



ACS EMERGENCY GUIDANCE FOR FOSTER CARE PROVIDERS: CASEWORK CONTACTS, FAMILY TIME AND FAMILY TEAM CONFERENCES

REVISED June 24, 2020

This memorandum provides guidance to ACS Contracted Foster Care Providers on conducting casework contacts, parent-child visits and family team conferencing during the COVID-19 emergency in New York City. This guidance will be updated as necessary in the coming weeks.

The first priority for foster care providers should be the health and safety of children, families and staff. Communication is critical. Parents are particularly concerned about their children in foster care during this time; as such, it is important to maintain consistent communication by phone/text/email to keep parents informed. Similarly, foster parents will need support from providers and should receive regular updates from agency staff as well as having access to 24-hour phone support from the agency's on-call function. Agencies should assign additional staff people to provide on-call and back-up on call support for the time being.¹

While it is imperative that caseworkers continue to ensure the well-being of children in care and critical for parents and children to continue to have family time; these imperatives must be balanced against the health of children in care, parents, caseworkers, foster parents and all of the people with whom they come into contact. As such, these current extraordinary circumstances and serious risks to public health require alternative approaches.

The guidance below is intended to support thoughtful, case-by-case decision-making to meet the safety, permanency and well-being needs of children and families while mitigating health risks for all involved. When safely possible, casework contacts and family time (a.k.a. visits) should occur in person, and the guidance describes appropriate health precautions for staff and families. When health considerations indicate that in-person contacts or visits cannot be done safely, the guidance allows for the use of video conferencing. Finally, the guideline notes that foster care Family Team Conferences should be held by video conference (preferred) or phone, except when safety concerns such as domestic violence require an in-person meeting.

Note that the federal Administration for Children and Families has updated its Child Welfare Policy Manual (Sec 7.3, Question 8) to include the following language about videoconferencing replacing a face-to-face casework contact with a child in foster care:

¹ Regarding payment for COVID related costs, the City developed a process and a COVID Template for Health and Human services providers to request funding for COVID costs. Once submitted, reviewed, and approved by the City, Foster Care agencies are notified with a COVID Summary Budget and provided Invoicing Templates. COVID costs must be documented, tracked, and invoiced separately.



“...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.”

Due to the need for social distancing, it is especially important that staff and families have access to technology so they can stay informed and maintain communication during the COVID-19 emergency. Foster care agencies should assess technology needs and purchase technology for staff, youth, parents and foster parents when needed to facilitate video and phone communication, including virtual casework contacts and visits. For information regarding payment for COVID-19 related expenses, including cell phones and other technology, please see *Foster Care Provider COVID-19 Q&A*. For information regarding access to free WiFi and cell phone data, please see the ACS “Coping Through COVID-19” [webpage](#).²

I. HEALTH AND SAFETY

It is important to ensure all staff follow the CDC’s guidelines for infection control basics including hand hygiene:

- [Infection Control Basics](#)
- [Handwashing: Clean Hands Save Lives](#)

ACS requires that all provider staff routinely employ infection prevention strategies to reduce transmission of common respiratory viruses, including COVID-19. In addition, staff should follow these *General Infection Prevention Strategies during the COVID-19 Outbreak*:

- Use a face covering during any interaction with the public. A face covering can include anything that covers the nose and mouth, such as dust masks, scarves

² <https://www1.nyc.gov/site/acs/about/covidhelp.page#FreeWiFi>



and bandanas. See the DOHMH [FAQ About Face Coverings](#)³ for more information.

- Keep your hands clean. Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer if soap and water are not available. Use rubbing alcohol if hand sanitizer is not available.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- During home visits and other in-person contacts:
 - Try to maintain a 6-foot distance from all household members. In particular, avoid close contact with anyone who is sick. If close contact cannot be avoided, make sure to launder clothes at the earliest opportunity and avoid shaking the clothes.
 - Greetings should not include handshakes or physical contact; they should be done at a distance.
 - Cover your mouth and nose with a tissue when coughing or sneezing (in the absence of a tissue, cough or sneeze into your shirt sleeve or bent arm). The use of disposable gloves is not necessary, but staff may choose to wear them if available.
 - Use a hand sanitizer before entering the home, after physical contact with any household members and at the end of the visit. Do not use a hand sanitizer while wearing gloves.
 - Refrain from touching any surfaces unless necessary.

The consistent use of these infection prevention strategies cannot be overemphasized.

