



**To: Foster Care Providers**  
**From: Julie Farber, Deputy Commissioner, Family Permanency Services and Angel Mendoza, Chief Medical Officer**  
**Date: March 19, 2020**  
**Re: Emergency Guidance Regarding Referral and Acceptance of Placement Referrals from OPA to Foster Care Agencies**

We are all heartened that children and youth have not been as severely affected by the COVID-19 outbreak. To ensure that children continue to be placed in a timely fashion, ACS is providing the following guidance for providers regarding placement acceptance and referrals.

Section A explains the placement process and expectations of providers. Section B explains the relevant medical and public health context.

**A. Placement Process and Expectations**

1. ACS expects all foster care agencies to accept referrals from OPA for placements for all children and youth regardless of suspected, possible or known history of contact with COVID-19.
2. All children and youth coming from the Children's Center, Youth Reception Centers, or Sheltering Arms Reception Center will be tested for fever and travel history prior to departure for placement by the Nursing team. If they have a fever, they will be held until no longer febrile. If the child or youth has mild cold symptoms and no risk factors for COVID-19, the Nursing team will clear them for placement.
3. If a child or youth becomes symptomatic, agencies should work with foster parents to implement measures immediately to separate that individual, as much as practicable, from the rest of the household. Refer to CDC guidelines on preventive steps for household members and caregivers <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>
4. Residential providers should have space identified to isolate and care for symptomatic youth. Residential providers that do not have capacity to isolate and care for symptomatic children should contact OPA.
5. ACS is aggressively exploring the development of facilities to house children and youth in care who are either symptomatic or being cared for by someone who is symptomatic and no longer capable of caring for the child (nor is their backup), and the agency has been unable to find an alternative placement.

**B. Medical/Public Health Context**

With widespread community transmission of COVID-19, New York City is now moving into the *Response, Recovery, and Mitigation* phase of Emergency Management. This means that we are now beyond the *Prevention and Preparedness* phase, although we continue all efforts to strengthen *Readiness* as we set up more systems to support our response and recovery. In practical terms, this means the following:

1. All New Yorkers should consider themselves as possibly exposed to COVID-19.



2. Since we are moving beyond prevention, asymptomatic individuals are no longer being quarantined.
3. People who have contacts with confirmed or suspected COVID-19 cases will **not** need isolation and separation from the rest of the population unless they develop symptoms. They will need to monitor their health for 14 days after the contact with the confirmed case.
4. All symptomatic (fever, or cough, or sore throat, or difficulty breathing) individuals will now need to isolate themselves for 7 days or until asymptomatic for 72 hours, whichever is longer.
5. Providers should report to the NYC Department of Health and Mental Hygiene (DOHMH) if there are 3 or more individuals who have symptoms or are confirmed COVID-19 in a congregate setting. The Provider Access Line (PAL) is 866-692-3641.