



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

REVISED April 16, 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.<sup>1</sup>

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 describes methods for **most contacts to be made via video or phone, except casework contacts with children in particularly high-risk cases** where in-person contacts are necessary to maintain safety. In these cases, the guidance describes how to conduct in-person contacts while taking appropriate health precautions. The guidance also describes methods for family time (aka visits) between children in foster care and parents that include in-person visits (with appropriate health precautions) when possible and video/phone visits. Finally, the guideline outlines that all family team conferences be held by phone or video conference.

Note that the federal Administration for Children and Families has updated their Child Welfare Policy Manual (Sec 7.3, Question 8) to include the following language about

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<sup>1</sup> Regarding payment for COVID related costs, the Mayor's Office of Contract Services (MOCS) has distributed documents that ACS forwarded to providers. Providers can bill some COVID related expenses to their current contracts. For COVID related expenses that fall outside of current contracts, the City will initiate amendments and providers will be paid for additional costs in connection to those new costs. Costs must be tracked separately.



video-conferencing or other similar form of technology replacing a face-to face case contact with a child in foster care:

“...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](#).<sup>2</sup>

## 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*:

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



- 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 and bandanas. See the DOHMH [FAQ About Face Coverings](#)<sup>3</sup> 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 sanitizers are 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 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. Casework contacts with children in high-risk cases (determined by reference to the criteria below) should be conducted in person with all appropriate health precautions. All other casework contacts should be conducted via video (preferred) or phone.

Case planners, in consultation with their supervisors and program directors, must assess safety and risk concerns based on the following in order to determine whether contacts must be made in person:

- Children on trial discharge or extended home visits for whom there are safety and risk concerns, based on the following:

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



- The most recent Family Assessment and Services Plan (FASP);
  - The case planner's assessment of safety and risk given their most recent in-home and other contacts with the family and any other information the case planning team deems relevant;
  - The presence of domestic violence and potential for associated safety concerns that could not be detected via video or phone;
  - The presence 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 over the phone/video chat.
- Youth on trial discharge to APPLA where the provider has a current safety or risk concern.
  - Children and youth for whom there is a court order mandating a specific number of casework contacts (consult the child's Family Court Legal Services Attorney as needed).
  - Children in foster homes where there may be a potential safety or risk concern. This may include foster homes where the COVID-19 public health crisis may be causing challenges related to safety, health and/or child care.

Providers will need to weigh health risks and child welfare risks, and workers should consult with their supervisors when making assessments. Unless absolutely necessary for child safety reasons, in-person contacts should NOT be conducted during this outbreak with children who have special medical conditions that increase their risk for COVID-19. This includes but is not limited to those in Specialized Family Foster Care, especially those that have heart, lung or immune-related conditions.

Similarly, providers should consider the health of caregivers, including parents and foster parents, as well as their household members whose age or underlying health conditions put them at greater risk for COVID-19. Unless absolutely necessary for child safety reasons, in-person contacts should NOT be made to 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. Please visit the NYC Department of Health and Mental Hygiene (DOHMH) [website](#) for more information.

Whether in-person or by video/phone, casework contacts should cover issues related to safety, permanency and well-being. This includes the status of participation in services for children and parents.

#### **A. In-Person Casework Contacts with Children**

In-person casework contacts with children assessed to have high safety and risk concerns and whose parents/caregivers have reported they are not experiencing symptoms, must be conducted in accordance with ACS' Foster Care Quality



Assurance Standards and 18 NYCRR 441.21 as much as possible, after screening in advance as outlined in the section that follows.<sup>4</sup>

If a child is assessed to be at high risk in terms of child welfare concerns and is in a home where a household member has symptoms of COVID-19, supervisors should weigh the health risks versus child welfare risks (and consult with their directors as needed). If the child welfare risks can be addressed via video, case planners should conduct video contacts, increasing frequency if necessary to assess safety. If the child welfare risks cannot be addressed via video—including but not limited to serious domestic violence concerns where the presence of a batterer could not be detected on a video call—case planners should conduct in-person casework contacts taking the health precautions discussed in this guidance.

If providers are concerned about a child's safety, are unable to gain access, and have reasonable cause to suspect that the child is abused or maltreated, they should call the New York Statewide Central Register of Child Abuse and Maltreatment.

For all other children in foster care, see section B: Casework Contacts with Children Via Video and Phone.

### **1. Advance Screening for In-Person Contacts**

Foster care case planners must contact children, parents and foster parents prior to attempting any in-person contact. The current intent of advance screening is to assess family members for symptoms, rather than exposure. As screening guidelines are subject to change, it is important to note that screening families for potential exposure is no longer needed or advised.

When preparing or scheduling appointments for visits, the case planner assigned to the family must make diligent efforts to contact the family to pre-screen for any potential risk of COVID-19. The case planner should ask a parent or caregiver the following questions:

- Does anyone in your household have symptoms of a respiratory infection (e.g. cough, sore throat, fever, shortness of breath), or
- Has anyone in your household been directed to self-isolate or self-quarantine by a medical professional?

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

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<sup>4</sup> 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.



