



Updated Friday, June 26, 2020

**COVID-19 Guidance for Congregate Care:
Group Homes, Shelter Care and Residential Congregate Care (RCC) Facilities**

Background

In March of 2020, the Department for Children and Families (DCF) issued interim guidance for congregate care. As the circumstances of COVID-19 continue to evolve, this document is intended to provide updated guidance. The recommendations below are from [DHS Memo 2020-11](#), [DHS Memo 2020-16](#) and the [CDC](#) and were created in collaboration with the Wisconsin Department of Health Services. **If a worker or resident of a facility is diagnosed with COVID-19, the facility should coordinate with local public health officials to receive further guidance on infection prevention and control and should notify its licensor immediately.**

Facilities can prevent introduction of COVID-19 from the community and reduce transmission if it has already been introduced by reinforcing proper preventative practices such as hand washing, coughing etiquette, and physical distancing among residents, staff, and visitors. Facilities are encouraged to intensify cleaning and disinfection practices and to recommend the use of masks or cloth face coverings for everyone present in the facility, as well as PPE when necessary. Because many individuals infected with COVID-19 do not display symptoms, the virus could be present in facilities before cases are identified.

Daily Health Checks

Congregate care facilities are encouraged to continue conducting regular health checks of **all residents (new and existing) and staff** for [symptoms of COVID-19](#) (see sample Health Check and Exposure Assessment form). This may include screening all residents and staff daily.

Considerations for Staff Members

Symptoms

To minimize exposure risk to the children and youth in placement, as well as to co-workers, employees exhibiting symptoms of COVID-19 should [seek out testing](#), not report to work, and call a healthcare provider to ascertain how to self-monitor and isolate in alignment with the protocol established by the CDC and DHS.

Exposure (Not Exhibiting Symptoms)

Congregate care facilities are encouraged to follow applicable CDC exposure-related work restrictions:

- Updated guidance issued by the CDC regarding potential or known exposure of COVID-19 to facility staff should be considered in coordination with any advisement from the local health department. The [CDC has provided a helpful grid](#) that outlines potential response based on the kind of exposure a staff member has experienced.
- In facilities that could suffer significant staffing shortages that would compromise their ability to protect residents, staff who did not experience high risk exposure may continue working while donning face coverings with regular re-evaluation of symptoms. Please follow [CDC guidance](#) and contact your local health department if you do not have face coverings or are running low.
- DHS does not recommend requiring a negative COVID-19 test prior to [returning to work for asymptomatic employees](#).

Returning to Work (Positive Test or Symptomatic)

Emerging guidance from the CDC should be consulted to determine criteria for return to work, dependent on individual circumstances. Per current [CDC guidelines](#), the decision as to when a staff member who had symptoms of, or tested positive for, COVID-19 may return to work should be made in the context of local circumstances. Options include:

1) A symptom-based strategy (i.e. time-since-illness-onset and time-since-recovery strategy)

- At least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g. cough, shortness of breath); *and*
- At least 10 days have passed since symptoms first appeared.

OR

2) A test-based strategy (contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing).

Considerations for Residents

All residential facilities are encouraged to continue with single room occupancy if practical (no roommates for any resident) so as to minimize extended contact between residents, and to maintain the space and ability to isolate a resident who becomes symptomatic or becomes positive for COVID-19 and is able to remain in a residential setting during recovery.

Residential facilities are also encouraged to take additional measures to prevent the introduction of, or spread of, COVID-19 in the facility, which includes the following:

- All residents should receive written and verbal information, translated if needed, regarding preventive measures, including [cough etiquette](#) and [hand washing](#).
 - All residents should wash their hands with soap and water for at least 20 seconds prior to meals, following meals, after coughing, sneezing, or blowing their nose, and after using the bathroom.
 - All residents should be instructed to avoid touching their face until after they have washed their hands well with soap and water.
- Residents should be encouraged to wear face coverings and maintain physical distancing (at least 6 feet apart) from each other during their stay at the residential facility as much as possible.
 - This should include during group time, mealtime, and any free time.
 - Alter schedules to reduce the number of people gathering in groups (e.g., mealtimes, recreation).

The CDC recommends the following steps if COVID-19 is suspected, based on evaluation of the resident or prevalence of COVID-19 in the community:

- Residents with known or suspected COVID-19 should be isolated immediately and ideally should be placed in a private room with their own bathroom.
- Room sharing might be necessary if there are multiple residents with known COVID-19 in the facility or if the facility does not have capacity for single rooms. As roommates of symptomatic residents might already be exposed, it is generally not recommended to separate them in this scenario. Public health authorities can assist with decisions about resident placement.

Facilities are encouraged to follow the [Interim Infection Prevention and Control Recommendations for Patients with COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings](#), and should check back regularly, as the information is updated.

