



**Office of Children
and Family Services**

ANDREW M. CUOMO

SHEILA J. POOLE

Governor

Commissioner

***Novel Coronavirus of 2019 Disease (COVID-19) Guidance for
Foster Care and Preventive Staff***

Department of Health 24/7 Hotline: [1-888-364-3065](tel:1-888-364-3065)

March 20, 2020

Dear Commissioners and Executive Directors:

The New York State Office of Children and Family Services (OCFS) has developed this bulletin to provide guidance and technical assistance for foster care and preventive staff in response to the novel coronavirus of 2019 disease (COVID-19).

Please review this information, including the links, with your leadership and staff. OCFS encourages Local Departments of Social Services (LDSS) and Voluntary Authorized Agencies (VAs) to make any necessary adjustments to local program policies and protocols in response to this rapidly evolving health crisis. While this guidance is not intended to address every potential scenario, it is designed to answer some of the questions that have been brought to OCFS to date. OCFS will continue to provide updated guidance as the situation evolves.

OCFS encourages LDSS and VAs to monitor the websites for New York State Department of Health (DOH) and your respective local health department (LHD) for new information about COVID-19. Additionally, we urge you to remain in close contact with your OCFS regional office staff who have been immediately elevating COVID-19 questions and concerns.

A. Foster Care and Preventive Contacts

When children are placed in foster care, their legal custody is transferred to the commissioner of the LDSS in which they resided at the time of removal. This means that the LDSS has the full responsibility for their safety and well-being. (See Chapter 1 of [Foster Care Practice Guide](#)).

I. Waiver of In-Person Requirements for Case Work Contacts

Section 422(b)(17) of the federal Social Security Act (the Act) requires that caseworkers conduct an in-person visit with children in foster care on a monthly basis. On March 18, 2020, in response to the extraordinary health crisis, COVID-19, the Administration for Children and Families (ACF) has updated its guidance to allow video-conferencing for monthly contacts of children in open child welfare cases.

The [ACF Child Welfare Policy Manual, Sec. 7.3, Question 8](#), has been updated as follows:

“Does video-conferencing between a child in foster care and his/her caseworker meet the Federal statutory provisions at section 422(b)(17) of the Social Security Act (the Act) for caseworker visits on a monthly basis?:

Answer:

In general, no. Video-conferencing or any other similar form of technology between the child and caseworker does not serve as a monthly caseworker visit for the purposes of meeting the requirements of section 422(b)(17) of the Act. [...]

However, there are limited circumstances in which a title IV-B agency could waive the in-person aspect of the requirement and permit monthly caseworker visits to be accomplished through videoconferencing. Such circumstances are limited to those that are beyond the control of the caseworker, child, or foster family, such as a declaration of an emergency that prohibits or strongly discourages person-to-person contact for public health reasons; a child or caseworker whose severe health condition warrants limiting person-to-person contact; and other similar public or individual health challenges. Even in the face of such challenges, agencies must continue to comply with the monthly caseworker visit requirement.

If an agency uses videoconferencing under these limited, specified circumstances, caseworkers must conduct the videoconference in accordance with the timeframe established in the Act, and must closely assess the child's safety at each conference. Also, we encourage agencies to consider plans of action should a caseworker not be able to reach a child via videoconference, or should the videoconference raise a concern about the child's safety or well-being. The waiver of the requirement would be narrowly limited to the timeframe during which the public or individual health challenge or issue renders it impossible or ill advised to meet the in-person requirement and should be well documented in the child's case plan. Scheduling conflicts and the like are insufficient grounds for waiving the in-person requirement. "

***Source/Date 5/04/11; (3/18/2020) Legal and Related References
Social Security Act - section 422(b)(17); ACYF-CB-PI-10-01***

https://www.acf.hhs.gov/cwpm/public_html/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=178

Assessing the safety and well-being of a child, optimally, should be done through an in-person visit. However, the COVID-19 public health crisis requires the consideration of additional options to maintain the health and safety of both our children and caseworkers.

Accordingly, based upon the March 18, 2020 federal guidance and the state of emergency, OCFS, as the title IV-B agency, is temporarily waiving the requirement for in-person monthly casework visits. This waiver is limited to instances where an in-person visit would jeopardize the health of children or families, staff and or, both. Under such conditions a caseworker should use videoconferencing and other technological methods to conduct the visit. The health risk must be clearly documented in the child's case record with supervisory consultation and approval.

Each LDSS and VA must develop local protocols to implement this waiver. These protocols should consider the individual circumstances of each case, including level of risk and need of the child and family. When making any in-person casework contact, staff should exercise reasonable precautions and follow safety procedures set forth by the CDC and NYS DOH.

This waiver, which will remain in effect until further notice, **does not** obviate the requirement to conduct monthly casework visits.

