COVID-19 Child and Adult Protective Services Toolkit

Updated October 2020
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Introduction

The COVID-19 pandemic presents unique challenges to child and adult protective services staff charged with protecting our most vulnerable citizens and responding to reports of suspected maltreatment. This guide is designed to help protective services staff overcome those challenges and keep at-risk children and adults safe throughout the emergency.
Declining Referrals/Reports of Child and Abuse Neglect during COVID-19

Since the start of the pandemic, the number of reports of suspected child abuse and neglect have decreased statewide by almost 50%. This is significant because we know that schools, health care providers, daycares, and community-based programs are working remotely, and there are now fewer “eyes and ears” on children in our communities.

Strategies

- Partner with your community providers to conduct virtual check-ins with families you are serving or have previously served.
  - Ask questions that will help assess families’ stress levels and coping strategies.
  - Ask scaling questions, such as “On a scale of 1 to 10, with 10 being the highest, where was your stress level before the pandemic? What is it now? What specifically caused your score to go up?
  - Ask follow-up questions, such as “What would help your stress score decrease?

- When checking in with families virtually, be prepared with:
  - A list resources where they can access needed concrete supports and services in your local community.
  - Guidance and suggestions for talking to children about COVID-19.
  - Activities to help promote resilience and protective factors. For example, maintain a structured daily routine, incorporating movement activities such as walking, “dance parties” or yoga to help children direct their energy. Maintain social connections while being physically distanced as much as possible. This could be through video calls with family members, joining virtual support groups, or checking in regularly with their medical and mental health providers.
  - Tips and strategies for parents to cope with stress, provide linkages to additional resources, and offer non-physical disciplinary strategies, etc.

- Utilize media opportunities such as radio, newspapers, and television to encourage community members to check on their friends and loved ones with children at home.
  - Encourage community members to leave a bag of groceries, a box of diapers, or other necessary support items on the porch of a neighbor they know may be in need.
  - Discuss signs of stress and red-flag parenting behaviors, such as yelling, physically disciplining, or blaming children for their problems.
Encourage community members to reach out if they are concerned about the well-being of a child they know.

Reach out to local doctors and pediatricians that are providing tele-health services to families.

- If tele-health strategy includes video chatting, practitioners should be mindful of any suspicious injuries, unusual body language, and/or inappropriate or negative parent-child interactions.

Safety is paramount, and case-specific decisions should be made on a case-by-case basis. Decisions and activities should be prioritized based on assessments and routine re-assessments of safety and risk. When making case-specific determinations, consider individuals’ age, vulnerability, and location.
Intake/Assessment

Due to the essential nature of children services work, it is crucial for screening and assessments to continue during COVID-19. Use the “COVID-19 Home Visiting Screening Flowchart” as a guide when preparing for home visits. A link to the flowchart can be found in the Resource section below.

Screening

Public Children Services Agencies (PCSAs) must be available to the public to accept reports.

- PCSAs may consider their non-business-hour protocols for daily operations as necessary (e.g. on-call).

Assessments/Investigations

SAFETY is paramount in considering case-by-case options.

- PCSAs should prioritize mandated initiation and assessment of safety activities (e.g. 24/72-hour contacts, 5-day contacts, safety assessment requirements) regardless of screened-in pathway.
- PCSAs should prioritize monitoring of in-home and out-of-home safety plans to ensure child safety.

Consideration of alternatives for other 45-60-day assessment/investigation mandates, as appropriate, might include increased phone/videoconference options for contacts and communication for the following:

- Collateral and other follow-up interviews/contacts with other involved adults and children in the home
- Deeper-dive assessment questions and dialogue with other involved household members
Visitation

Caseworker Visits with Children and Families

Priority for monthly visit/contact requirements should be considered for children and adults with open cases.

- It is imperative that caseworkers continue to ensure the safety and well-being of children. This must be balanced against the health and safety of caseworkers, the children they are serving, and all individuals with whom they come into contact.

- The monthly caseworker visit requirement remains in place, but PCSAs may utilize alternative/creative methods of contact with children, adults, and/or foster care providers when the safety and well-being of children have been assessed and are not compromised.

- Alternative forms of contact – including phone and video calls – are acceptable in circumstances in which face-to-face visits are not possible, despite the agency’s best efforts, due to COVID-19.

