



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

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I. INTRODUCTION

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 during this pandemic. Unless otherwise noted, the guidance applies to both family-based and congregate care settings, including Close to Home programs.

II. HEALTH AND SAFETY

All staff should follow the CDC's COVID-19 guidance (see <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>) as well as guidance from the NYC Department of Health and Mental Hygiene (<https://www1.nyc.gov/site/doh/covid/covid-19-main.page>). These websites provide updated information on infection prevention strategies, what to do if someone is sick, testing, vaccines, and other important information regarding health and safety.

Masks

Masks are now optional during casework contacts and Family Time visits, but ACS still highly recommends that staff and family members continue to wear masks while interacting indoors. Masks are still required under the following circumstances:

- For staff or family members after testing positive for COVID-19 and completing an isolation. If an in-person visit must be conducted after an isolation, the staff or family member should be feeling better (no fever without the use of fever-reducing medications and symptoms improving) and must wear a mask through day 10 after their symptoms began or their positive test date (whichever is earlier).¹

¹ For more information, see: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html>.



- If someone was recently exposed to COVID-19, the person should wear a mask for 10 days after the exposure regardless of vaccination status.

If a family requests that a staff member wear a mask when interacting with them, the staff member should comply and wear a mask if they are physically able. If visiting staff know beforehand that there is a household member at high risk for severe COVID-19, then it is also highly recommended that they wear a mask during the visit.

Vaccines

Vaccination is an essential strategy to protect against severe disease from COVID-19. The COVID-19 vaccine, after full vaccination, offers highly effective protection from severe disease and hospitalization after COVID-19 exposure. See the CDC website for recommendations about vaccines including boosters.²

All New Yorkers ages 6 months and older are currently eligible for the vaccine, and most age groups are also eligible for boosters.³ Refer to ACS's Memo to providers, [*Updated Consent Protocol for COVID-19 Vaccine for Youth in Foster Care/Close to Home*](#), regarding eligibility and consents needed for children/youth in care to receive the vaccine.⁴

All New York City employees and foster care provider agency employees are required to be vaccinated unless they have an approved reasonable accommodation (for details, see the [DOHMH Commissioner's Order](#) dated October 20, 2021⁵ and the [FAQ on New York City Employees Vaccine Mandate](#)).⁶ Staff should also assist with vaccine access for all eligible youth and/or family members who wish to be vaccinated. Anyone who receives a vaccination should keep their vaccine card and any related documentation.

Screening and What to Do if Staff are Feeling Sick, Exposed or Test Positive

All employees and other individuals entering congregate care facilities must continue to complete a daily health screening assessment. ACS is no longer requiring foster care staff in non-congregate programs to complete the daily screening tool before arriving at their non-congregate care work site or conducting an in-community visit. However, in all

² Source: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>.

³ For more information about COVID-19 vaccines and eligibility, see: <https://www1.nyc.gov/site/doh/covid/covid-19-vaccines.page>.

⁴ Consent must be documented on the NY State vaccine consent forms. The ACS protocol is here: <https://www1.nyc.gov/site/acs/about/covid19.page#VaccineProtocol>. It includes links to the consent forms.

⁵ For the DOHMH Commissioner's Order, see: <https://www1.nyc.gov/assets/doh/downloads/pdf/covid/covid-19-vaccination-requirement-city-employees.pdf>. For information regarding reasonable accommodations, medical or religious exemptions, see: <https://www1.nyc.gov/assets/dcas/downloads/pdf/guidelines/vaccine-reasonable-accommodation-process.pdf>.

⁶ For the FAQ, see: <https://www1.nyc.gov/assets/dcas/downloads/pdf/guidelines/faq-vaccines-mandate.pdf>.



foster care programs, whether congregate or family-based, **staff who are feeling sick with symptoms of COVID-19 or test positive for COVID-19 must stay home.**

Any staff member who is symptomatic or tests positive should:

- 1) Call their doctor for health-related questions.
- 2) Stay home from work and contact their agency's Human Resources (HR) department. Staff should not conduct in-person contacts or visits until cleared by an HR representative.

Any staff member who has been exposed to someone who recently tested positive for COVID-19 should call their doctor for further guidance.

Americans with Disabilities Act

Staff should familiarize themselves with ACS' [Americans with Disabilities Act \(ADA\) Procedure \(2011\)](#),⁷ and any successor policy or procedure, as individuals with disabilities may require reasonable accommodations to help them benefit from the programs, activities and services provided by the foster care agency. For example, individuals who have COVID-19, have a condition that increases risk of severe illness from COVID-19, or have a condition that renders them unable to medically tolerate a mask, may require a reasonable accommodation to access programs, activities or services.