II. Scheduling Casework Contacts

When scheduling or conducting any visits in the community, foster care and preventive staff should first administer the NYS Department of Health screening protocol outlined in the March 9, 2020 *Guidance for NYS Office of Children and Family Services Programs (funded, operated, licensed, regulated, or designated providers)*. This screening - *conducted by phone, text message, video conference, or, in person* - is designed to determine whether the person is at risk of exposure to COVID-19:

1. Have you traveled to a country for which the CDC has issued a [Level 2 or 3 travel designation](#) within the last 14 days?;
2. 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
3. Do you have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?

If the answer to questions 1 and 2 are “Yes” or questions 1 or 2 and 3 are “Yes”, or in the event that a worker is aware that any of the members of the household is under the mandatory or voluntary quarantine, the worker is authorized to conduct the visit using technology and is not required to attend in-person. If it is determined that the caseworker **must** visit the home, and there is a known or suspected risk of exposure to COVID-19, the worker must follow the specific local procedures and protocols for conducting home visits for households with sick individuals, including any local COVID-19 specific procedures or protocols developed in partnership with your local health department.

If the worker has questions, they should immediately consult with their supervisor. If the supervisor is unclear how to proceed, promptly consult with the local health department, and, if warranted, law enforcement.

To foster engagement, the worker may indicate that they have been screened through these same questions and have no known risk of exposure to COVID-19.

III. Parents, Caregivers or Household Members Displaying Symptoms

Should a worker encounter a foster parent or household member who may be displaying symptoms, who responds “Yes” to questions 1 or 2 and 3 above (i.e., reports having symptoms) the worker must then:

- Instruct the parents or caregivers to remain at home and contact their medical professional immediately.
- Assist the parents or caregivers by contacting 911 if emergency assistance is needed.
- Alternatively, refer the parent or caregiver to the local health department for additional guidance.
- In all circumstances, instruct the parent, caregiver or household member to notify the receiving medical provider and transporter, in advance, of potential concern for COVID-19.

In addition to the steps enumerated above, the worker must immediately contact their supervisor and follow all local protocols for home visits with sick individuals and any local protocols for COVID-19.

IV. Movement of Children Known or Suspected to Have COVID-19

Should it become necessary for a LDSS or VA to move a child(ren) related to known exposure or suspected exposure to COVID-19, the LDSS or VA must consult with the LHD. Additionally, if the child is presenting symptoms of COVID-19 with no known or reliable relevant travel or exposure to a PUI, the LDSS or VA must consult with the child’s medical provider and should consult with the LHD.

LDSSs and VAs are strongly encouraged to proactively work in consultation with their LHD, provider agencies, and community stakeholders to establish locations for children who are known to have been exposed to COVID-19 who require immediate removal from their homes. Examples of placement options include residential treatment centers or identifying foster boarding homes that have no children placed and are willing to provide support to a child subject to a quarantine. LDSSs and VAs should notify OCFS of placement locations identified through this process.

B. Enhanced Supports for Parents and Caregivers

Case managers and supervisors must identify foster children with comprised immune systems and make sure that the LDSSs, VAs, and foster families and biological families are in communication to identify and implement preventative measures to reduce risk of

exposure in consultation with the child's medical providers and, or, local health department.

Home finders, foster care workers, and agency staff should check-in frequently with parents and caregivers to assess the need for additional resources and supports. Many schools are closed for varying periods of time which may have an impact on managing needs in the home. Collaborative discussions should occur with parents and children about ways to support them.

C. Visitation

To date, no regulatory visitation requirements for children in foster care or residing with their parents or siblings have been waived. LDSSs and VAs must consider the individual circumstances of each case, including level of risk and need of the child and family. Where an in-person visit would jeopardize the health of children or families, staff, and or, both, a caseworker should use videoconferencing and other technological methods to conduct the visit per federal guidance above.

On March 17, 2020, OCFS provided guidance to Voluntary Agency Residential Programs regarding *Temporary Visitor Restrictions Within Residential Treatment Centers and Congregate Care Settings* to provide guidance on this matter.

In instances where court ordered, in-person visitation has been suspended in conjunction with family court judges, use of other methods to keep children in contact with family members is expected.

Foster parents, VAs, and LDSSs must arrange other options for parents and children to communicate with family members, such as increased phone calls, FaceTime, Skype or through other technology. Engaging parents in discussions as to how best to facilitate parenting time/family visitation in the safest manner possible is strongly recommended.

D. Elevating Issues and Technical Assistance

Foster care and preventive staff should continue to elevate questions through their chain of command. The LDSS and VAs may raise issues for subject matter guidance to their OCFS regional office.

E. Helpful Resources

- The New York State Department of Health's (DOH's) 24/7 hotline: [1-888-364-3065](tel:1-888-364-3065)
- DOH's Website: <https://www.health.ny.gov/diseases/communicable/coronavirus/>
- The CDC's website: <https://www.cdc.gov/coronavirus/2019-ncov/summary.html>
- CDC's Infection Control Basics: <https://www.cdc.gov/infectioncontrol/basics/index.html>

Thank you for the work you do every day and for your ongoing dedication to the children and families of New York State.

Sincerely,



Lisa Gharney Ogundimu, Esq.
Deputy Commissioner
Division of Child Welfare and Community Services
New York State Office of Children and Family Services