- If the attempts (either in-person or via alternative means) are not successful and/or safety remains a concern, please consider other means (such as safety child checks) to assess immediate safety, as you normally would.

- If an agency uses alternative methods of communication under these limited, specified circumstances, caseworkers must conduct communications in accordance with the timeframe established.

Virtual Visitation between Children and their Families

Many PCSAs have stopped in-person visitation between youth and their family members to ensure social distancing and prevent further spread of the COVID-19. In these situations, the Ohio Department of Job and Family Services (ODJFS) encourages agencies to transition to virtual visitation and other forms of connection instead of suspending visitation entirely. To assist PCSAs, two resource documents were created to provide helpful tips when implementing virtual visitations to ensure the greatest success.

- The documents provide technology and practice considerations, as well as resources families and caregivers can use when adopting virtual visitation approaches. Agencies are encouraged to share these documents with their staff, birth families and caregivers.

- These resources encourage agency staff to conduct an introductory virtual meeting between the caregiver and the birth family as an ice breaker and to set some ground rules, such as frequency and length of time for visits.

- Experts suggest no less than three or four interactions a week for younger children who cannot stay engaged for more than 10 to 20 minutes. For older children, the
visits can be longer, but may also need to occur more frequently to promote bonding. Review the virtual visitation guidance during the introductory meeting and brainstorm ideas for virtual visits based on the child’s age and development.

Resources: Visitation

- Guidance for families on virtual visitation:  
  jfs.ohio.gov/ocf/virtual-visitation-sheet-families.stm
- Guidance for agencies and caregivers on virtual visitation:  
  jfs.ohio.gov/ocf/virtual-visitation-sheet-agency.stm
Residential programs should consider the following additional efforts to protect youth and staff in these programs:

**Residents**

- Youth should be educated to stay at the residence (including on grounds and outside) as much as possible and follow any government orders regarding physical distancing, staying at home, and wearing a mask.

- Programs should reschedule all planned social or recreational outings based on Ohio Department of Health and local board of health recommendations. If a youth must leave the facility for an appointment, residents and any accompanying staff should immediately wash their hands with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer with at least 60% alcohol.

- Cell phones and other frequently handled items should be sanitized daily, and masks must be worn at all times when youth interact with visitors or leave the residence.

- Providers should display one of the Ohio Department of Health infographics showing steps to prevent the spread of COVID-19 throughout their facilities. A link to the information is located in the resource section below.

- Youth and staff should be encouraged to report any symptoms of COVID-19 to the program administrator or supervisor as soon as possible. Programs should create and implement a protocol to ensure that both staff and youth know what symptoms should be reported and the procedure for reporting.

- To the extent possible, programs should work with a youth’s health care providers to institute telemedicine appointments. Certain medical appointments will still be required to be in person, such as blood draws and monthly injections. Youth and staff should be reminded of the importance of physical distancing, hand hygiene, and of not touching their faces while visiting their health care providers.

- Physical distancing should be implemented in any shared spaces, such as dining rooms and community rooms. Staggering mealtimes or delivering meals to youth rooms are options for reducing the number of individuals in dining areas at one time. When bathrooms are shared, stagger shower times when possible and ensure daily cleaning and disinfecting.

- All ODJFS facilities should screen any incoming residents using the guidance below and should respond accordingly if a resident answer “yes” to any of the following questions:

  - Do you currently have symptoms of coronavirus (cough, fever of 100.4°F or higher, or shortness of breath)?
o Have you had direct personal contact with someone who has tested positive for the coronavirus in the last 14 days?

o Have you been tested for the coronavirus?
  o If yes, have you tested positive in the last 14 days?

- Please follow the procedures below if an incoming resident answers “yes” to any of the above questions:
  o Provide a mask for the resident.
  o If possible, isolate the resident in a private room with the door closed and ensure that they are kept separate from other youth.
  o A program medical provider should then immediately assess the individual, using appropriate personal protective equipment. The program should also contact its county board of health for further recommendations, including transport to the recommended medical facility, if necessary. Please also instruct the program to notify the receiving medical provider and transportation personnel in advance of potential concern for COVID-19.