To reduce anxiety, staff should explain to families that these are precautions and that the staff member does not have any symptoms. Staff with symptoms of COVID-19 or any other illness must not conduct in-person contacts of any kind.

II. CASEWORK CONTACT REQUIREMENTS

This section provides guidance on casework contacts by foster care agency staff with children, parents and foster parents/caregivers. When safely possible, casework contacts must be done in person using the infection prevention strategies described above. When health considerations indicate that in-person contacts cannot be done safely, they may be held via videoconference.

If neither in-person nor video contacts are possible, case planners should communicate with children and families by phone. However, phone contacts cannot be counted as a substitute for face-to-face casework contacts.

Case planners, in consultation with their supervisors and program directors, must assess each case to determine an appropriate plan for casework contacts. These plans should be reassessed at least monthly and adjusted for any changes in case circumstances, individual health considerations and/or public health considerations.

³ <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-face-covering-faq.pdf>



When determining whether casework contacts will occur in person or via video, case planners must consult with their supervisors and weigh both child welfare and health considerations. Case planners must use infection prevention strategies during all in-person contacts. If staff determine that casework contacts should be done via video instead of in person, this decision and the reason(s) for it must be documented in CONNECTIONS.

Child Welfare Considerations

Case planning teams must consider the purpose of casework contacts: to assess safety, advance the child's permanency plan, and promote well-being. For each case, staff should consider whether these objectives can be met effectively in person or via videoconference. Casework contacts conducted via either method should cover issues related to safety, permanency and well-being. This includes the status of participation in services for children and parents.

When discussing whether a contact should be conducted in person or by video, case planning teams should consider questions including but not limited to the following:

- 1) What are the **safety** concerns in this case? How will the method of contact (in-person or video) affect the worker's ability to assess child safety?
- 2) What is needed to advance **permanency** for this child? Can these steps be accomplished by video or other technology?
- 3) What are the child and family's **well-being** needs? Can these needs be met effectively via video contacts?

Regarding safety, staff must consider the following:

- Information from the most recent Family Assessment and Services Plan (FASP);
- The case planner's assessment of safety and risk given their most recent contacts with the family and any other information the case planning team deems relevant;
- Any indicators of abuse or domestic violence and associated safety concerns that cannot be accurately assessed via video (e.g., presence of a person causing harm may be difficult to detect via video);
- The existence of a safety plan, and the degree to which the safety plan can be enacted given the family's current circumstances;
- The child(ren)'s age and ability to communicate with the case planner by video chat;
- Transitions such as trial discharges to reunification or APPLA and extended home visits that may increase the need for in-person assessment of safety and risk;
- Any instances where the COVID-19 public health crisis may be causing challenges related to safety, health and/or child care;
- Any time gap of 60 or more days since the last in-person casework contact.



Children and families with high levels of child welfare need based on the factors above must be prioritized for in-person contacts. Staff must also consider any court orders mandating a specific number of casework contacts and consult the child's Family Court Legal Services attorney as needed.

Health Considerations

Providers must also consider the health of children in foster care as well as their parents, foster parents and household members. It is important to exercise particular caution when determining if in-person contacts are appropriate during the COVID emergency in cases that involve individuals with increased health risks, including:

- Children who have medical conditions that increase their risk for COVID-19, especially those that have heart, lung or immune-related conditions.
- Families with household members who are age 50 or older or who have chronic health conditions such as lung disease, moderate to severe asthma, heart disease, obesity, diabetes, kidney disease, liver disease, cancer and/or a weakened immune system. This includes parents and foster parents as well as their children and any other household members whose age or underlying health conditions put them at greater risk for COVID-19.

The risk factors listed above reflect current guidance from the NYC Department of Health and Mental Hygiene (DOHMH) regarding people who are at increased risk for severe illness from COVID-19. Please visit the DOHMH [website](#) for more information.

Staff should consider who in the household has particular health risks and what strategies can be used to reduce their risk for COVID-19 exposure. Case planning teams should work with their agencies' health services staff and/or contact the ACS Office of Child and Family Health for assistance in creative and responsible planning to reduce exposure. This includes thinking creatively about locations for contacts (e.g., outdoors spaces, reducing travel), ways to maintain social distancing, and barriers to infection transmission (e.g., face coverings, handwashing, changing and laundering clothes). To reduce potential health risks associated with public transit, providers should consider alternative transportation options such as walking, biking or driving when possible.

