



**ACS EMERGENCY GUIDANCE FOR CONGREGATE CARE PROVIDERS:  
Staffing, Training and Clearances Requirements - COVID-19  
REVISED March 25, 2020**

This memorandum provides emergency guidance to ACS contracted foster care and juvenile justice providers regarding temporary modifications to staffing and training requirements pertaining to congregate care programs. These modifications apply only as needed to allow for continued services to support children in care during the COVID-19 emergency in New York City. This guidance will be updated as necessary.

ACS expects its provider agencies to continue to maintain staffing ratios sufficient to provide appropriate care and supervision of children and youth in their care, consistent with the health and safety of foster children and youth and agency staff. Providers should attempt to maintain required staffing ratios. ACS recognizes the need for flexibility with staffing ratios, as well as with certain training and clearance requirements as described below. ACS has requested approval from OCFS to waive certain staffing and pre-service training requirements to support providers in staffing their programs during the COVID-19 emergency. Given the emergency situation, ACS is moving ahead now to authorize providers per the below.

**Staffing During the COVID-19 Emergency**

Appropriate staffing ratios are essential for the safety and well-being of children and youth in care as well as the staff members themselves. Sufficient staff are needed to:

- Provide supervision and child care;
- Provide therapeutic support to children and youth in care, especially those who are in crisis;
- Prevent and de-escalate conflicts between children and youth;
- Monitor the health and well-being of children and youth in care; and
- Provide programming to engage children and youth in educational and recreational positive activities.

During this public health emergency, staff and young people alike face high levels of stress. It is important that staff support one another and that there is sufficient coverage to allow staff to take brief breaks throughout the day while the program maintains appropriate supervision of children and youth.

Due to the COVID-19 emergency, programs are likely to face staffing challenges. **Providers must clearly convey the expectation to all staff that they must not report to work if they have any of the following symptoms** (not due to pre-existing conditions):

- Fever (temperature above 100.4 degrees Fahrenheit or 38 degrees Celsius);
- Cough;
- Shortness of breath (difficulty breathing);
- Sore throat.

If an employee is exhibiting or reporting any of these symptoms, they must be directed to go home and contact their organization's Human Resources department for information. The employee's supervisor should also contact Human Resources regarding next steps.

### **Flexibility to Help Providers Maintain Appropriate Staffing Levels**

Due to the challenges noted above, ACS is offering providers relief on certain requirements (described below) in order to help maintain appropriate staffing levels.

#### Redeployment of Staff from Other Areas

Providers may consider reassigning staff from other programs (for example from an afterschool program) to temporarily staff a congregate facility.

#### Flexibility on Clearances for Redeployed and New Staff

Existing regulations allow for flexibility in clearances for emergency situations to allow for rapid recruitment of additional or temporary staff with experience working with children. Providers must submit Statewide Central Register of Child Abuse and Maltreatment (SCR), Justice Center and Criminal Background Checks for such employees. Providers may utilize staff whose clearances are pending. These staff must have in-person supervision by fully cleared staff at all times. Per 18 NYCRR 442.18:

- **“[A]n employee of an agency...may have contact with children cared for by the agency prior to the receipt by the agency of the result of the [SCR] inquiry...only where such employee is visually observed or audibly monitored by an existing staff member of the agency. Such employee must be in the physical presence of an existing staff member” for whom an SCR inquiry has already been received and reviewed** [bold added].
- The regulation further states that, “In emergency situations involving the health safety or welfare of children which require child care staff to be unexpectedly absent from their usual work stations and when qualified backup staff are not available, **non-child care agency staff must be utilized to provide necessary child care until qualified staff become available.**”

Providers should employ this flexibility only if and when it becomes necessary for the safety and well-being of children/youth in their care.

#### Flexibility on Training Requirements

During the COVID-19 emergency, providers with an OCFS-approved restraint policy **may deploy staff who have not yet completed behavioral management, Therapeutic Crisis Intervention and/or Safe Crisis Management (SCM) training and/or been TCI/SCM-certified to work in congregate foster care and detention facilities when essential to meet staffing needs.** Staff members previously trained in TCI

or SCM-trained staff whose certification has expired may continue working when necessary, and may be considered trained for the purposes of supervising staff not yet trained in appropriate and approved restraint techniques.

This flexibility should only be utilized when no other options are available to ensure all work shifts in facilities are covered. **Staff who have not completed training--and those whose certification has expired--must be closely supervised and supported by fully-trained staff, and must complete training as expeditiously as possible. Staff who have not been trained in appropriate use of physical restraints must not use physical restraints or interventions.**

For other types of onboarding training, providers may exercise discretion in terms of timing and may allow new (or newly reassigned) staff to begin working without the full pre-service training they would normally receive. Providers should prioritize the training necessary to perform the key functions described on page 1 of this document and to maintain the safety and well-being of children, youth and staff. Additional onboarding training should be completed as soon as possible after the staff member begins working in the program.