

GUIDANCE ON REVIEWING CASES WITH PERIODS UNDER REVIEW OVERLAPPING WITH COVID-19

COVID-19-OVERVIEW

On January 31, 2020, Health and Human Services Secretary Alex M Azar, declared a COVID-19 public health emergency for the United States, and Ohio Governor Mike DeWine declared a State of Emergency on March 14, 2020 with the Ohio Department of Health issuing a Stay at Home Order on March 22, 2020. The Stay at Home Order was extended on April 2, 2020 until May 1, 2020, and again until May 29, 2020.

The State of Ohio's 88 counties are currently operating under the Ohio COVID-19 Risk Level Guidelines for the Public. The 1-4 levels are a data-driven framework to assess the degree of a county's COVID-19 exposure numbers. As of July 7, 2020, the Governor issued an order for some Ohio counties to require the wearing of a face mask due to the very high exposure and spread of COVID-19. For the remaining counties, the wearing of a face mask was optional, but highly recommended. On July 23, 2021, Governor DeWine announced a statewide mask mandate for citizens living in all 88 Ohio counties.

In reviewing cases with PURs overlapping with COVID-19, HHS recommends reviewers should first do the following: ¹

1. Review relevant local and state policies/federal guidance that could affect how services to children and families were accomplished (e.g., travel restrictions, method for conducting visits).
2. Review relevant state policies/federal guidance that could affect the availability/accessibility of non-emergency and/or non-critical services (e.g., certain medical/dental services; in-person group or individual therapy sessions, or parenting classes), as well as how the need for important but non-emergency services were assessed and provided.
3. Review state/jurisdiction-specific court orders or policies that would impact services to children and families, but also consider specific federal guidance provided on the importance of continuing efforts for family time (visitation) and of timely permanency, as well as the flexibility that courts have to continue proceedings and issue orders and judicial findings.
4. Consider the concerted efforts made by the agency and courts to meet the identified needs of children and families, given the restrictions and limitations in place as a result of COVID-19 and given the circumstances of child and family needs.
5. Adopt a "big picture" view of the case when considering how to weigh the COVID-19 and non-COVID-19 impacted portions of the PUR. Reviewers should consider the quality of the case practice prior to COVID-19 and if the sufficiency of the practice was actually impacted by COVID-19 in a way that the agency could not mitigate despite significant efforts. If the services to the child and family were poor prior to COVID-19, then that should be considered as well.
6. As always, and most importantly, stay focused on the type and quality of services children and families received in the context of the safety, permanency, and well-being needs for each specific child and family.

¹ U.S. Department of Health and Human Services, Administration for Children and Youth, Children's Bureau. *CFSR/CQI Processes During the COVID-19 Pandemic, May 2020.*

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CFSR Item	Procedures and Guidance
Safety Outcome 1	
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	<p>Assessments/Investigations: Safety is paramount in considering case-by-case options.</p> <ul style="list-style-type: none">• PCSAs should prioritize mandated initiation and assessment of safety activities (e.g. 24/72-hour contacts, 5-day contacts, safety assessment requirements) regardless of screened-in pathway.• PCSAs should prioritize monitoring of in-home and out-of-home safety plans to ensure child safety.• Consideration of alternatives for other 45-60-day assessment/investigation mandates as appropriate and able might include:<ul style="list-style-type: none">○ Increase phone/FaceTime/other videoconference options for contacts and communication for the following:<ul style="list-style-type: none">▪ Collateral and other follow-up interviews/contacts with other involved adults and children in the home▪ Deeper-dive assessment questions and dialogue with other involved household members <p>Refer to: Ohio Department of Job and Family Services. <i>Practice Considerations During COVID-19, March 16, 2020, p. 1.</i></p> <p>Ohio Department of Job and Family Services. <i>COVID-19 Child and Adult Protective Services Toolkit, May 2020, p. 6.</i></p> <p>ODJFS Q&A Guidance</p> <p>Q2. Will visitation protocols be changed for child and adult protective services? A. <i>Updated:</i> As it pertains to required contacts and supervised visitation, we continue to evaluate this on a routine basis but have not formally adjusted any protocols at the state level. We have provided guidance to county child and adult protective services staff to help them prepare for and conduct home visits. Please see the attached “COVID-19 visit flowchart.”</p> <p>County agencies should use their own executive-level discretion to make decisions and adjust caseworker activities as necessary on a case-by-case basis and document those decisions. They also should utilize their local COOP and EMA protocols and guidance to respond to county-specific responses to crisis.</p> <p>Refer to: Ohio Department of Job and Family Services. <i>Coronavirus (COVID-19) Frequently Asked Questions Updated: July 15, 2020, p.24.</i></p> <p>Conducting Investigations State and local child protective services agencies should follow the guidance of state and local public health officials with respect to conducting investigations at this time, including whether caseworkers should initiate in-person contact.</p> <p>Refer to: Letter from Jerry Milner, Associate Commissioner, Children’s Bureau to Child Welfare Leaders dated March 18, 2020.</p>

