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Date: Wed, Apr 29, 2020 at 10:54 AM  
Subject: CRF COVID-19 FAQs  
To: <DSS\_LICENSING@listserv.cov.virginia.gov>

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**VIRGINIA DEPARTMENT OF SOCIAL SERVICES**  
**DIVISION OF LICENSING PROGRAMS**  
**COVID-19 Frequently Asked Questions: Licensed Children’s Residential Facilities**  
**April 28, 2020**

*Virginia Department of Social Services, the Division of Licensing Programs, would like to thank the providers of the children’s residential programs for their cooperation and commitment for the safety of residents and staff during this pandemic. COVID-19 is a novel virus with health care professionals continuing to learn new information about the virus; therefore, it is important that providers stay well-informed of the updated COVID-19 information and recommendations by the [Virginia Department of Health](#) (VDH) and [Centers for Disease Control and Prevention](#) (CDC).*

*This guidance and frequently asked questions and answers (FAQs) are provided for the operation of children’s residential facilities in response to the COVID-19 pandemic and is based on recommendations from the VDH and CDC.*

## Contents

- I. COVID-19 Prevention
  - A. [What measures can the providers take to prevent COVID-19 from spreading into the facility?](#)
  - B. [How do you practice social distancing in a residential facility?](#)
  - C. [When should staff and residents wear a cloth face covering?](#)
  - D. [How do providers screen staff and residents when they enter the facility?](#)
- II. Visitation
  - A. [How do residents maintain contact with their family and support systems if visitation is restricted?](#)
- III. Exposure or positive COVID-19 case
  - A. [What steps do providers need to take when a resident is confirmed to have COVID-19?](#)
  - B. [How do providers determine when to end quarantining a resident?](#)
- IV. Admission
  - A. [Should we continue to accept new admissions during this pandemic?](#)
- V. Mental Health
  - A. [How do we support residents that are experiencing stress or anxiety because of COVID-19?](#)
- VI. Licensing Requirements and Modifications.
  - A. [We are having difficult time obtaining routine medical and dental appointments as well as completing TB screenings. What options do we have?](#)
  - B. [Can providers delay background checks during the pandemic?](#)
  - C. [When should providers contact the Division of Licensing Programs?](#)
- VII. [Additional Resources](#)

## I. COVID-19 PREVENTION

### A. What measures can providers take to prevent COVID-19 from spreading into the facility?

COVID-19 is a virus that can spread from person to person. It is essential to learn ways to protect yourself and others from the virus. VDH provides prevention steps for residential facilities to take now. These steps are:

- Ensure that staff and residents are aware of the signs and symptoms of COVID-19. It is recommended to post signs of these symptoms and prevention tips. You can find signs to post on the [CDC website](#).
- Establish flexible sick leave and absentee policies to allow staff who are sick and taking care of sick household members to stay at home.
- Screen each person arriving at the facility for signs and symptoms of COVID-19 and do not admit any person who does not reside at the facility to enter if they have COVID-19 symptoms.
- Follow [social distancing guidelines](#).
- Practice frequent hand washing for at least 20 seconds and avoid touching your face specifically the eye, nose, and mouth area.
- Clean and disinfect surfaces, focusing on commonly used areas including doorknobs and light switches.
- Review the [VDH COVID-19 Interim Guidance for Group/Congregate Residential Program Settings](#) for additional preventative measures for COVID-19.

### B. How do you practice social distancing in a residential facility?

Social distancing, also called physical distancing, means keeping space between other people usually outside of your home and not typically required inside the facility without a symptomatic resident. Social distancing is needed inside the facility when staff are caring for symptomatic residents to avoid close contact and to keep at least six feet apart if possible. Remember the best social distancing occurs when we stay in the residence to reduce exposure.