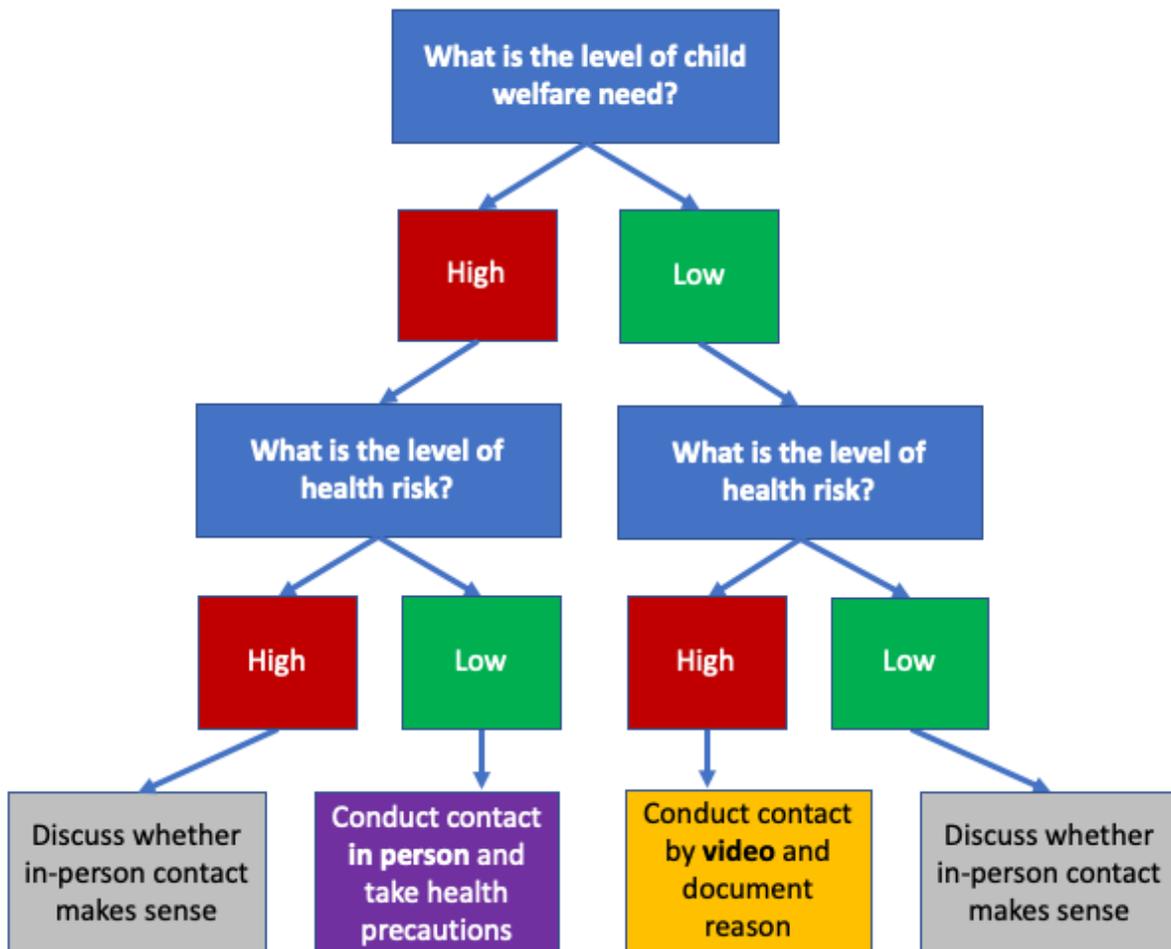
Decision-Making Framework

Case planners and supervisors should use the following framework to guide decisions between in-person and video contacts. For purposes of this framework, "**high child welfare need**" means there is a significant need for an in-person contact for reasons related to safety, permanency and/or well-being. "**High health risk**" means that someone in the household has one or more of the risk factors noted under Health Considerations, or the family answered "yes" to any of the COVID-19 Advance Screening questions in this guidance.

As illustrated in Figure 1, staff should weigh child welfare needs and health risks.

- If child welfare needs are high and health risks are low, casework contacts should occur in person.
- If child welfare needs are low and health risks are high, casework contacts should occur via video.
- If both child welfare needs and health risks are high, or if both are low,⁴ case planning teams should discuss with foster care management and agency medical directors which method of contact (in-person or video) can best meet the child and family’s needs while mitigating the risks to all involved.

