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March 30, 2020

Governor Andrew Cuomo
Governor's Office
State Capitol
Albany, New York 12224

Sheila J. Poole, Commissioner
New York State Office of Children and Family Services
52 Washington Street
Rensselaer, New York 12144

Re: Executive Action Needed for Authorized Adoption Agencies During COVID-19

Dear Governor Cuomo and Commissioner Poole:

We, the undersigned, are a group of adoption attorneys and other adoption and child-welfare professionals from across New York State, who work with adoptive families, children, child welfare agencies and the court system to protect and advocate for the rights of adoptive children and their families.

We submit this letter to urge the Governor to issue an Executive Order temporarily exempting adoption agencies licensed by the Office of Children and Family Services (OCFS) from the regulatory requirement of 18 NYCRR 421.15 which requires in-person home visits for adoption home studies.

Pursuant to 18 NYCRR 421.15, in order to certify an applicant as eligible to adopt a child through an OCFS-licensed agency (which includes private adoption agencies and foster care agencies), the agency must complete a home study in order to assess the applicant's eligibility to

adopt. This regulation provides, in relevant part, that the agency must conduct “at least one visit to the applicant’s home.” Currently, there is no exception to this requirement, meaning that all adoption home studies must include at least one in-person visit at the applicant’s home in order to comply with statutory and regulatory requirements (*see also* Social Services Law § 372-b). New York State law also provides that, after an adoptive child has been placed in the home of a prospective adoptive family, the agency is required to supervise that placement for a period of at least three months prior to the adoption finalizing, which includes at least one post-placement supervisory visit (Domestic Relations Law § 116(3)). There is likewise no exception to this requirement, meaning that all post-placement visits must also be conducted in-person at the applicant’s home.

Given the current public health crisis presented by COVID-19, and the state of emergency declared by Executive Order 202, it is submitted that it is dangerous and irresponsible to require adoption applicants to open their homes to social workers or caseworkers to complete adoption home studies, and to require home study providers to put their health at risk by going into the homes of adoption applicants. As such, agencies should be authorized to conduct home studies and post-placement visits via video conferencing for the duration of the pending health crisis. 18 NYCRR 421.16 sets forth the criteria which must be examined in an adoption home study, including the age, health, marital status, employment, education, family composition, race and religion of the adoptive family; all of which can be evaluated through a video conference without necessitating any in-person contact.

On March 20, 2020, in response to the COVID-19 emergency, the New York City Administration for Children’s Services (ACS) issued an emergency guidance document for its foster care providers which provides that all contacts with children and/or families be conducted via video or phone conference, rather than in-person, unless absolutely necessary. A copy of that guidance document is enclosed herewith. This is precisely what is needed for the rest of New York State.

OCFS recently released its own guidance document for programs licensed by OCFS, advising that, when making “home visits” OCFS personnel should ask applicants a series of questions including: whether they have travelled to a country designated by the CDC at a Level 2 or 3 travel designation; whether they have come in contact with a person suspected to have been exposed to COVID-19; and whether they are experiencing any symptoms of respiratory infection.



However, this guidance document does not exempt agencies from the statutory or regulatory requirements referenced above. While this guidance document is well-intentioned, it does not do enough to protect agency personnel or adoptive families from the potential spread or exposure to COVID-19, as it does not allow agency personnel to conduct visits via video conference. OCFS has taken the position that it does not have the authority to exempt agencies from these regulatory and statutory requirements absent an Executive Order authorizing them to do so.

The COVID-19 outbreak has not slowed the need for quality adoptive homes in this State, nor has it relieved agencies from their obligation to supervise their existing adoptive placements. All in-person home visits carry the risk of exacerbating the current health crisis and must be temporarily excused. Absent an Executive Order authorizing these agencies to conduct these vital services via video conference, agency personnel and adoptive families (including adoptive children) will all be placed at risk.

Please contact the President of our organization, Kathleen (“Casey”) Copps DiPaola, at **518-436-4170**, or by email at kdipaola@theCDSLAWFirm.com to discuss this matter in greater detail. Thank you for your time and attention.

Kathleen (“Casey”) Copps DiPaola

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

REVISED March 20, 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 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 video-conferencing or other similar form of technology replacing a face-to face case contact with a child in foster care:

¹ 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.



“...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.”

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*:

- 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).
- 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.
- Personal protective equipment (such as disposable gloves) is not necessary, but staff may choose to use it if available. If not, use a hand sanitizer after physical contact with any household members and at the end of the visit.
- Avoid touching your eyes, nose, or mouth with unwashed hands.