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CFSR Item		Procedures and Guidance	
Safety Outcome 2			
Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care	Services	Refer to: <i>Children's Bureau CFSR/CQI Processes During the COVID-19 Pandemic, May 2020, p. 9.</i>	<i>During your interview with the caseworker you may want to ask if services were halted by the service provider due to COVID-19 and if there were other service providers who were available to provide the needed service virtually.</i>
Item 3: Risk and Safety Assessment and Management	Safety Plans	<ul style="list-style-type: none"> PCSAs should prioritize monitoring of in-home and out-of-home safety plans to ensure child safety. 	
	Refer to:	Ohio Department of Job and Family Services. Practice Considerations During COVID-19, March 16, 2020, p. 1.; Ohio Department of Job and Family Services. COVID-19 Child and Adult Protective Services Toolkit, May 2020, p. 6.	
	Risk and Safety Assessments	<ul style="list-style-type: none"> Initial and Ongoing assessment of safety and risk occurs during visits with children and families. Refer to item 14 and item 15 for instructions on visits. 	
	Refer to:	Children's Bureau CFSR/CQI Processes During the COVID-19 Pandemic, May 2020, p. 9.	
Permanency Outcome 1			
Item 4: Stability of Foster Care Placement	Disrupted Placements	Refer to: Children's Bureau CFSR/CQI Processes During the COVID-19 Pandemic, May 2020, p. 10.	
Item 5: Permanency Goal for Child	Court Practices	While the Supreme Court of Ohio issued Guidance to Local Courts on the COVID-19 Public Health Emergency in March of 2020 reviewers should request information from the agency on court procedures during COVID-19, if needed.	
	Refer to:	Children's Bureau CFSR/CQI Processes During the COVID-19 Pandemic, May 2020, p. 9- 10.	
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned	Reunification/Case Closures	Visitation During the Reunification Process	<ul style="list-style-type: none"> If a family is at the point of having unsupervised visits, agencies should still conduct and document case-by-case assessments for any immediate safety and health concerns for the children, the parent(s), and the current caregiver(s) that would justify

