COVID cases. If there are active COVID cases within the facility, the FSW/JSW should discuss with their supervisor to determine next steps.
- When DCS staff make face-to-visits at a facility, staff must follow the provider's guidelines as they relate to masks, screening questions and other COVID related protocols.
- DCS will continue to utilize videoconferencing to meet visitation requirements **ONLY** when there are active cases of COVID in a facility or if the health department has restricted visitors; this will be determined based on consultation with the DCS worker and DCS supervisor after conversation with the facility.

Guidance regarding transportation of youth

- If youth must be transported for court appearances, medical examinations, or other essential appointments, the department strongly urges sanitizing the vehicles before and after transportations occur.
- Youth and staff are encouraged to wear masks during transportation to appointments and court appearances.

Guidance regarding weekend home passes and family visits

- Parent/Child and Sibling Visits will occur face-to-face as prescribed by policy and the Contract Provider Manual. Additional visits are encouraged and can be done by videoconferencing.
- Home passes for D&N cases will occur based on policy and procedure requirements.

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

- For youth placed in private provider foster homes, private provider agency staff will make all required visits in accordance with the Contract Provider Manual and/or policy.
- For youth placed on a Trial Home Visit and being served by a private provider agency, the agency staff will visit the youth in their home and provide all required services outlined in the Contract Provider Manual and/or policy.
- Video conferencing will be allowed in circumstances where the periodic impact of COVID either on household members or on staff capacity to make visits, warrants flexibility that is guided by consultation with appropriate agency supervisors/managers.

Guidance on reporting**Congregate Care Facilities**

- Aggregate data collection on testing and positives of custodial youth and staff: A designated person at each congregate care facility will complete this Formstack by 5 pm daily [found here](#).
- Custodial youth data collection: The provider will notify Camille Legins, Dr. Deborah Lowen, and Mary Katherine Fortner within 4 hours after learning that any youth, custodial or non-custodial, has been diagnosed with COVID-19. Mary Katherine Fortner and Camille Legins will continue to work with the congregate care facility to obtain the names, dates, and test results of the affected youth.
- **Any medical questions from providers regarding exposure to the virus or quarantine periods for children in congregate care facilities should be directed to the facility's medical provider or to the local health department. Guidance on isolation and quarantine from the Tennessee Department of Health can be [found here](#).**

Private Provider Foster Homes

- Upon being informed that a custodial youth in a foster home has been diagnosed with COVID-19, within 4 hours the Private Provider Agency designee must follow this link and complete the Formstack [link here](#).



- The Private Provider Agency must notify the child's FSW or Team Leader of the positive result.
- The DCS Regional Nurse must be notified by the child's FSW or Team Leader as soon as possible to initiate contact and monitor the youth's health.
- Birth parent(s)/guardian(s) must be notified - if applicable and possible - of the infection, and documentation of that notification must be entered into TFACTS.
- Upon being informed that any person living in a Private Provider foster home has been diagnosed with COVID- 19, the Private Provider Agency designee must follow this link and complete this Formstack [link here](#).
- The Private Provider Agency must notify the FSW or Team Leader of all foster children in the home if there is a positive case in the home.
- Birth parent(s)/guardian(s) of all foster youth in the home must be notified - if applicable and possible - about the exposure to COVID-19 and plans for testing and/or monitoring. That notification should be documented in TFACTS, without specifying the identity of the COVID-19 positive individual.
- **Any medical questions from providers regarding exposure to the virus or quarantine periods for children in provider foster homes or foster parents should be directed to the child's pediatrician, the facility's medical provider or the local health department. Guidance on isolation and quarantine from the Tennessee Department of Health can be [found here](#).**

Guidance for COVID-19 vaccination

- Foster parents and other care providers are entrusted with authority and responsibility for the daily upbringing and care of children in their care consistent with the child's individualized circumstances and in consultation with the child's medical provider, including routine authority for matters such as well-care treatment, vaccination, vision, and hearing.