- 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:
 - 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 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 whose age or underlying health conditions put them at greater risk for COVID-19. In-person contacts should NOT be made to households with caregivers who are older adults (60+) or to caregivers over 50 who have chronic health conditions such as lung disease, heart disease, hypertension, diabetes, 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.²

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.

² 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.



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:

- 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.

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 locations³--the "other" location should ONLY be used for video contacts.**

III. FAMILY TIME (PARENT-CHILD 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.

1. 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.

2. 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.

³ For face-to-face visits in community locations such as a public park, select "public location" from the CONNECTIONS dropdown menu.

3. 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 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.*

4. 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 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.

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.

IV. Family Team Conferences

All Family Team Conferences should be done via video teleconference, or by phone if necessary.



Office of Children and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

Guidance for NYS Office of Children and Family Services Programs (funded, operated, licensed, regulated, or designated providers)

Department of Health 24/7 Hotline: 1-888-364-3065

Dear Staff/Providers:

The following guidance is based on the most current Centers for Disease Control and Prevention (CDC) and NYS Department of Health (DOH) recommendations for prevention of the spread the novel coronavirus of 2019 disease (COVID-19) and the management of Persons Under Investigation (PUI). Specific additional guidance for residential programs is documented below. Please review this information, including the links below, with your program's leadership and staff and make any necessary adjustments to your program policies and protocols. This guidance is not intended to address every potential scenario that may arise as this event evolves. OCFS encourages you to also monitor your Local Health Department guidance and keep in close contact with your OCFS regional office staff who have been instructed to immediately elevate priority issues of concern.

A. Guidance for programs funded, licensed or regulated by OCFS when making home visits (including foster boarding homes oversight):

When preparing or scheduling appointments for home-based visits, be sure to ask all clients or applicable family members the following 3 questions:

1. Have you traveled to a country for which the CDC has issued a [Level 2 or 3 travel designation](#) within the last 14 days?
 2. Have you had contact with any [Persons Under Investigation \(PUIs\) for COVID-19](#) within the last 14 days, OR with anyone with known COVID-19?; and
 3. Do you have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?
- If the client or family members respond "Yes" to questions 1 OR 2, but "No" to question 3 (i.e., reports no symptoms of a respiratory infection) immediately consult the provider supervisor/ treatment team to assess whether there are any potentially urgent safety risks or behavioral health needs (e.g., medications, suicide or violence risk, etc.).
 - If there are urgent needs, the provider supervisor/treatment team should assess whether those needs can be safely met remotely (e.g., e-prescribing, telephone assessment, telehealth visit,

etc.). If the client must be seen to meet urgent needs, including behavioral health needs, the provider supervisor/treatment team should instruct the client to remain at home and contact their medical professional immediately. Instruct the impacted client or family member to use a mask, if available, place themselves in a separate room with the door closed if possible, and get assessed by a medical professional immediately before any visitation arrangements are made. Please contact your Regional Office to discuss urgent scenarios so they can provide guidance on a case by case basis.

- If the client does not have urgent needs or those needs can be met remotely, please instruct the family/client to stay home and to contact the NYS DOH for further guidance, which may include a recommendation for a self-imposed quarantine for 14 days. The provider supervisor/caseworker supervisor/treatment team should also contact NYS DOH directly to relay the information from question 1 and 2.
- If the client or family members responds “Yes” to questions 1 OR 2, AND 3, (i.e., reports having symptoms):
 - Instruct the client to remain at home and contact their medical professional immediately.
 - Alternatively, the client may be referred to the nearest emergency room for immediate attention.
 - In all circumstances above, please instruct the client or family member to notify the receiving medical provider and transporter in advance of potential concern for COVID-19.
 - Please contact your Regional Office to discuss any urgent service needs so they can provide guidance on a case by case basis.

B. Guidance for screening visitors/members of the public to OCFS facilities, residential and non-residential programs funded, licensed or regulated by OCFS:

The below protocol is applicable to any facility or program that receives visitors or members of the public as a part of its daily operations. This includes members of the public who attend in-person administrative hearings in OCFS regional offices.

- All facilities, programs and offices receiving regular in-person contact with members of the public should immediately develop policies to schedule and pre-screen over the telephone all visits by non-client/residents-or-staff entities, including families, attorneys, case managers and social workers, using the three questions above.
 - Upon screening, if a potential visitor answers “Yes” to any of the three questions above, please politely instruct them not to visit the facility, program or office until the specific scenario can be further assessed. If a member of the public is scheduled to appear before an administrative law judge for an administrative hearing, the hearing will be adjourned until further notice.
 - For those potential visitors who answer “Yes” to questions 1 OR 2, but “No” to question 3 (i.e., reports no symptoms of a respiratory infection), please also instruct them to contact the NYS DOH for further direction.
 - For those potential visitors who answer “Yes” to questions 1 OR 2, AND also “Yes” to question 3, (i.e., reports having symptoms) please also instruct them to immediately

contact their medical provider and Local Health Department, and to call 911 if they are experiencing serious symptoms (e.g., shortness of breath).