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Permanent Living Arrangement		<p>limiting outside exposure.</p> <ul style="list-style-type: none"> • If there are no known concerns, the unsupervised visits should continue. In order to limit additional people being involved, caregivers should be encouraged to provide transportation to and from visits and follow the Ohio Department of Health’s social distancing guidelines. • Agencies also should re-assess whether some children/youth may be returned to the home, pursuant to normal trial home visit procedures, if the child’s safety would not be jeopardized while the agency works with its court to terminate custody orders. <p>Refer to: Ohio Department of Job and Family Services. Practice Considerations During COVID-19, March 16, 2020, p. 1.</p> <p>Ohio Department of Job and Family Services. COVID-19 Child and Adult Protective Services Toolkit, May 2020, p. 14.</p> <p>Court Practices</p> <p>While the Supreme Court of Ohio issued Guidance to Local Courts on the COVID-19 Public Health Emergency in March of 2020 reviewers should request information from the agency on court procedures during COVID-19, if needed.</p> <p>Refer to: Children’s Bureau CFSR/CQI Processes During the COVID-19 Pandemic, May 2020, p. 9- 10.</p>	
Permanency Outcome 2			
Item 7: Placement with Siblings		No additional guidance related to COVID-19.	
Item 8: Visiting with Parents and Siblings in Foster Care		<p>Children Services Visitation with Family Members</p> <ul style="list-style-type: none"> • Conduct case-by-case assessment for any immediate safety and health concerns for children that would justify limiting outside exposure. Document those decisions in the case record. Consider such things as whether children are medically fragile, whether they have pre-existing health concerns, and the age of child. • When case-by-case decisions are made to limit visitation, replace and increase interactions and contact via phone/FaceTime/other videoconference options • Reduce those involved in the visit to only those who are court-mandated to participate. <ul style="list-style-type: none"> ○ Consider adjusting visits with siblings and other external family members to phone/FaceTime/other videoconference options to maintain priority interactions and contact. • For supervised visitation determined necessary to take place in agency offices and other community locations: <ul style="list-style-type: none"> ○ Be mindful of the items available during visitations, such as toys, games, and books that may not be able to be thoroughly cleaned between visits. ○ Ensure time to clean and wipe down/disinfect visitation areas between visits. ○ Adjust visitation schedules to reduce the number of visits occurring simultaneously. <p>Refer to: Ohio Department of Job and Family Services. Practice Considerations During COVID-19,</p>	

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		<p><u>March 16, 2020, pp. 1-2.</u></p> <p>Virtual Visitation between Children and their Families</p> <p>Many PCSAs have stopped in-person visitation between youth and their family members to ensure social distancing and prevent further spread of the COVID-19. In these situations, the Ohio Department of Job and Family Services (ODJFS) encourages agencies to transition to virtual visitation and other forms of connection instead of suspending visitation entirely. To assist PCSAs, two resource documents were created to provide helpful tips when implementing virtual visitations to ensure the greatest success.</p> <ul style="list-style-type: none"> • The documents provide technology and practice considerations, as well as resources families and caregivers can use when adopting virtual visitation approaches. Agencies are encouraged to share these documents with their staff, birth families and caregivers. • These resources encourage agency staff to conduct an introductory virtual meeting between the caregiver and the birth family as an ice breaker and to set some ground rules, such as frequency and length of time for visits. • Experts suggests no less than three or four interactions a week for younger children who cannot stay engaged for more than 10 to 20 minutes. For older children, the visits can be longer, but may also need to occur more frequently to promote bonding. • Review the virtual visitation guidance during the introductory meeting and brainstorm ideas for virtual visits based on the child’s age and development. <p>Refer to: Ohio Department of Job and Family Services. <i>Guidance to Agencies/Families on Virtual Visitation</i>. Email to Directors, April 27, 2020 Attached documents: <u>Guidance for Agencies/Caretakers</u> <u>Guidance for Families</u></p> <p><u>Ohio Department of Job and Family Services. COVID-19 Child and Adult Protective Services Toolkit, May 2020, pp. 7-8.</u></p> <p><u>Children’s Bureau CFSR/CQI Processes During the COVID-19 Pandemic, May 2020, pp. 10-11.</u></p>	
Item 9: Preserving Connections		No additional guidance related to COVID-19.	
Item 10: Relative Placement		No additional guidance related to COVID-19.	
Item 11: Relationship of Child in Care with Parents		No additional guidance related to COVID-19.	

