MEMORANDUM

TO: Chief Executive Officers and Executive Directors of Voluntary Agency Residential Programs

FROM: Lisa Gharkey Ogundimu, Deputy Commissioner
Division of Child Welfare and Community Services

DATE: March 17, 2020

SUBJECT: Temporary Visitor Restrictions Within Residential Treatment Centers and Congregate Care Settings

As part of New York States’ continued effort to curtail the transmission of the Novel Coronavirus of 2019 Disease (COVID-19) and maintain the health, safety, and well-being of the children and families served in residential treatment centers and congregate care settings (programs), the Office of Children and Family Services (OCFS) encourages the implementation of policies which limit visitor access. Programs must take immediate steps to temporarily restrict visitors to only:

- specified family members,
- medical personnel, and
- behavioral health specialists

Specified family members include parents, primary custodians, and siblings. Additionally, programs should develop systems which expand the use of telephone and electronic communication to support continued visitation opportunities for all residents. Finally, programs must screen all individuals, including staff and approved visitors, to assess risk of exposure to COVID-19.

These mitigation strategies are necessary to reduce the possibility of facility-based transmission of COVID-19. These restrictions should remain in effect until further notice.

Please note:

- Programs must immediately notify families, local departments of social services (LDSS), and OCFS Regional Office of visitor restrictions.
• Consideration should be given to utilizing telehealth and telemental health to maintain continuity of medical and behavioral health services.

• Programs must ensure that residents have readily available access to telephones and videoconferencing to facilitate visitation with individuals not allowed campus entry. This includes legal representatives, non-specified family members, and friends. Changes to contact or visitation schedules must be documented in the case record. Programs should identify multiple ways for residents to maintain communication and connection outside of the residential setting.

• Recognizing the traumatic impact this evolving health crisis could present to residents, programs must have procedures to address circumstances warranting additional consideration of certain visitation, notably, where the visitation would meet the therapeutic and, or, well-being needs of the resident and not present danger to the health and well-being of other residents.

• When feasible, programs are encouraged to consult with the appropriate LDSS and local health department.

• Before allowing an individual entry to a residential campus (including staff and approved visitors), programs must follow the CDC guidelines and perform a health screen. This health screen should be conducted every time an individual seeks to enter the campus. Should an individual present a risk, that individual should be denied access to the campus and visitation should be facilitated through other methods, such as the use of telephone and electronic communication to support continued visitation opportunities for all residents. It should be explained to the individual, as well as to the resident the individual is visiting, why access to the campus is being denied. This screening is designed to determine whether the person is at risk of exposure to COVID-19:

  o Have you traveled to a country for which the CDC has issued a Level 2 or 3 travel designation within the last 14 days?;

  o Have you had contact with any Persons Under Investigation (PUI) for COVID-19 within the last 14 days, OR with anyone with known COVID-19?; and

  o Do you have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?

• Steps should be taken to clean the facility frequently. Hand hygiene supplies should be readily available in the building for residents, staff, and visitors. Make certain all staff/providers follow the CDC’s guidelines for infection control basics including hand hygiene:

  • Infection Control Basics

  • Hand Hygiene in Health Care Settings

  • Handwashing: Clean Hands Save Lives
Frequent communication with the children and youth in your care, and their families, is crucial to helping them understand the decisions that are being made are intended to keep their loved ones safe. We truly appreciate your dedication to the children and youth we are all entrusted to caring for during this difficult time. Please do not hesitate to contact your OCFS Regional Office with any questions.

CC: Local Department of Social Services Commissioners
David L. Bach, Associate Commissioner
Barbara Green-Flood, Director of Regional Operations
OCFS Regional Office Directors