Visitors

- All ODJFS facilities should be certain to screen any visitors using the guidance below and should respond accordingly if a visitor answers “yes” to any of the following questions:
  o Do you currently have symptoms of coronavirus (cough, fever of 100.4°F or higher, or shortness of breath)?
  o Have you had direct personal contact with someone who has tested positive for the coronavirus in the last 14 days?
  o Have you been tested for the coronavirus?
    o If yes, have you tested positive in the last 14 days?
- Upon screening, if a potential visitor answers “yes” to any of the three questions above, please politely instruct them not to visit the facility, program or office until the specific scenario can be further assessed.
- Any potential visitor who answers “yes” to the first question should be instructed to immediately contact their medical provider and to call 911 if they are experiencing serious symptoms (e.g., shortness of breath).
- Program staff may also meet any deliveries to the program outside the building to reduce the number of people entering the site. Visitors and/or others who may enter the facility should be provided masks if they do not have their own readily available.
- Additionally, all facilities should contact any entities that have staff regularly visiting their programs (e.g., PCSAs, pharmacy delivery organizations, clinical staff, cleaning agencies) to discuss the facilities’ screening protocols.
Staff

- Residential staff members should regularly monitor themselves for COVID-19 symptoms. Facilities should screen staff for fever and respiratory symptoms at the beginning and end of each shift. Staff members should stay home if they are sick. Staff members who have had direct contact with individuals who tested positive for COVID-19 or are presumed positive should self-quarantine for 14 days and not come to the residential program. If after 14 days since the last contact they have not developed symptoms, they may return to work.

- Residential programs are encouraged to establish additional cleaning protocols for highly trafficked areas and those likely to be touched. They are encouraged to sanitize or disinfect frequently touched surfaces (for example: tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks) a minimum of 3-4 times per day and more frequently if resources and capacity allow. These should be disinfected with cleaning products effective against rhinovirus or human coronavirus. Prior to cleaning, prop open as many doors as possible to minimize the need to touch doors to move through facilities. See the hyperlinks later in this document and the CDC Guidance for Cleaning and Disinfecting for further details.

Capacity

- Residential facilities should continue to assess both their facility and workforce capacity to accommodate the potential need for an increased number of isolation rooms and the potential decrease in staffing availability.

- Programs may need to prioritize service provision and planning.

Resources: Congregate Care

- Local Board of Health Directory
  odhgateway.odh.ohio.gov/LhdInformationSystem/Directory/GetMyLHD

- Ohio Department of Health – How you Can Prevent and Prepare
  coronavirus.ohio.gov/wps/portal/gov/covid-19/families-and-individuals/how-you-can-prevent-and-prepare/

Title IV-E Considerations

U.S. Children’s Bureau Associate Director Jerry Milner provided guidance reminding states of flexibility in the Title IV-E program that may help them serve families and children during the COVID-19 crisis. Pursuant to ACYF-CB-IM-05-06, which the U.S. Department of Health and Human Services issued during Hurricane Katrina:
“States also may establish alternative procedures for obtaining judicial determinations regarding contrary to the welfare and reasonable efforts, including reasonable efforts to achieve permanency, as there is no Federal requirement that these determinations be made at a court hearing. These judicial determinations are required to establish a child’s eligibility for title IV-E.”

Additional Guidance

- Consider delaying your eligibility determination. You have 60 days to determine eligibility.
- Obtain information over the phone or by email from parents during the pandemic. Your agency will need to receive written verification of the information once it is safe to have face to face contact.

Obtain court-ordered findings of the following: best interest/contrary to the welfare, reasonable efforts to prevent removal, and annual reasonable efforts to finalize the permanency plan without holding a hearing. (There is no requirement for those findings to be made in a hearing.) If you cannot obtain a finding of annual reasonable efforts to finalize the permanency plan timely, continue to try to receive a finding. Reimbursement may not be claimed beyond the month in which the reasonable efforts to finalize the permanency plan ruling is due. Once obtained, claiming may resume as of the first day of the month in which the ruling is received.

- If you have any questions regarding Title IV-E policy, please reach out to your assigned policy staff: Deanna.robb@jfs.ohio.gov; Lisa.Howard@jfs.ohio.gov; or Rhonda.Annamunthodo@jfs.ohio.gov.