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Well-Being Outcome 1			
Item 12: Needs and Services of Child, Parents, and Foster Parents	Refer to: Children's Bureau CFSR/CQI Processes During the COVID-19 Pandemic, May 2020, pp. 11-12.		
Sub-Item 12A: Needs Assessment and Services to Children	Refer to: Children's Bureau CFSR/CQI Processes During the COVID-19 Pandemic, May 2020, pp. 11-12.		
Sub-Item 12B: Needs Assessment and Services to Parents	Refer to: Children's Bureau CFSR/CQI Processes During the COVID-19 Pandemic, May 2020, pp. 11-12.		
Sub-Item 12C: Needs Assessment and Services to Foster Parents	Refer to: Children's Bureau CFSR/CQI Processes During the COVID-19 Pandemic, May 2020, pp. 11-12.		
Item 13: Child and Family Involvement in Case Planning	<p>Case Plan Requirements/Activities:</p> <p>Work with case plan participants to shift meetings and activities to phone/ FaceTime/other videoconference options, as feasible.</p> <p>Refer to: Ohio Department of Job and Family Services. Practice Considerations During COVID-19, March 16, 2020, pp. 1-2.</p> <p>Children's Bureau CFSR/CQI Processes During the COVID-19 Pandemic, May 2020, pp. 11-12.</p>		
Item 14: Caseworker Visits with Child	<p>Open, Ongoing Cases (considerations on a case-by-case basis for reducing visits and conducting alternative contacts).</p> <ul style="list-style-type: none"> ○ Decisions and activities should be prioritized based on an assessment and routine re-assessment of safety and risk. <ul style="list-style-type: none"> ▪ This includes consideration for age, vulnerability, and location when making case-specific determinations. ○ Prioritize monthly visit/contact requirements for children and adults with open cases. ○ <u>In-Home Cases:</u> <ul style="list-style-type: none"> ▪ Prioritize child and adult visits (and increase connections by phone/FaceTime as able) for open voluntary cases and court ordered protective supervision(COPS) cases with more immediate safety and risk 		

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	<p>concerns, in which the children are in the home of the perpetrators and adult subjects (e.g. active safety plans, high-risk openings, court-ordered and newly reunified cases).</p> <ul style="list-style-type: none">▪ Other open in-home cases may require fewer monthly visits and/or more phone/FaceTime contact instead (e.g. temporary custody to kin with COPS order, other open voluntary cases offering non-safety-related preventive services) <p>○ <u>Custody with the PCSA (e.g. temporary and permanent custody)</u></p> <ul style="list-style-type: none">▪ Prioritize visits with children and adults on trial home visits during the reunification activities.▪ Prioritize kinship placement homes in which caregivers may need more support and guidance from PCSA caseworkers and kinship caseworkers.▪ Paid placement settings (e.g. agency foster homes, network foster homes, group homes, residential facilities) may require reduced visits (children and adults) when the child is assessed to be safe in the paid placement setting.▪ Consider age, vulnerability, and location when making case-specific determinations for ongoing case activity reductions and/or alternatives (document the justifications for those decisions in the SACWIS activity logs).▪ Consider collaborative planning and ways to conduct necessary visits (e.g. designate one caseworker to visit all children in a given group home or residential facility).▪ Continue to follow Interstate Compact on the Placement of Children monitoring requirements for children placed out of state. This includes the monitoring/visitation responsibilities required by the authorities in the state receiving placement of the child. <p>Refer to: Ohio Department of Job and Family Services. <i>Practice Considerations During COVID-19, March 16, 2020, pp. 1-2.</i></p> <p>Residential Facility Protocols for Visits</p> <ul style="list-style-type: none">• Some residential centers are already limiting visitors and offering telecommunication options. For example, one facility has communicated that they are taking extra precautions for caseworker visits and requiring all visits to be scheduled in advance. This includes that caseworkers will have their temperature taken when they arrive and asked if they have recent symptoms related to COVID-19 (cough, shortness of breath, etc.) or have traveled out of country recently. Caseworkers will have a designated room to conduct visits. <p>Refer to: Ohio Department of Job and Family Services. <i>Practice Considerations During COVID-19, March 16, 2020, pp. 3-4.</i></p> <p>ODJFS Q&A</p> <p>Q2. Will visitation protocols be changed for child and adult protective services?</p>