- 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, case planners should 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, the family should contact 311.

If the parent or caregiver answers “no” to the advance screening questions (i.e. reports that no one in the household has symptoms and they have not been directed to self-isolate or self-quarantine) the case planner must arrange an in-person contact, either at home or at an alternate location (e.g., an outdoor location that allows for more social distancing).

If the household is high-risk due to child welfare concerns—but not high-risk for COVID-19—and 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, if the family is home.

#### 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 control strategies outlined in section I above and re-screen using the questions and guidance above. If the answer to either screening question is “yes”, calmly and kindly end the visit by setting up a follow-up plan for teleconferencing.

If the family continues to report that no one is exhibiting symptoms, case planner should enter the home and conduct the home visit.

### **B. Casework Contacts with Children Via Video and Phone**

For all families assessed to be lower-risk and/or experiencing COVID-19 symptoms, case planners may conduct casework contacts with children electronically, using video technology whenever possible (for example FaceTime or Zoom). During the contact, case planner must ask to see and speak to every foster child in the household (as age and developmentally appropriate).

If the case planner makes contact with the caregiver but is unable to see/talk to every foster child, they should make a concrete plan with the caregiver to arrange video or phone 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.

### **C. Casework Contacts and Communication with Foster Parents/Caregivers**



Casework contacts with foster parents should be conducted by video (preferred, using FaceTime, Zoom or other similar applications) or by phone if video capability is not available. In cases where staff are making in-person contacts with children, ACS anticipates that the contacts with those children's foster parents will likely happen at the same time. However, ACS is not requiring that the foster parent contact be face-to-face. Casework contacts between case planners and childcare staff at congregate care programs should be done via video or phone.

In addition, 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 outbreak.

#### **D. Casework Contacts and Communication with Parents/Discharge Resources**

In-person contacts with parents/discharge resources whose children are currently living with them on trial discharge or on extended home visits must be prioritized and completed according to the guidelines above.

Contacts with parents whose children are not on trial discharge should be completed by video where possible or by phone. While maintaining physical distance, frequent communication should also be continued to let parents know how their children are doing and being cared for during this stressful time. (Parent-child visits are discussed in the section below.) 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, including by contacting their current providers and/or by connecting to 311 for information about other services available. 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 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.

#### **E. Documentation**



Case planners must document all successful contacts in CONNECTIONS, including in-home and telephone/video contacts, as well as all attempted contacts with the family. Select “face-to-face” or “phone” as appropriate. **If the contact is via video, select “face-to-face” as the method and “other” as the location, then note in the narrative that it was done via video due to public health risks associated with COVID-19. Please do NOT select “other” for face-to-face contacts in community locations<sup>5</sup>—the “other” location should ONLY be used for video contacts.**

### 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 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 or phone calls. Similarly, providers should follow court orders as closely as safely possible given the public health emergency. 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.**

#### C. In-person visits should be held if:

- The advance screening protocol described above, provider staff have confirmed that no one attending the visit is currently exhibiting any symptoms of COVID-19, nor has anyone been asked to self-quarantine; and
- Attendees are not high-risk for COVID-19 (high-risk meaning older adults [60+] or to caregivers over 50 who have chronic health conditions such as

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<sup>5</sup> For face-to-face visits in community locations such as a public park, select “public location” from the CONNECTIONS dropdown menu.





- lung disease, heart disease, hypertension, diabetes, cancer, and/or a weakened immune system, please see DOHMH [website](#) for updates); and
- The court-ordered level of supervision can be maintained.
    - For supervised visits, providers are encouraged to use approved visit hosts.

If a caregiver 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 also 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 indoor 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/phone visits in order to maintain in-person visiting for as many families as possible while also avoiding overcrowding.*

#### **D. Teleconferencing**

In all situations where in-person visits cannot occur, Family Time should occur via video (preferred) or phone.

Video or phone 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/phone visits should occur at least three times a week.

For families with supervised visits that are transitioning to video or phone, case planners should work with their supervisors to assess the safety reason for supervised visits and whether it applies to video/phone 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/phone 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



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 phone 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/phone 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/phone visits, they should occur unsupervised. This assessment must be documented in CONNECTIONS.

Foster care agencies should also work closely with foster parents to help facilitate virtual visits. If foster parents have concerns about sharing their contact information, provider staff can assist with instructions for caller ID block, initiate visits using a conference line or teleconferencing 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 the 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.

#### **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 (preferred) or phone.

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.

#### **F. Documentation**

As with casework contacts, case planners must document all successful and attempted visits in CONNECTIONS, selecting “face-to-face” or “phone” as appropriate. **If the visit is via video, select “face-to-face” as the method and “other” as the location, then note in the narrative that it was done via video due to public health risks associated with COVID-19. Please do NOT select**



**“other” for face-to-face visits in community locations—the “other” location should ONLY be used for video contacts.** 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.

#### **IV. Family Team Conferences**

All foster care Family Team Conferences should be done via video teleconference, or by phone if necessary. For more information, please see [ACS Emergency Guidance for Family Team Conferencing during the COVID-19 Pandemic.](#)