Figure 1. Decision-Making Framework



⁴ Note that some level of public health risk is a constant during the COVID-19 emergency; therefore, video visits may still be appropriate if health risks are relatively “low” in any individual case.



When appropriate based on the considerations above, in-person casework contacts must be conducted in accordance with ACS' Foster Care Quality Assurance Standards and 18 NYCRR 441.21.⁵

Confidentiality

Casework contacts involve confidential conversations, which require especially thoughtful planning during COVID. For example, conversations occurring outdoors may be seen and/or overheard depending on the location. Phone and video conversations may be more private, although crowded living spaces also limit privacy. Sometimes a brief in-person contact followed by a more detailed phone conversation may be appropriate. Staff should work together with families to plan for meaningful case planning discussions that respect confidentiality.

Additional Guidance by Contact Type

More detailed guidance for each type of casework contact is below.

A. Casework Contacts with Children

Casework contacts with children should be conducted in person or via video as appropriate according to the decision framework above. In-person contacts with children at high levels of child welfare risk should be providers' top priority.

If contacts are occurring by video, case planners should increase frequency as needed to assess safety. During the video contact, the case planner must ask to see and speak to every foster child in the household (as age and developmentally appropriate). If the case planner is unable to see/talk to every foster child, they should make a concrete plan with the caregiver to arrange video contact between the case planner and the child as soon as possible. Where case planners would normally use visuals to assess safety and well-being—for example, seeing that there is food in the home and home environment appears safe—they should attempt to do the same via video.

If child welfare risks cannot be addressed by video, case planners should conduct in-person casework contacts. If providers are concerned about a child's safety, are unable to gain access despite diligent efforts, and have reasonable cause to suspect that the child is being abused or maltreated, they should call the New York Statewide Central Register of Child Abuse and Maltreatment.

B. Casework Contacts and Communication with Foster Parents/Caregivers

Case planners and supervisors should apply the decision-making framework in Figure 1 to determine the most appropriate method for foster parent contacts. In cases where staff are making in-person contacts with children, ACS anticipates that

⁵ 18 NYCRR 441.21(b) outlines casework contact responsibilities with the parent or relatives. 441.21(c) outlines casework contact requirements with the child, and 441.21(d) outlines contact requirements with the child's caretakers.



in-person contacts with those children's foster parents will likely happen at the same time. However, a decision to conduct in-person contacts with children does not automatically mean that contacts with foster parents must also occur in person.

In addition to the required casework contacts, provider staff should increase their frequency of phone, text and email communication with foster parents to provide as much support as possible during the COVID-19 emergency.

Casework contacts between case planners and childcare staff at congregate care programs may be conducted in person or via video.

C. Casework Contacts and Communication with Parents/Discharge Resources

Case planners and supervisors must also apply the decision-making framework in Figure 1 to determine the most appropriate method for parent contacts. In-person contacts with parents/discharge resources whose children are currently living with them on trial discharge or on extended home visits should be prioritized. For parents whose children are not currently residing with them, a major purpose of casework contacts is to assess whether the child(ren)/youth would be safe if they were to return home.⁶ Therefore, staff should consider their ability to assess this in-person versus by video.

While maintaining physical distance, case planners should also communicate frequently to let parents know how their children are doing and being cared for during this stressful time. Case planners should share information to address parents' questions and concerns as much as possible, and should clearly explain the purpose of any new protocols, e.g., use of text, apps for video conferencing, etc.

Case planners should inquire about parents' own safety and well-being and refer them to available services as appropriate. If parents are experiencing a disruption in needed services (mental health, substance abuse treatment, etc.), case planners should seek to help them connect with available services, including tele-health services, by contacting their current providers and/or by calling 311. If parents are required to receive in-person services (e.g. random drug screening) as part of a court-ordered service plan, case planners should work with parents to arrange transportation and participation in ways that mitigate the risks of COVID-19 exposure as much as possible. Providers should also contact FCLS as needed to discuss requesting a temporary modification of the court order.

Case planners should continue the standard practice of informing parents about any change in their child's medical status. In particular, case planners must inform parents if their child or anyone in their child's foster household has symptoms of COVID-19. (If the household member with symptoms is an individual other than that particular foster child or the foster parent, just say "household member" without

⁶ See Foster Care Quality Assurance Standards, 2011, page 65.



identifying the individual.) If a child has symptoms of COVID-19, the case planner should facilitate communication between the parent and the child’s medical provider, so that the parent is aware of and can contribute to the child’s treatment plan.