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	<p>Answer</p> <p>On March 18, Dr. Jerry Milner, associate commissioner of the U.S. Department of Health and Human Services, Administration for Children and Families (ACF) Children’s Bureau, provided practice guidance to states. Here are some highlights:</p> <ul style="list-style-type: none">• Caseworker Visits: The monthly caseworker visit requirement remains in place, but ACF is modifying its policy to permit visits to be conducted by videoconferencing in these current extraordinary circumstances. <p>Caseworker Visits with Children in Foster Care</p> <p>HHS Question 8.</p> <p>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?</p> <p>(Updated 03/18/2020)</p> <p>Answer</p> <p>In general, no. Videoconferencing 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. Rather, a monthly caseworker visit must be conducted face-to-face and held in person. Furthermore, the Act requires State and Tribal title IV-B agencies to describe standards for monthly caseworker visits with children in foster care that are well-planned and focused on issues pertinent to case planning and service delivery to ensure the safety, permanency and well-being of the child.</p> <p>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. <u>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.</u> Even in the face of such challenges, agencies must continue to comply with the monthly caseworker visit requirement.</p> <p>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.</p>

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	<p>Caseworker Visits with Children and Families</p> <ul style="list-style-type: none"> • Priority for monthly visit/contact requirements should be considered for children and adults with open cases. • It is imperative that caseworkers continue to ensure the safety and well-being of children. This must be balanced against the health and safety of caseworkers, the children they are serving, and all individuals with whom they come into contact. • The monthly caseworker visit requirement remains in place, but PCSAs may utilize alternative/creative methods of contact with children, adults, and/or foster care providers when the safety and well-being of children have been assessed and are not compromised. • Alternative forms of contact – including phone and video calls – are acceptable in circumstances in which face-to-face visits are not possible, despite the agency's best efforts, due to COVID-19. • If the attempts (either in-person or via alternative means) are not successful and/or safety remains a concern, please consider other means (such as safety child checks) to assess immediate safety, as you normally would. • If an agency uses alternative methods of communication under these limited, specified circumstances, caseworkers must conduct communications in accordance with the timeframe established. <p>Refer to:</p> <p><u>Ohio Department of Job and Family Services. ODJFS Coronavirus (COVID-19) Response Frequently Asked Questions Updated: July 15, 2020.</u></p> <p><u>Ohio Department of Job and Family Services. COVID-19 Child and Adult Protective Services Toolkit, May 2020, p. 7.</u></p> <p><u>Children's Bureau CFSR/CQI Processes During the COVID-19 Pandemic, May 2020, pp. 11-12.</u></p> <p><u>U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Child Welfare Policy Manual. Question 8. Source date: 05/04/11; updated 03/18/20. Legal and related references: Social Security Act – Section 422(b)(17); ACYF-CB-PI-10-01</u></p>
<p>Item 15: Caseworker Visits with Parents</p>	<p>Open, Ongoing Cases (considerations on a case-by-case basis for reducing visits and conducting alternative contacts):</p> <ul style="list-style-type: none"> ○ Decisions and activities should be prioritized based on an assessment and routine re-assessment of safety and risk. <ul style="list-style-type: none"> ▪ This includes consideration for age, vulnerability, and location when making case-specific determinations. ○ Prioritize monthly visit/contact requirements for children and adults with open cases. ○ <u>In-Home Cases:</u> <ul style="list-style-type: none"> ▪ Prioritize child and adult visits (and increase connections by phone/FaceTime as able) for open voluntary cases and court ordered protective supervision(COPS) cases with more immediate safety and risk concerns, in which the children are in the home of the perpetrators and adult subjects (e.g. active safety plans, high-risk openings, court-ordered and newly reunified cases).