Resources: Title IV-E Considerations

- Children’s Bureau- Title IV-E and Hurricane Katrina [acf.hhs.gov/sites/default/files/cb/im0506.pdf](http://acf.hhs.gov/sites/default/files/cb/im0506.pdf)

Reunification/Case Closures

Visitation During the Reunification Process

- If a family is at the point of having unsupervised visits, agencies should still conduct and document case-by-case assessments for any immediate safety and health concerns for the children, the parent(s), and the current caregiver(s) that would justify limiting outside exposure.
• If there are no known concerns, the unsupervised visits should continue. In order to limit additional people being involved, caregivers should be encouraged to provide transportation to and from visits and follow the Ohio Department of Health’s social distancing guidelines.

• Agencies also should re-assess whether some children/youth may be returned to the home, pursuant to normal trial home visit procedures, if the child’s safety would not be jeopardized while the agency works with its court to terminate custody orders.

Termination of Parental Rights and Service Delivery Strategies During the Pandemic

• On June 23, 2020, U.S. Children’s Bureau Associate Director Jerry Milner issued guidance to (1) address concerns related to filing petitions to terminate a parent’s rights when services have not been available; (2) highlight some service delivery strategies; and (3) highlight challenges that adoptive families may face during the pandemic:
  
  o https://www.acf.hhs.gov/sites/default/files/cb/parental_rights_adoption_assistance.pdf
Children Emancipating from Custody

Multi-System Youth Flexibility

- To ensure adequate transition planning and delivery of needed services to children in foster care, the Multi-System Youth allocation can be used to reimburse placement costs for young adults who would otherwise emancipate. These dollars can be used to support the costs of extended placement, in both congregate and non-congregate settings, for this population from March 22, 2020, through June 30, 2021.

- PCSAs can further assist youth in their transition to adulthood through utilization of Post-Emancipation Services and Supports following termination of custody. If the young adult is interested, a referral also can be made to Bridges for continued case management and other services.
• If you have further questions or need additional information, email Laurie Valentine, Program Manager of Independent Living and Transition Age Youth, at Laurie.Valentine@jfs.ohio.gov.

Bridges

• Bridges funding was temporarily extended to ensure safety and stability to young adults transitioning from care. Participants who turned 21 on or after March 9, 2020, were able to remain in the program through August 31, 2020.

• If you have questions or would like more information, please email Jana.Pearce@jfs.ohio.gov.

Resources: Children Emancipating from Custody

• No Aging Out of Foster Care Procedure Letter- Information about utilizing funds to support youth.
  emanuals.jfs.ohio.gov/FamChild/FCASM/FCASPL/FCASPL-349.stm

• Independent Living Toolkit – Transition planning and assisting youth emancipating from care.
  jfs.ohio.gov/ocf/ILSkillsToolkit32019.stm

• Bridges Practice Guidance:
  jfs.ohio.gov/ocf/COVID-19-BridgesFlexibilityGuidance.stm
COVID-19 Result Notification

Guidelines if a Staff Member, Caregiver or Youth tests positive:

- All agencies and substitute care providers are instructed to notify the ODJFS helpdesk at HELP-DESK-OCF@jfs.ohio.gov if any staff, caregiver, household member, or child tests positive for COVID-19 so that ODJFS may provide support and ensure all Department of Health protocols are followed.

- The Help Desk will then notify the appropriate ODJFS staff so that technical support and guidance can be provided.

- Technical Assistance and/or licensing staff will contact the caller and follow up to ensure that the Ohio Department of Health and the custodial agency (if not being reported by a PCSA) have been notified.

- Technical Assistance and/or licensing staff also will offer any assistance or provide guidance if needed. This guidance and technical assistance can include, but is not limited to, phone numbers and referrals, assistance if children need to be moved, and information about agencies that may have the capacity to meet the youth’s needs.
Adult Protective Services

Services During COVID-19

- Critical safety services should NOT be suspended.
- Agencies must be available to accept referrals of suspected adult abuse, neglect and exploitation as required by OAC Section 5101:2-20-11.
- Agencies should prioritize mandated initiation and assessment activities.
- Agencies should utilize working relationships with law enforcement and community resources.