D. Advance Screening for In-Person Contacts

Case planners must contact families for pre-screening prior to attempting any in-person contact. The case planner should ask a parent or caregiver the following questions:

1. Do you or anyone in your household have any of the following symptoms?
 - o Fever (temperature 100.4 degrees F or 38.0 degrees C or greater) or have begun to feel warm
 - o Cough
 - o Shortness of breath
 - o Chills
 - o Muscle Pain
 - o New loss of sense of smell or taste
 - o Sore throat
2. In the past 14 days, have you or anyone in your household gotten a positive result from a COVID-19 test that tested saliva or used a nose or throat swab (not a blood test⁷)?
3. In the past 14 days, were you or anyone in your household notified by a medical provider or the NYC Test and Trace team to remain home because of COVID-19?

If the parent or caregiver answers “yes” to any of the above questions, the case planner should:

- Direct the parent or caregiver to remain at home with their household members and contact their medical professional, if they have one.
- If the parent or caregiver needs help finding contact information for their medical provider/doctor, try to assist by conducting online searches.
- If the family does not have a primary care doctor or has been unable to reach their doctor, advise the family to call 311.

If the parent or caregiver answers “no” to the advance screening questions, the case planner should proceed with the in-person contact.

⁷ A blood test is used to screen for antibodies that are developed after exposure to COVID-19, not to screen for active infection.



If the case planner and supervisor have determined that an in-person contact is appropriate, but the family cannot be reached by phone after at least three attempts, the case planner should go to the home and ask screening questions through the closed door.

Re-Screening If Needed

If, upon arriving at the home (or alternate location for the contact), the case planner finds or believes that one or more family members are exhibiting symptoms, the case planner should follow infection prevention strategies outlined in Section I and re-screen using the questions and guidance above. If the answer to any of the screening questions is “yes,” the case planner should calmly and kindly end the visit by setting up a follow-up plan for video conferencing. If the family continues to answer “no” to the screening questions, the case planner should enter the home and conduct the home visit.

III. FAMILY TIME (PARENT-CHILD AND SIBLING VISITS)

It is critical to facilitate frequent communication between parents and their children to maintain their relationship, especially during the COVID-19 crisis. Providers are asked to work creatively and compassionately with parents, youth and foster families to support and facilitate family time while maintaining the safety and health of families and staff.

A. Level of Supervision

In keeping with ACS Family Time policy, visits should occur with the least restrictive level of supervision that is safely possible and allowed by court order. Providers should re-evaluate cases where the court has given the agency discretion on the level of supervision to ensure that visits are moved to unsupervised as soon as safely possible.

B. Visiting Plans and Court Orders

Providers should attempt to continue visits according to current visiting plans and court orders, in person if consistent with the health and safety of the child, parent, case planner and foster parent. When necessary for health and safety reasons, case planners should arrange for video visits. If visiting orders cannot be upheld due to health and safety concerns, providers should contact the FCLS attorney for advice as to legal options. The FCLS attorney will contact the attorney for the child and parents' attorneys to discuss other visiting options. Similarly, if visiting plans change, providers should contact the FCLS attorney, who will promptly update all parties. Providers should continually revisit the family time plan as the public health situation evolves and as the weather changes providing opportunity for in-person visits outside.



C. In-Person Visits

Provider staff must ask families the pre-screening questions above before any in-person visits. In-person visits should be held if:

- No one attending the visit answers “yes” to any of the pre-screening questions;
- Attendees and their household members are not at high risk for COVID-19 (see page 5 for list of increased risk factors) or provider staff and attendees have agreed on a clear plan to reduce exposure for any individuals at high risk; and
- The court-ordered level of supervision can be maintained.
 - For supervised visits, providers are encouraged to use approved visit hosts.

If a caregiver or their household member is at high risk for COVID-19, providers must make all possible efforts to maintain parent-child contact while mitigating health risks due to visits. This includes working with families on alternative visit locations, transportation and other logistics to minimize exposure and following the health precautions discussed above (washing hands and clothing after visits, etc.). Providers should support foster parents in making reasonable and prudent parenting decisions regarding the best interests of the child while mitigating health risks for the household.

Subject to government mandates regarding COVID-19, providers are encouraged to arrange visits in outdoor locations such as parks. Locations should also be chosen to limit travel to the extent possible and to avoid crowded spaces.

