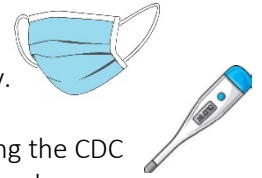


## Procedures during COVID for Congregate Housing

### Admission and Entry

The child-caring agency shall implement a pre-screening protocol for admission, visitors and re-entry.



1. Prior to admission of a youth or entry of visitors, conduct a COVID screening assessment using the CDC COVID symptom screening [tool](#) or provider developed tool, to determine if the youth or visitor has symptoms of or has been exposed to someone who is confirmed COVID positive.
2. Providers are encouraged to provide all admission paperwork to the youth's child welfare professional to complete, sign electronically and return prior to arrival.
3. Advise all parties that they must arrive wearing a mask, based on the age requirements outlined by the CDC.
4. At arrival, providers are encouraged to conduct a temperature check of all parties entering the facility. A temperature of 100.4 is considered a fever. Confirm that the information provided during their COVID pre-screen is still accurate and rescreen for symptoms if necessary.
5. If the youth has a fever or symptoms, direct the youth to your designated area for youth with symptoms of COVID. Medical evaluation may be necessary depending on the symptoms.
6. The provider are encouraged to deny entry into the facility of adult visitors or child welfare professionals who are displaying symptoms of or confirmed COVID positive.
7. The provider shall notify the youth's child welfare professional and their DCF regional licensing team if a youth is displaying symptoms of or confirmed COVID positive.
8. Providers should educate youth and visitors on their protocol for safe on-site visits to include proper hand and hygiene, coughing etiquette, and social distancing. Educational posters from the CDC can be obtained [here](#).
9. Providers shall encourage proper social distancing in shared spaces among youth and staff to the best of their ability, and wear masks inside the home when social distancing cannot be practiced.

### Resident Staff and Youth Displaying Symptoms of or Confirmed COVID Positive

1. The provider shall conduct a COVID symptom screening and temperature check for staff and youth who indicate they are unwell, utilizing the CDC's Coronavirus Self-Checker located [here](#) or provider developed tool.
2. The provider shall notify the youth's child welfare professional and/or legal guardian, their DCF regional licensing team, and the local health department, if displaying symptoms of or are positive for COVID.
3. The provider shall inform staff of their agency's quarantine and return to work protocol. The provider shall refer staff to the CDC's guidelines on how to care for themselves and when to seek medical attention.



## Helpful Tips for Providers

- Providers are encouraged to develop policies and procedures on the use of personal protective equipment, hand hygiene, social distancing, quarantining, and when to stop isolation.
- Group care providers should contact their DCF regional licensing team for concerns regarding licensing requirements such as site visits, staff ratio and training requirements at hire.
- Providers are encouraged to collaborate with CBC's regarding admission of youth throughout the state.

### Resources:

[CDC COVID-19 Guidance for Shared or Congregate Housing](#)

[How to Optimize the Supply of PPE and Other Equipment during Shortages](#)

[What to do if you are sick](#)

[Local Department of Health Point of Contacts](#)

**CONTACT INFORMATION:** If you have any questions or need clarification regarding this guidance, please contact Tanisha Lee, Child Caring & Child Placing Agency Specialist at [Tanisha.Lee@myflfamilies.com](mailto:Tanisha.Lee@myflfamilies.com), or Vanessa Snoddy, Case Management & Well Being Manager at [Vanessa.Snoddy@myflfamilies.com](mailto:Vanessa.Snoddy@myflfamilies.com) or 850-717-4769.

# Office of Child Welfare (OCW) Policy and Practice- Regional Licensing Child Caring & Child Placing Agency

## Site Visits

1. Prior to completing a site visit for re-licensure, conduct an assessment to determine if it is safe for the licensing specialist to complete a physical face-to-face site visit. If deemed unsafe, the licensing specialist shall consult with their manager to determine if an alternate method of virtual contact is feasible to satisfy the licensing visit requirement.
2. If the determination has been made to complete a virtual visit, subsequent assessments shall be completed every 60 days to determine if a physical face-to-face site visit can occur. The regional licensing team shall complete the on-site visit prior to the 60 day expiration if it is determined safe to do so.
3. Virtual visits are **NOT** permitted for initial licensing, any time concerns are noted, an intake for abuse/neglect is received requiring a licensing visit, or when there are concerns for an agency operating illegally.
4. PPE shall be utilized during all site visits and [CDC guidelines](#) shall be followed.