Initiation of Investigations and Assessments

- Timelines required by OAC Sections 5101:2-20-11 and 5101:2-20-12 should be adhered to, including those related to face-to-face contact.
- Caseworkers should use the COVID-19 Home Visiting Screening Flowchart prior to making face-to-face contact.
- If COVID-19 issues create a good cause reason for not conducting a face-to-face interview with the client during an assessment and investigation, these reasons must be documented in the Ohio Database for Adult Protective Services (ODAPS) case notes.
- If good cause exists for not conducting a face-to-face interview with the client, caseworkers must have approval from a supervisor prior to using other means of contact.
- If good cause exists for not conducting a face-to-face interview with the client, counties must work with law enforcement or a healthcare agency to ensure the safety of the client.

Open and Ongoing Cases

- Prioritize visits and contact requirements for adults with open cases based on the requirements of OAC Section 5101:2-20-16.
- Prioritize visits for open cases with more immediate safety and risk concerns, including those in which the alleged perpetrator(s) is in the home.
- Face-to-face visits for adults with open cases that have lower safety and risk concerns may be conducted with less frequency or be completed by other forms of contact, such as the telephone or other interactive technology. Contact conducted by means other than face-to-face visits, where required, must have supervisor approval.
- Counties are encouraged to contact law enforcement for wellness checks.
• Documentation in ODAPS is required for all contacts, including those utilizing community partners.
• Cases are to remain open until a face-to-face meeting has been completed.

County agencies are encouraged to work closely with their county health departments for additional safety guidance for both workers and clients. If an APS worker comes in contact with an individual who shows signs of COVID-19, they should alert their supervisor and follow the guidance of their county health department and the Ohio Department of Health.

Resources: Adult Protective Services
• COVID-19 Home Visiting Screening Flow Chart
  jfs.ohio.gov/ocomm/pdf/COVID-19-visit-flowchart.pdf
Important ODJFS Links

Procedure Letters

FCASPL 349 No Aging Out for Foster Youth During COVID-19 Pandemic Guidance:
emanuals.jfs.ohio.gov/FamChild/FCASM/FCASPL/FCASPL-349.stm

FCASPL 359 COVID-19 Pandemic Guidance:
emanuals.jfs.ohio.gov/FamChild/FCASM/FCASPL/FCASPL-359.stm

Other

Link to ODJFS Q&A:
jfs.ohio.gov/ocomm/pdf/JFS-Coronavirus-QA-Local.pdf

Coronavirus and Children Services:
jfs.ohio.gov/ocf/CoronavirusAndChildServices/

COVID-19 Response for Information for Local Agencies:
jfs.ohio.gov/covid19local/

Practice Considerations During COVID-19:

COVID-19 Home Visiting Screening Flowchart:
jfs.ohio.gov/ocomm/pdf/COVID-19-visit-flowchart.pdf

Bridges Practice Guidance:
jfs.ohio.gov/ocf/COVID-19-BridgesFlexibilityGuidance.stm
Other Important Links

Supreme Court of Ohio Coronavirus Resources for Courts:
supremecourt.ohio.gov/coronavirus/default.aspx

Courts and Judges COVID-19 Checklist:

Ohio Department of Education-Preventing Abuse and Neglect-Student Safety During Coronavirus-Related Ordered School Building Closure: education.ohio.gov/Topics/Student-Supports/Coronavirus/Student-Safety-During-Coronavirus-Related-Ordered

Ohio Department of Health COVID-19 Call Center:
coronavirus.ohio.gov/wps/portal/gov/covid-19/healthcare-providers-and-local-health-districts/COVID-19-Call-Center/

To request resources though your local Emergency Management Agency:
coronavirus.ohio.gov/wps/portal/gov/covid-19/healthcare-providers-and-local-health-districts/for-local-health-districts-and-governments/how-to-request-resources-through-your-county-ema

Health and Safety Supplies

The Ohio Department of Administrative Services’ Office of Procurement Services has several contacts for health, medical, and personal protective clothing and supplies. These are provided for your reference only. Local entities that wish to purchase from any of these suppliers are responsible for contacting them directly and paying for goods received.

- **Janitorial/Cleaning Products** – W.W. Grainger. Contact: Megan Burke at (513) 2256424 or megan.burke@grainger.com.