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	<ul style="list-style-type: none"> ▪ Other open in-home cases may require fewer monthly visits and/or more phone/FaceTime contact instead (e.g. temporary custody to kin with COPS order, other open voluntary cases offering non-safety-related preventive services) <ul style="list-style-type: none"> ○ <u>Custody with the PCSA (e.g. temporary and permanent custody)</u> <ul style="list-style-type: none"> ▪ Prioritize visits with children and adults on trial home visits during the reunification activities. ▪ Prioritize kinship placement homes in which caregivers may need more support and guidance from PCSA caseworkers and kinship caseworkers. ▪ Paid placement settings (e.g. agency foster homes, network foster homes, group homes, residential facilities) may require reduced visits (children and adults) when the child is assessed to be safe in the paid placement setting. ▪ Consider age, vulnerability, and location when making case-specific determinations for ongoing case activity reductions and/or alternatives (document the justifications for those decisions in the SACWIS activity logs). ▪ Consider collaborative planning and ways to conduct necessary visits (e.g. designate one caseworker to visit all children in a given group home or residential facility). ▪ Continue to follow Interstate Compact on the Placement of Children monitoring requirements for children placed out of state. This includes the monitoring/visitation responsibilities required by the authorities in the state receiving placement of the child. <p>Refer to: <u>Ohio Department of Job and Family Services. Practice Considerations During COVID-19, March 16, 2019, p. 1.</u></p> <p>Caseworker Visits with Children and Families</p> <ul style="list-style-type: none"> • Priority for monthly visit/contact requirements should be considered for children and adults with open cases. • It is imperative that caseworkers continue to ensure the safety and well-being of children. This must be balanced against the health and safety of caseworkers, the children they are serving, and all individuals with whom they come into contact. • The monthly caseworker visit requirement remains in place, but PCSAs may utilize alternative/creative methods of contact with children, adults, and/or foster care providers when the safety and well-being of children have been assessed and are not compromised. • Alternative forms of contact – including phone and video calls – are acceptable in circumstances in which face-to-face visits are not possible, despite the agency's best efforts, due to COVID-19. • If the attempts (either in-person or via alternative means) are not successful and/or safety remains a concern, please consider other means (such as safety child checks) to assess immediate safety, as you normally would. • If an agency uses alternative methods of communication under these limited, specified circumstances, caseworkers must conduct communications in accordance with the timeframe established.

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		<p>Refer to: Ohio Department of Job and Family Services. <i>COVID-19 Child and Adult Protective Services Toolkit</i>, May 2020, p. 7.</p> <p>Children's Bureau CFSR/CQI Processes During the COVID-19 Pandemic, May 2020, pp. 11-12.</p>	
Well-Being Outcome 2			
Item 16: Educational Needs of the Child		<p>Refer to: Children's Bureau CFSR/CQI Processes During the COVID-19 Pandemic, May 2020, p. 11-12.</p>	
Well-Being Outcome 3			
Item 17: Physical Health of the Child		<p>Medical/Health Requirements (e.g., the five-day medical screen):</p> <ul style="list-style-type: none"> Gather as much health history as possible via interviews with parents, children, and others. Assess the need for youth to be seen by medical professionals based on whether they are exhibiting symptoms of physical or mental health concerns. <p>Refer to: Ohio Department of Job and Family Services. <i>Practice Considerations During COVID-19, March 16, 2019, p. 3.</i></p> <p>Children's Bureau CFSR/CQI Processes During the COVID-19 Pandemic, May 2020, p. 12.</p>	
Item 18: Mental/ Behavioral Health of the Child		<p>Medical/Health Requirements (e.g., the five-day medical screen):</p> <ul style="list-style-type: none"> Gather as much health history as possible via interviews with parents, children, and others. Assess the need for youth to be seen by medical professionals based on whether they are exhibiting symptoms of physical or <u>mental health</u> concerns. <p>Refer to: Ohio Department of Job and Family Services. <i>Practice Considerations During COVID-19, March 16, 2019, p. 3.</i></p> <p>Children's Bureau CFSR/CQI Processes During the COVID-19 Pandemic, May 2020, p. 12.</p>	