Considerations for Visitors

To minimize the risk to all staff and residents, facilities are encouraged to screen everyone entering the facility for COVID-19 symptoms.

Professional Visits:

- We know that face-to-face contacts with children, youth, parents, and out-of-home caregivers are essential in assessing safety, creating engagement, and in case planning. They are also necessary for timely and positive outcomes for children and youth. ***Facilities may not deny access to child welfare workers, a child's/youth's counsel or guardian ad litem, or DCF licensing staff.***

Parent or Caregiver Visits:

- As the circumstances of COVID-19 continue to evolve, it has become apparent that total elimination of the risks of infection with this disease will not happen soon. Facilities

must prepare for safe ways in which to reintroduce family interaction between residents and their parents or caregivers, in consultation with the child's case worker. Additionally, compliance with court orders must be accommodated.

- In preparing to reintroduce family interaction, facilities may have to consider individual circumstances unique to the facility as well as any local public health orders in effect. However, facilities are otherwise encouraged to consider and implement whatever measures are necessary to safely resume in-person family contact for the children and youth in their care. When safe to do so, family interaction may resume in ways which still honor physical distancing, and reduce potential exposure, such as:
 - Having a visit in an outside space
 - Having the visitor take a walk with the child/youth
 - Finding a mutually convenient place to meet in-person, which may be off-site
 - Providing face coverings for everyone participating in the visit if needed

Additional considerations to decrease exposure to and transmission of COVID-19:

- Congregate care settings may utilize educational materials to inform visitors and residents about COVID-19, such as CDC [How to Protect Yourself & Others](#)
- Consider infection control measures such as:
 - a. Screening prior to entrance for any COVID-19 symptoms according to current federal, state, or local public health guidelines. Visitation should be cancelled if any symptom is present.
 - b. Limiting how far visitors travel within in the facility. This may be accomplished by:
 - i. Having a separate visiting room close to the entrance
 - ii. Developing paths that avoid walking through care areas
 - c. Considering environmental changes such as portable HEPA filtration systems, hard surface furniture with 6 foot spacing, and removing all extraneous items from visiting area. This may include things like magazines, toys, or other communal items.
 - d. Requiring visitors and residents to complete appropriate hand hygiene before and after their visit.
 - e. Ensuring visitors and residents are using appropriate source control measures such as cloth face covering or face mask for the entire visit, even if physically distancing appropriately.
 - f. Disinfecting the visitation area between each visit according to [current guidelines](#).
- Consider potential administrative controls to monitor compliance and provide instruction:
 - a. Prescribing date, time, and maximum number of visitors in setting at any one time, limiting the number of visitors per resident, and limiting the length of the visit if appropriate. Consider asking visitors to wait outside of the facility until everyone is ready for the visit to limit the number of people waiting in the facility.
 - b. Requiring the visits to occur at scheduled times when there are adequately trained staff available to provide education on COVID-19 mitigation procedures and setting expectations.

- c. Revising visitation plans based on setting data, COVID-19 status, and current local, state, and federal guidelines.
- Provide visitor and resident education prior to each visit, translated if needed, which includes:
 - a. Facility's procedure for visitation.
 - b. Screening process for COVID-19 symptoms per CDC guidelines.

Local agencies should consult with their legal counsel with questions about court orders relating to visitation.

Facilities are encouraged to update their communication with families about their individual protocol and plan to commence or proceed with in-person visits when it is safe to do so.

Other Visitors:

- Facilities are strongly encouraged to continue restricting other visitors who do not fall into the categories above and non-essential health care personnel until it is deemed safe to remove this restriction, in accordance with recommendations from the CDC, local or public health department, and any local phased reintegration.

Considerations for Community-Based Family Interaction

Facilities may resume home visits for residents, in collaboration with the child or youth's caseworker and as allowed per court order. The following should be considered:

- Child's health status
- Status of COVID-19 prevalence at the facility and risk level to the youth and family involved in the community visit
- Status of COVID-19 in the community or location the child plans to visit
- Health status of the child's family or family members

Facilities can support safe community contact in the following ways:

- Providing face coverings for the child and the child's family, if needed
- Performing a health check and screening upon the child's return

Agency casework staff can support safe community contact in the following ways:

- Providing face coverings for the child and the child's family, if needed
- Discussing with family the importance of observing physical distancing guidelines during the visit and reporting any known concerns of possible exposure to the facility and local health department.

Preparing for Facility Outbreak

In the event of a facility outbreak of COVID-19 that presents risk of exposure beyond affected quarantined individuals, congregate care providers should immediately notify local public

health, DCF, and DMCPS (if the facility is in Milwaukee County) and should enact swift communication, translated as needed, to affected local child welfare agencies, children, and families whose visits may be affected or temporarily ceased if necessary to reduce risk to the extent possible.