If visits are occurring at the provider agency office or in any indoor space, consideration must be given so that families and staff can **practice appropriate social distancing** per CDC guidance. For example, agencies should stagger visits and consider room size to avoid any crowded situations in waiting or visiting spaces. Agencies should expand visiting hours if possible and should disinfect visiting spaces between visits. If necessary to maintain social distancing, providers should alternate between in-person and video visits in order to maintain in-person visiting for as many families as possible while also avoiding overcrowding.

D. Videoconferencing

In all situations where in-person visits cannot occur, Family Time should occur via video. If staff determine that visits should be done by video, this decision and the case-specific reason(s) for it must be documented in CONNECTIONS.

If neither in-person nor video visits are possible, Family Time should occur by phone. However, this should be a temporary measure while staff assist youth and



families with the technology needed for videoconferencing. Phone calls cannot be counted as a substitute for face-to-face visits.

Video visits should be at least as frequent as in-person visits would have been according to the current visitation plan, and preferably will be arranged even more frequently. For example, if the existing visitation plan involves visits three times per week, video visits should occur at least three times a week. It can be difficult for children to stay engaged in long videoconferences. Thus, shorter and more frequent video visits may lead to higher quality interactions.

For families with supervised visits that are transitioning to video, case planners should work with their supervisors to assess the safety reason for supervised visits and whether it applies to video visits. If so—for example, if there are concerns of emotional abuse or that parents will make plans to abscond with their children—staff should either join the video conference or make arrangements with foster parents or approved visit hosts to join. In some instances, foster parents may be able to maintain safety by observing the children during the video call (i.e. be in the same room and pay attention to how they are reacting) without having to join the call. Providers should consider how communication between parents and children has been happening already—if parents and foster parents already have an arrangement for safe phone communication, this can help inform the video visitation plan. If there is an active order of protection between a parent and the child's caregiver, an agency staff member should facilitate the virtual visit. If case planning supervisors assess that there is no safety reason to supervise video visits, they should occur unsupervised. This assessment must be documented in CONNECTIONS.

Provider staff should also work closely with foster parents to help facilitate virtual visits. If foster parents have concerns about sharing their contact information, staff can assist with instructions for caller ID block, initiate visits using a video conferencing app, and/or provide a device for the foster family to use for virtual visits.

In some cases with unsupervised visits, parents may not feel comfortable engaging only with the foster parent during a virtual visit and may request the presence of a foster care agency staff member. Case planners should consult with parents to assess this. If requested, a staff member should join by video or phone to help facilitate the virtual visit.

Frequency of video Family Time and phone calls should be increased wherever possible so that children and parents can stay in close communication, especially as they are likely to be very worried about each other during the COVID-19 outbreak. This increased communication is encouraged regardless of whether families are having any Family Time in person.



E. Sibling Visits and Communicating with Kin

Sibling visits should continue to occur in person if possible, following the same risk assessment and health guidelines explained in Section C above. If in-person sibling visits cannot occur, the visits should happen via video.

During this time of social distancing, it is especially important for children to maintain connections with family. Beyond regular sibling visits, providers also should encourage—and ask foster parents to encourage—frequent communication between siblings in care. Additionally, children should be encouraged and supported to communicate with extended family, friends, mentors and other significant people in their lives. This can help build and maintain children’s connections to their extended support networks, which are as vital now as ever.

IV. Documentation of Casework Contacts and Visits

Case planners must document all successful and attempted casework contacts and visits in CONNECTIONS. From the Method of Contact dropdown menu, select “face-to-face” for in-person interactions or “video conference” for interactions using video technology. If a contact or visit is completed via video due to health risks associated with COVID-19, case planners must note this in the narrative. (If a casework contact or visit is conducted by phone, select “phone” as the Method, but note that this cannot be counted as a substitute for an in-person contact or visit.)

When documenting the location of a video casework contact, select the location where the child, parent or foster parent was during the videoconference (e.g., case address, foster home, etc.). When documenting the location of a video visit, select the location where the child was during the videoconference. Case planners should select the same dropdown option for Purpose that they normally would, including selecting “First Visit” when documenting the first parent-child visit after a child enters foster care.

V. Family Team Conferences

All foster care Family Team Conferences should be held via videoconference except if safety concerns such as domestic violence necessitate a face-to-face meeting. If videoconferencing is not possible, conferences may be held by phone. For more information, please see [ACS Emergency Guidance for Family Team Conferencing during the COVID-19 Pandemic](#).