Here are ways to practice social distancing in a residential setting:

- Sleeping Arrangements
  - Increase spacing of beds to be at least three to six feet apart.
  - Reduce the number of residents in the bedroom if possible.
  - Arrange beds so individuals lay head-to-toe or toe-to-toe.
- Mealtimes
  - Stagger meal and snack times to avoid crowding.
  - Stagger schedules for shared kitchens and dining rooms.
  - Do not allow snacking from shared bowls.
- Bathrooms
  - Reduce the amount of people using the facilities at the same time.
  - Provide a separate bathroom for a symptomatic resident if possible.
- Recreation/Common Areas
  - Do not allow mixing of groups or larger group activities.
  - Maintain separate spaces for smaller groups (no more than 10 people, counting staff).

**C. When should staff and residents wear a cloth face covering?**

The [CDC](#) recommends wearing cloth face coverings in a public setting when social distancing is not possible, e.g. grocery store, pharmacies, or riding in a van with others.

**D. How do providers screen staff and residents when they enter the facility?**

When a staff arrives at the beginning of the shift or residents return to the facility after leaving with or without permission, each person should be screened and monitored for COVID-19 symptoms upon arrival.

Based on the CDC and VDH guidelines, you should screen individuals by:

- Checking to see if the person has a temperature and symptoms each time they enter the facility. Ask if the person has taken any medications to lower their temperature.
- Asking if the person had any contact with a person exposed or tested positive for COVID-19. A staff person or visitor that is sick should not be allowed to enter the facility.

Staff with a fever of 100.4 or higher, cough, or shortness of breath or has a household member with COVID-19 should not be allowed to enter the facility. If a resident shows symptoms of COVID-19 (fever of 100.4 or higher, cough, or shortness of breath), immediately separate the resident. If symptoms persist or worsen, call their healthcare provider for further guidance and notify the placing agency as soon as possible.

## II. VISITATION

**A. How do residents maintain contact with their family and support systems if visitation is restricted?**

COVID-19 virus can cause fear and anxiety in children and adults. It is especially important during this time to ensure that residents are able to communicate with friends, family, and loved ones if visitation is restricted. Residents can connect with loved ones through the telephone, email, mail, text messages, social media, and video chat. Connections will reduce the feeling of loneliness and isolation. If possible, allow for residents to participate in virtual activities together such as virtual dinners, crafts, concerts, watching TV, or playing video games.

When visitation policy changes, the resident, parents, and resident's legal guardian or placing agency must receive a copy of the revised visitation policy. The visitation policy should outline in detail the revised visitation changes and when the change will discontinue.

## III. EXPOSURE OR POSITIVE COVID-19 CASE

**A. What steps do providers need to take when a resident is confirmed to have COVID-19?**

- Notify the local health department, placing agency/guardian, and VDSS licensing inspector.
- Quarantine any resident who becomes sick or symptomatic, immediately.
- Contact resident's medical provider and evaluate resident for the need for hospitalization.
- If hospitalization is not medically necessary:
  - Place resident in a single room, if possible, with the door closed.
  - The resident should have a dedicated bathroom.
  - Use PPE while caring for a resident with COVID-19.

- Help manage resident’s anxiety related to COVID-19 and ensure continuity of regular care and essential services.
- Develop a communication plan to discuss resident’s health status with resident’s family and placing agency.
- Keep a list of all individuals who may be exposed to the infected person and notify them of potential exposure.
- Put your infection control plan into action. Staff should strictly follow basic infection control practices between residents (e.g. hand hygiene, cleaning and disinfecting shared areas).
- Actively monitor other residents and staff for COVID-19 symptoms.
- For congregate settings, the test-based strategy is recommended when testing is available and feasible. All persons who reside or work in congregate settings are prioritized for testing at the state laboratory; this include testing to help determine when to discontinue transmission-based precautions.
- Review [VDH COVID-19 Guidance for Group/Congregate Residential Program Settings](#) for additional guidance.

**B. How do providers determine when to end quarantining a resident?**

The resident should be quarantined from other residents until the resident is no longer infectious. See VDH guidance “[When It is Safe to be Around Others: Ending Isolation in Non-Health Settings.](#)”

## IV. ADMISSION

**A. Should we continue to accept new admissions during this pandemic?**

Providers should continue to follow normal admission policy and procedures to their facility for residents who do not have symptoms or exposure to the COVID-19 virus. For accepting new admissions of a positive COVID-19, the facility would need to determine that they are able to provide the necessary care for the resident without jeopardizing other residents and staff, e.g. physical capacity to isolate residents and staff coverage.