- Please also instruct the screened individual to notify the receiving medical provider and transporter in advance of potential concern for COVID-19.
- If facilities/program providers receive unscheduled visitors, either politely instruct them to leave and call to schedule a visit, or screen them appropriately before allowing entrance into the facility/program.
 - If upon screening, the unscheduled visitor answers “Yes” to any of the questions above, provide them a mask, if available, place them in a separate room with the door closed if possible, and have them assessed by a program medical provider using appropriate [Personal Protective Equipment](#) (PPE) if possible. If no qualified program medical provider is available, ask that they contact their own medical professional immediately.
 - Alternatively, they may be referred to the nearest emergency room for immediate attention.
 - In all circumstances above, please also instruct the screened individual to notify the receiving medical provider and transporter in advance of potential concern for COVID-19.

*** PLEASE NOTE – Screening for current residents at OCFS facilities or residential programs funded, licensed or regulated by OCFS (include Runaway and Homeless Youth, Domestic Violence shelters, and Residential Vision Rehabilitation Centers):**

All OCFS facilities and residential facilities funded, licensed or regulated by OCFS should be certain to also screen any incoming residents using the guidance above, and should respond accordingly if a resident is experiencing symptoms and responds “Yes” to questions 1 AND 2 above. If a current or incoming resident can answer “Yes” to questions 1, 2, AND 3:

- Provide a mask for the recipient of services/resident;
- Isolate the recipient of services/resident in a private room with the door closed if possible and ensure that they are kept separate from other tenants.
- A program medical provider should then immediately assess the individual using appropriate PPE if possible, or if no qualified program medical provider is available, the person should be asked to contact their own medical professional immediately. The programs should also contact the NYS DOH (**1-888-364-3065**) for further recommendations including transport to their recommended medical facility if necessary. Please also instruct the program to notify the receiving medical provider and transporter in advance of potential concern for COVID-19.

All OCFS facilities and residential facilities funded, licensed or regulated by OCFS should continue to review their own emergency preparedness plans and assess for continued operation in case of an emergency.

- All facilities and programs should assess both their facility and workforce capacity to accommodate the potential need for an increased number of isolations rooms and the potential decrease in staffing availability.
- As a result of the above assessment, programs may need to prioritize service provision and planning.
- If the needs or the facility/program exceed current capacity or ability, please contact the relevant OCFS program lead/Regional Office for further assistance.

C. Guidance for visitors to any childcare setting, including licensors/registrars:

- When preparing to visit or inspect a childcare setting, all childcare licensors/registrars should immediately implement policies to schedule and pre-screen over the telephone all visits using the three questions above.
 - If licensors/registrars receive “Yes” answer to any of the questions, they should not visit the program until the specific scenario can be further assessed. If a health and safety issue necessitated the need to visit the provider, please contact your Regional Office to discuss so they can provide guidance on a case by case basis.
 - If licensors/registrars receive “Yes” to questions 1 OR 2, but “No” to question 3 (i.e., reports no symptoms of a respiratory infection), they should additionally instruct the provider to contact the NYS DOH for further direction.
 - If licensors/registrars receive “Yes” answers to questions 1 or 2, AND also “Yes” to question 3, (i.e., reports having symptoms), the licensors/registrars should instruct the provider to immediately contact their medical provider and Local Health Department, and to call 911 if they are experiencing serious symptoms (e.g., shortness of breath). Please instruct the provider to notify the medical provider and transporter in advance and inform them of potential concern for COVID-19
- In the event there is a serious health and safety need that requires an unannounced visit, licensors/registrars should screen the provider before entering the program and instruct the provider as above if answering “Yes” to any questions.
- The above protocol should be used when parents or family members request to visit a childcare program, and childcare providers should review with program leadership and staff to make any necessary adjustments to program policies and protocols.

Additionally, all the above facilities/programs/providers should contact any entities that have staff regularly visiting their programs (e.g., contracted/per diem staffing agencies, pharmacy delivery organizations, itinerant provider staff, cleaning agencies, etc.) to review and approve their screening protocols. If the protocols of outside entities do not meet these standards, providers should take responsibility for screening these visitors.

Finally, as a reminder, all Staff/Providers should follow the CDC's guidelines for infection control basics including hand hygiene:

- [Infection Control Basics](#)
- [Hand Hygiene in Health Care Settings](#)
- [Handwashing: Clean Hands Save Lives](#)