## Licensing Review

1. Ensure as much documentation as possible is gathered via email and reviewed online during the licensing review.
2. Continue conversations regarding acceptance of youth throughout the state who have symptoms of or may be positive for COVID.

## Did You Know?

1. Newly hired staff are not required to complete all training requirements upon hire or when switching positions within the home.
2. OCW can adjust the ratio upon request for the purpose of ensure capacity in the child caring setting.
3. Clerk of Court record searches can supplement 911 calls to service and locals if there is a delay in law enforcement providing results of the original request.
4. The Department is approved to submit name-based criminal history checks to receive state and national criminal history results under the Level 2 background screening standards during the time of the state's emergency declaration. See memorandum [here](#).

## Documentation

1. All virtual visits shall be documented in the notes under the provider module in the same manner a physical face to face site visit occurs.
2. Licensing specialist should continue to use the licensing adjustments checklist and tracking logs for licensure.



**CONTACT INFORMATION:** If you have any questions or need clarification regarding this guidance, please contact Tanisha Lee, Child Caring & Child Placing Agency Specialist at [Tanisha.Lee@myflfamilies.com](mailto:Tanisha.Lee@myflfamilies.com), or Vanessa

## Office of Child Welfare (OCW) Policy and Practice- Regional Licensing

Snoddy, Case Management & Well Being Manager at [Vanessa.Snoddy@myflfamilies.com](mailto:Vanessa.Snoddy@myflfamilies.com) or 850-717-4769.

## Overview

On July 23, 2020, OCW issued guidance on transitioning to safe, physical in-home face-to-face visits. In this guidance the Community-Based Care Lead Agencies (CBC) were to conduct an assessment for each child served through in-home, out-of-home, preadoption, Family Support Services and Extension of Foster Care to determine which children had not received a physical in-home face-to-face visit in the last 90 days. The assessment would also be utilized to determine if it was safe for the child welfare professional to complete a physical face-to-face home visit.

Subsequent assessments were to be completed every 30 days to determine if a physical in-home face-to-face visit should occur or if an alternate method of virtual contact was needed to satisfy the 30-day visit requirement. When virtual visits are conducted every 30 days as a result of the safety assessment contained in the CBC COVID Guidance Plans, the child welfare professional would be responsible for ensuring at minimum a physical in-home face-to-face visit is conducted within the 90-day period, if safe to do so.

*The CBC are encouraged to determine if it is appropriate for one child welfare professional to complete a physical face to face home visit for all children placed in a single foster home or group home instead of sending multiple staff each month.*

Additionally, the CBCs were informed that at any time concerns are noted or an intake for abuse/neglect is received during an active services case, the child must be seen physically in a face-to-face home visit until the risk is remedied, and virtual contact is deemed appropriate.



# IMPORTANT

While a virtual contact may be assessed as an appropriate method based on the guidance provided, it does not supplement the federal requirement of a physical in-home face-to-face visit in the child's current residence.

## Documentation

### Virtual Visits

When entering a virtual contact into Florida's Safe Family Network (FSFN), the child welfare professional should select the 'Virtual Contact' note type and document the completed face-to-face contact. Any virtual contact that is attempted and not completed should be documented in the case note narrative. The below guidance will assist in understanding the steps to document virtual contacts in FSFN.

## Office of Child Welfare (OCW) Policy and Practice Documentation of Virtual Contact

1. From the **Case Note** page, enter the contact begin and end date/time
2. From the **Category** drop down, select applicable value, I.e. "Case".
3. From the **Type** group box, select the appropriate note type of virtual contact
4. From the **Participants** section, select all appropriate persons the note applies to, then select the hyperlink for **Add Face-to-Face Contacts** to document the completion of the contact.
5. In the **Narrative** field, describe the reason or circumstance that limits the physical face-to-face contact and include the technology method used to conduct the face to face visit.



**NOTE: 'Virtual Contact' should not be selected along with a 'Home Visit in child's current residence'.**

### 30-day Home Visit in Child's Current Residence

No changes have been made to documenting federally required physical in-home face to face visits in FSFN. Please refer to the "<http://centerforchildwelfare.org/kb/FSFN/NotesHDIG.pdf>" for steps to complete a 30 day physical face to face home visit.

## Reporting

Although the Children's Bureau amended section 7.3, QA#8 of the Child Welfare Practice Manual permitting agencies to use videoconferencing to meet the Title IV-B monthly caseworker face-to-face requirement, the utilization of videoconferencing is not counted as an in-home visit or factored into the 50% requirement for visits that need to occur in a child's residence for federal claiming under the Stephanie Tubbs Jones Program.

**CONTACT INFORMATION:** If you have any questions or need clarification regarding this guidance, please contact Vanessa Snoddy, Case Management & Well Being Manager at [Vanessa.Snoddy@myflfamilies.com](mailto:Vanessa.Snoddy@myflfamilies.com) or 850-717-4769.

# Office of Child Welfare (OCW) Policy and Practice Covid-19 Family/Sibling Visitation Guidance

## Overview

Family and sibling visitation are important in maintaining the parent-child attachment, reducing a child's sense of abandonment, and preserving the child's sense of belonging as part of the family and community. Visitation facilitates permanency planning, promotes timely reunification, and helps in the decision-making process to establish alternative permanency plans. As we transition back to family and sibling visitation, each CBC should follow the additional guidance outlined below when conducting supervised and unsupervised visitation. It is recommended that each CBC considers prioritizing the level of importance for visits among families who fall in the category of reunification, preadoption/matching, and all court ordered visits.

### What you need to know:

#### *Preparation for Supervised & Unsupervised Visitation*

- Prior to scheduling a visit, the child welfare professional (CWP) shall complete an assessment of all parties attending the visitation to determine if it is safe to conduct a visit utilizing the assessment identified in their CBC covid-19 guidance document or the DCF Covid-19- screening checklist located [here](#).
- The CWP shall refer to their local CBC Covid-19 guidance document if it is identified that someone may have been exposed to Covid-19 prior to visitation.
- When youth have unsupervised visits, to the extent possible, conduct an assessment of that parent/caregiver for COVID-19 symptoms and exposure. If there are concerns noted, the child welfare professional should notify their supervisor immediately for guidance to determine if a formal legal request to alter visitation requirement is needed.
- During the assessment, the CWP should identify if the caregivers or the parents have adequate space to adhere to the CDC's 14- day quarantine outlined on the Center for Disease Control (CDC) website prior to the scheduled visitation.
- One (1) business day prior to the scheduled visit, the CWP should verify if there was a change in circumstances based off the original assessment that would prevent the visit from occurring.
- Upon validating the location for supervised visitation, ensure surfaces are sanitized prior to the commencement of the visit. It is recommended that visitation occur in an outdoor setting whenever it is appropriate to do so.
- Ensure that an appropriate amount of alcohol-based hand sanitizer with at least 60% alcohol, sanitizing wipes, tissue, and mask are accessible at the location of the supervised visitation.

**\*This is vitally important for those family members, parents, or others utilizing public transportation or riding in a vehicle with those who do not reside in the same household.**



- All parties are requested to wear personal protective equipment (PPE) during the visit to prevent the spread of COVID-19 to the child, following the CDC's guidance outlining age requirement and/or that may be required by a county or municipal ordinance in which the visitation occurs.
- The CBC shall be prepared to supply the parent/caregiver with a mask if they are unable to obtain one for the purpose of the visitation.
- When transporting youth, ensure the vehicle is properly cleaned and sanitized and consider limiting the number of passengers to only those necessary for the visit.
- Child welfare professionals should avoid shaking hands or making unnecessary physical contact.

### *Returning after a supervised or unsupervised visitation*

- After supervising or transporting a child for visitation, remove and properly dispose of any personal protective equipment (PPE) appropriately and follow the CBC COVID guidelines on measures taken at the conclusion of having contact with a family.
- The child welfare professional shall ensure all children wash their hands with soap and water and use alcohol-based hand sanitizer with at least 60% alcohol or sanitizing wipes after completion of the visit.
- Ensure the vehicle where the transportation occurred is properly cleaned and sanitized.
- If the child welfare professional has identified someone who might have been exposed to Covid-19 after the visitation, the caregiver should be advised of and requested to follow the CDC guidelines for the protection of the child and all in the placement home upon return. Parents shall be referred to the CDC's website regarding quarantine procedures and protocols located [here](#).
- Caregivers should ensure children practice social distancing from other children to the best of ability. Masks should be worn inside the home when social practicing cannot be practiced.



**CONTACT INFORMATION:** If you have any questions or need clarification regarding this guidance, please contact Jessica Johnson, Out-of-Home Care Specialist at [jessica.johnson@myflfamilies.com](mailto:jessica.johnson@myflfamilies.com) or 850-717-4491, or Vanessa Snoddy, Case Management & Well Being Manager at [Vanessa.Snoddy@myflfamilies.com](mailto:Vanessa.Snoddy@myflfamilies.com).