- **Janitorial Products** – Ohio Penal Industries (OPI) managed by the Department of Rehabilitation and Corrections. Specific product 33001 – CA-MRSA RTU Disinfectant has demonstrated effectiveness against viruses similar to COVID-19 on hard non-porous surfaces. Contact: Rena Chaney at (614) 752-0292 or Rena.Chaney@odrc.state.oh.us.

- **GoJo and Purell Soaps & Sanitizers** – VGS, Inc. Contact: Amy McKinney at amymeckinney@vgsjob.org.

- **Latex and Nitrile Gloves** – Goodwill Industries of South-Central Ohio. Contact: (740) 702-4010.

- **General Medical Supplies** – Ohio Pharmacy Services managed by the Department of Mental Health and Addiction Services. Contact customer service at (888) 471-5632 or OPSCustomerService@mha.ohio.gov.
• **General Medical Supplies** – Direct Resource Inc. Contact: Michelle Lai at (614) 337-0300 ext. 105 or michelle@directresourceinc.com

• **General Medical Supplies** – Amerisochi, Inc. Contact: Ms. Shu See at (440) 257-9010 or see@amerisochi.com.

• **Masks and Personal Protective Equipment (PPE)** – Aramsco, Inc. Contact: Dave Bednar at (856) 686-7700 ext. 4301 or dbednar@aramsco.com.

• **Masks and Personal Protective Equipment (PPE)** – Fastenal Company. Contact: Christopher Dolbow at (877) 808-0087 or cdolbow@fastenal.com.

• **Masks, Personal Protective Equipment (PPE), Janitorial / Cleaning Products** – MSC Industrial Supply Co, Inc. Contact: Vince Contini at (888) 721-8269 or continiv@mscdirect.com.

**Other Identified Suppliers**

Here is a list of suppliers that distribute janitorial supplies, medical supplies, and/or personal protective equipment.

• **Janitorial Supplies** – Trinity Supply LLC. (trinitysupplyllc.com). Contact: Trinity Smith at (513) 388-6521 or trinity.m.smith@outlook.com.

• **Janitorial Supplies and Personal Protective Equipment (PPE)** – Wasserstrom Company. They source items such as 3-ply surgical masks, gloves, face shields, and disinfecting wipes. Contact: Mitch Harp at mitchharp@wasserstrom.com.

• **Medical Supplies, Personal Care Products, and Personal Protective Equipment (PPE)** – JonesZylon (joneszylon.com). Contact: Tracey Zachrich at (740) 651-4318 or traceyz@joneszylon.com.

• **Personal Protective Equipment (PPE)** – Safeware Inc. (safewareinc.com). Contact: Nazira Burke at nburke@safewareinc.com.

• **Decontamination of N95 masks** – Battelle Memorial Institute is the authorized for decontamination of PPE during the COVID-19 pandemic for reuse. Contact: Keith Diederich at (614) 424-7510 or diederich@battelle.org. For additional information, go to: battelle.org/inb/battelle-ccds-for-covid19-satellite-locations?utm_source=email&utm_medium=respoder&utm_campaign= fy20-covid&utm_content=v1.

**MBE / EDGE Certified Suppliers**

The list on the following page identifies companies certified by Department of Administrative Services (DAS) as Minority Business Enterprise (MBE) or Encouraging Diversity through Growth and Equality (EDGE) businesses that distribute janitorial and medical supplies. There is no established contract or negotiated pricing between these
Suppliers and the State of Ohio. Local entities are responsible for contacting the supplier directly to place an order and to pay for the goods received.