III. CASEWORK CONTACT REQUIREMENTS

Casework contacts with children, parents and foster parents/caregivers must be done in person using infection prevention strategies, in accordance with the ACS Foster Care Quality Assurance Standards. Staff do not need to screen families for COVID-19 before every casework contact. However, they must instruct the family to inform them if someone in the household tests positive. If a household member who will be present during the contact has a positive COVID-19 test in the five days preceding the contact, the contact may be rescheduled (if sufficient time remains to meet contact requirements) or conducted by video.⁸ Staff are strongly encouraged to conduct casework contacts early in the month so that they have time to reschedule if needed and still meet contact requirements. A video contact temporarily substituting for a required in-person contact **must be followed by an in-person contact** as soon as the household member tests negative or a five-day isolation period is complete and the household member has been fever-free for 24 hours (without the use of fever-reducing medication) and their symptoms are improving.

⁷ The *Americans with Disabilities Act (ADA) Procedure* is available online here:

<https://www1.nyc.gov/assets/acs/policies/init/2011/B.pdf>

⁸ See the federal Administration for Children and Families Child Welfare Policy Manual (Sec. 7.3, Question 8) at https://acf.hhs.gov/cwpm/public_html/programs/cb/laws_policies/laws/cwpm/index.jsp.



Casework contacts (whether in-person or video) must include a safety assessment. Child safety is paramount; therefore, even if someone in the household has tested positive, an in-person contact must be done immediately if there is an identified child welfare risk that cannot be assessed or addressed by video. Staff should work with their agency's health services team and/or contact the ACS Office of Child and Family Health for assistance in planning to reduce exposure in these circumstances.

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

Family Time is extremely important for children in foster care and their families. Family Time must be held in person in accordance with ACS policy⁹ and should be supplemented by virtual interactions where appropriate. If a family member involved in the visit has tested positive for COVID-19 in the previous five days, the visit may be held via video. In-person visits must resume when the person tests negative or a five-day isolation period is complete and the household member has been fever-free for 24 hours (without the use of fever-reducing medication) and symptoms are improving.

Providers are asked to work creatively and compassionately with parents, youth and foster families to facilitate high-quality Family Time while maintaining the safety and health of families and staff. If a visit participant or their household member is at high risk for severe COVID-19,¹⁰ providers must make all possible efforts to maintain in-person parent-child and sibling 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 using the infection prevention strategies noted above.

Providers must attempt to continue visits in compliance with court orders. If visiting orders cannot be upheld due to COVID-19 concerns, providers should contact the FCLS attorney for advice as to legal options.

For any video visits, case planners must consider the accessibility of the platform used for video conferencing.¹¹ Reasonable accommodations, including but not limited to ASL interpreters and closed captioning, must be provided to clients who are deaf and hard of hearing.

⁹ See the ACS policy, "Determining the Least Restrictive Level of Supervision Needed During Visits for Families with Children in Foster Care," 2013.

¹⁰ See the DOHMH web page on groups at higher risk (<https://www1.nyc.gov/site/doh/covid/covid-19-prevention-and-care.page>) as well as the CDC website (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>) for more information about underlying conditions that increase risk for severe illness from COVID-19.



Congregate care staff should also refer to the [ACS COVID-19 Guidance for Congregate Foster Care Facilities](#) and the [DOHMH COVID-19 guidance for congregate and residential facilities](#)¹² for additional information about visits in congregate programs.

V. 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.

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.

VI. Family Team Conferences

Foster care Family Team Conferences (FTCs) may be held in person, by videoconference, or in a hybrid mode with some people joining in person and some by video. When deciding between these modes, agencies should prioritize the approach that will lead to the most productive and participatory conversation with the family. Agencies must consider participants’ safety and ability to fully participate in the meeting via videoconference; for example, if someone is experiencing intimate partner violence and/or does not have a fully private and quiet space from which to make a video call, the conference may need to be held in person. Parent to Parent Meetings may be held in person or by videoconference. If neither an in-person meeting nor a videoconference is possible, FTCs and Parent to Parent Meetings may be held by phone.

¹² See <https://www1.nyc.gov/site/doh/covid/covid-19-resources-for-health-care-facilities.page> and select “Congregate and Residential Facilities.”