## V. MENTAL HEALTH

**A. How do we support residents that are experiencing stress or anxiety because of COVID-19?**

Each person responds differently during a crisis. The timing of the reaction varies as some react now while others take time to show signs of stress or anxiety. Responses vary according to the child’s age, previous experiences of trauma, and how the child normally copes with stress. The strategies of addressing the child’s mental health needs should be individualized. Here are ways to help children cope during emergencies:

- If the resident has a therapist, contact the therapist for guidance. If the child does not have a therapist, access the child to see if a therapist is needed, especially when the stress gets in the way of daily activities for several days.
- Talk with the resident about the COVID-19 virus, reassure the resident, and help the resident find positive ways to express feelings.
- Keep residents connected to their family, friends, and loved ones.
- Try to maintain familiar routines.
- Incorporate recreational activities when possible.
  - Exercise or light movement like stretching, walking, yoga, or dancing.
  - If possible cardiovascular exercise. Research suggest cardio activities assists with easing anxiety and increases one’s ability to sleep.

- Read/listen to books
- Learn a new skill
- Journal/Write
- Arts/Crafts
- Games/Puzzles
- Gardening
- Cooking something new with ingredients you have at home, if possible.
- Read resources on how to assist residents and staff during this pandemic. Additional information is available under VII. Resources.

## VI. LICENSING REQUIREMENTS AND WAIVERS

### A. We are having a difficult time obtaining routine medical and dental appointments as well as TB screenings. What options do we have?

COVID-19 confirmed cases vary within each locality, which will cause variances in obtaining routine medical and dental appointments. The provider should document why the appointment did not occur in the resident or staff's record and attempts should be made to reschedule the appointment as soon as possible.

### B. Can providers delay background checks during the pandemic?

Background checks continued to be required in accordance with the law. If the provider is having difficulty obtaining a background check due to Fieldprint closure, follow the guidance on the VDSS website for "[Procedures for Fieldprint Site Closures.](#)" At this time, the Office of Background Investigations (OBI) continue to process applications timely.

### C. When should providers contact the Division of Licensing Programs?

The provider should contact their licensing inspector with any questions or concerns. In addition, the provider would contact the licensing inspector if there are any programmatic changes such as ceasing to accept new admissions. A positive COVID-19 case should be reported immediately to the licensing inspector and VDH.

## VII. ADDITIONAL RESOURCES

### *Mental Health*

<https://www.nami.org/getattachment/Press-Media/Press-Releases/2020/COVID-19-and-Mental-Illness-NAMI-Releases-Importan/COVID-19-Updated-Guide-1.pdf?lang=en-US>

<https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>

[https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fmanaging-stress-anxiety.html](https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fmanaging-stress-anxiety.html)

<https://www.cdc.gov/childrenindisasters/helping-children-cope.html>

### *Child Welfare Professionals*

<https://www.dss.virginia.gov/geninfo/corona.cgi>

<https://www.cwla.org/coronavirus/#cwresponse>

*Residential Facilities*

[https://www.thenationalcouncil.org/wp-content/uploads/2020/03/NCBH\\_COVID19\\_Guidance\\_for\\_BH\\_Facilities.pdf?daf=375ateTbd56](https://www.thenationalcouncil.org/wp-content/uploads/2020/03/NCBH_COVID19_Guidance_for_BH_Facilities.pdf?daf=375ateTbd56)

[https://www.dss.virginia.gov/files/division/licensing/crf/intro\\_page/current\\_providers/notices/multi\\_agency\\_directives\\_for\\_crfs.pdf](https://www.dss.virginia.gov/files/division/licensing/crf/intro_page/current_providers/notices/multi_agency_directives_for_crfs.pdf)

[https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist\\_3\\_13.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf)

*COVID-19*

<https://www.vdh.virginia.gov/coronavirus/>

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf>