



Updated June 15, 2021

## COVID-19 Guidance for Congregate Care:

### Group Homes, Shelter Care and Residential Congregate Care (RCC) Facilities

#### **Background**

In June of 2020, the Department for Children and Families (DCF) issued updated guidance for congregate care, followed by [Frequently Asked Questions Regarding COVID-19 for Congregate Care Settings](#) most recently updated in June 2021. As the circumstances of COVID-19 continue to evolve, including the possibility of COVID-19 being introduced to and potentially spread within facilities, this document is intended to provide updated guidance. The recommendations below are based on guidance from the [CDC](#) and were created in collaboration with the Wisconsin Department of Health Services.

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. As COVID-19 has become more prevalent in Wisconsin, it is increasingly imperative that facilities enforce separation and quarantine for known or suspected individuals who have been exposed to COVID-19, require the use of PPE by their staff, and encourage continued mask compliance in congregate care settings even in the absence of state or local health orders, with further direction provided in the [Frequently Asked Questions Regarding COVID-19 for Congregate Care Settings](#).

**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.**

#### **Admissions**

New admissions or residents who return to the congregate care setting after having gone missing from out-of-home care should be screened carefully for any exposure to Covid-19. In accordance with [DHS](#) guidance for comparable congregate care settings, fully vaccinated residents who have not had prolonged close contact with someone with COVID-19 infection, defined as contact within six feet for 15 minutes or more in a 24-hour period, within the prior 14 days no longer are required to quarantine upon admission or return to care. Unvaccinated residents whose COVID-19 status is unknown upon admission or return should be placed in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19.



[Department of Health Service's Guidance for Assisted Living](#) outlines additional guidance specific to admissions and discharges, infection prevention, testing criteria, and visitor guidelines, much of which is equally applicable to child welfare congregate care settings. DCF strongly recommends that this guidance be referenced and followed.

### **Considerations for Staff Members**

Congregate care facilities are encouraged to continue conducting regular health checks of **all staff** for all [symptoms of COVID-19](#) (see sample Health Check and Exposure Assessment form). This should include screening all unvaccinated staff daily at the beginning of their shifts and administering or requesting COVID-19 tests when appropriate.

**Staff in congregate care facilities are encouraged to wear masks and must follow any local health orders in effect. Providers shall communicate with the Department of Children and Families if they have concerns about following the guidance or are unable to obtain the necessary supplies.**

### **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.

### **COVID-19 Outbreak Response**

When any staff or resident test positive for COVID-19, facilities must submit a Serious Incident Report, notify DMCPs (if the facility is in Milwaukee County), and contact their local health department. Facilities must continually monitor their overall census of individuals who have a confirmed diagnosis of COVID-19. **The definition of a COVID-19 outbreak has changed. Two or more individuals in a facility, including both staff and residents, who have tested positive for COVID-19 within a 14-day time-period constitutes a suspected outbreak and requires immediate action. Steps should be taken to see if there are any links between the cases and if transmission is likely happening within the facility.**

Facilities experiencing an outbreak are eligible for, and should employ, outbreak testing. Outbreak testing may include testing of specific programs or testing all residents and staff, depending on the extent of the outbreak. DHS prioritizes testing supplies for facilities experiencing outbreaks. Once you have confirmed with your local health department that your facility is experiencing an outbreak (i.e., two or more staff or residents with confirmed COVID-19), you can order molecular laboratory testing supplies (i.e., PCR) through the DHS [website](#). When completing the testing supply request form, indicate this is part of outbreak testing. Supplies will be made available to test residents and staff on a weekly basis for the duration of the outbreak. Facilities should plan to test all staff within 3-5 days from the initial positive case



notification to identify the extent of the outbreak. Residents may only be tested if appropriate written consent has been obtained. It may take several days to receive supplies, so order them as soon as possible. DHS will also assign a laboratory that will process completed tests and provide results. The facility will need to coordinate with the assigned laboratory representative to provide appropriate account information to process the tests. Facilities without medical personnel or other caregiver staff who are trained in test collection procedures will need to identify and partner with a local healthcare provider to collect test swabs, and are strongly encouraged to have a pre-emptive outbreak test collection plan in place to allow for rapid testing if and when an outbreak occurs.

DCF will work closely with facilities experiencing outbreaks, in partnership with state and local health departments, to mitigate the risk of further spread to the extent that is possible. Facilities will have access to, and should utilize, telephone-based facility infection control assessments with [Department of Health Services infection preventionists \(IP\)](#) when advised by their local health department. Facilities may also directly reach out to the IPs with questions related to their infection prevention practices as needed.

Facilities encountering COVID-19 transmission and spread should immediately take measures to separate individuals, disinfect surfaces, and reinforce all mask compliance and hygiene procedures for everyone in the facility as a general precaution.

Facilities may not deny access to child welfare workers, a child's/youth's counsel or guardian ad litem, or DCF licensing staff. Facilities should notify all visitors of the current status of COVID-19 presence in the facility and ensure that mask compliance and other appropriate measures are followed by everyone who enters the building. Facilities should conduct virtual visits, except where access is required as stated above or by court order, until COVID-19 spread is contained. Local agencies should consult with their legal counsel with questions about court orders relating to visitation.

Should family contacts be suspended due to COVID-19, facilities are encouraged to update their communication with families about their individual protocol and plan to resume in-person visits when it is safe to do so. Facilities should continue to offer and increase virtual contact when physical contact is suspended.