<table>
<thead>
<tr>
<th>Company Name</th>
<th>County</th>
<th>Phone</th>
<th>Email</th>
<th>Janitorial Supplies</th>
<th>Medical Supplies</th>
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<td>889 Global Solutions, Ltd.</td>
<td>Franklin</td>
<td>614-235-8889</td>
<td><a href="mailto:sales@889globalsolutions.com">sales@889globalsolutions.com</a>, <a href="mailto:government@889globalsolutions.com">government@889globalsolutions.com</a></td>
<td>yes</td>
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<tr>
<td>B &amp; B World Wide Supply, LLC</td>
<td>Stark</td>
<td>330-371-5888</td>
<td><a href="mailto:bworldwide@gmail.com">bworldwide@gmail.com</a></td>
<td>yes</td>
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<tr>
<td>Banner Labs, LLC</td>
<td>Franklin</td>
<td>614-329-5924</td>
<td><a href="mailto:e.eteshola@bannerbiomed.com">e.eteshola@bannerbiomed.com</a></td>
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<tr>
<td>Blue Rose Supply LLC</td>
<td>Hamilton</td>
<td>513-793-6763</td>
<td><a href="mailto:myron.hughes@bluerosesupply.com">myron.hughes@bluerosesupply.com</a></td>
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<tr>
<td>DIVERSIFIED SERVICES CORPORATION</td>
<td>Cuyahoga</td>
<td>216-881-9300</td>
<td><a href="mailto:turner057@aol.com">turner057@aol.com</a></td>
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<td>216-391-3322</td>
<td><a href="mailto:emeraldsup@aol.com">emeraldsup@aol.com</a></td>
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<td>Just Basic Necessities, Inc.</td>
<td>Portage</td>
<td>330-958-0759</td>
<td><a href="mailto:bandbnecessities@msn.com">bandbnecessities@msn.com</a></td>
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<td>Karen Dunson Healthcare Solutions, LLC</td>
<td>Montgomery</td>
<td>937-838-1155</td>
<td><a href="mailto:karen@kdhealthcaresolutions.com">karen@kdhealthcaresolutions.com</a></td>
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<td>M &amp; N Distributors</td>
<td>Lucas</td>
<td>419-392-2915</td>
<td><a href="mailto:advancedcarpetcaremw@yahoo.com">advancedcarpetcaremw@yahoo.com</a></td>
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<tr>
<td>MediGreen Medical Supplies &amp; Services, LLC</td>
<td>Montgomery</td>
<td>937-776-3113</td>
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<td>MRO Express, LLC</td>
<td>Hamilton</td>
<td>513-896-1780</td>
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<td>Net PAC International</td>
<td>Fairfield</td>
<td>614-674-4648</td>
<td><a href="mailto:colette@netpacintl.com">colette@netpacintl.com</a></td>
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<td>yes</td>
</tr>
<tr>
<td>ROBY SERVICES, LTD</td>
<td>Montgomery</td>
<td>937-254-2674</td>
<td><a href="mailto:wroby@robysupply.com">wroby@robysupply.com</a></td>
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<tr>
<td>Tran Products LLC</td>
<td>Franklin</td>
<td>614-204-4263</td>
<td><a href="mailto:info@janohio.com">info@janohio.com</a></td>
<td></td>
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<tr>
<td>Venia Medical Distribution and Supply, LLC</td>
<td>Franklin</td>
<td>614-226-8207</td>
<td><a href="mailto:justin.kershaw@veniamedical.com">justin.kershaw@veniamedical.com</a></td>
<td></td>
<td>yes</td>
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</tbody>
</table>
Safety Guidance: Use of PPE and Cleansers

**ODH: Links are available in English, Spanish, Arabic, Somali and Chinese**

Cleaning and Disinfecting Alternatives - COVID-19 Checklist

Cloth Face Coverings (Masks) COVID-19 Checklist

**CDC: Links are available in multiple languages**

Use of Cloth Face Coverings to Help Slow the Spread of COVID-19

Recommendation Regarding the Use of Cloth Face Coverings, Especially in Areas of Significant Community-Based Transmission

Cloth Face Coverings: Questions and Answers

Cleaning and Disinfection for Households

Frequently Asked Questions

Personal Protective Equipment: Questions and Answers

Resources for foster care group home facilities to prepare for an manage COVID-19 can be found at CDC’s Resources for Healthcare Facilities webpage:

**Self-Care**

Ohio Department of Mental Health and Addiction Help Line: 1-877-275-6364
Coping with COVID-19 related anxiety:

Messages from the Ohio Department of Mental Health and Addiction Services:
https://www.youtube.com/watch?v=QXbhmv5EelE
https://www.youtube.com/watch?v=wTmJac_eTf8&feature=youtu.be

Crisis Text Line:
"4HOPE" to 741 741

Suicide Prevention Hotline:
1-800-273-TALK (8255)

**Working with Children and Special Populations**

Talking to kids about COVID-19:

COVID-19 Checklist for Families with Children/Youth with Special Healthcare Needs:

Weekly COVID-19 Guidance from the Ohio Department of Developmental Disabilities:

**Employment Issues**

Employer Guidance: