The three guiding values of child welfare services are safety, permanency, and well-being. Maintaining child safety is essential, and even the circumstances of a pandemic should not undermine the vital work of supporting permanency and well-being for children and their families. Child welfare systems have the capacity to innovate during crises, and the challenges of the current coronavirus disease 2019 (COVID-19) pandemic offer an opportunity to develop new ways to support families. The expansion of telehealth has helped facilitate visits that were often hindered by travel and difficulties with coordination of visits. Child welfare professionals have worked across disciplines in new and effective ways. Implementation of the Family First Prevention Services Act and expanded prevention efforts can help keep families safely together.

Children in foster care and their families have experienced being "distanced" from each other even before the COVID-19 pandemic began. Feelings of isolation and loneliness during the current crisis can compound the uncertainty and change that may have occurred both before and during foster care placement. Perhaps most importantly, the pandemic has increased awareness of underlying racial and socioeconomic disparities that continue to affect children in foster care. Racial and ethnic inequities that result in Black, Indigenous, and Latinx families' disproportionate involvement in the child welfare system can be addressed by providing families access to needed services that prevent unnecessary foster care and child welfare involvement.

We know from past crises, such as Hurricane Katrina, that the effects of disasters may not manifest until well after the event and can persist for years. We must prepare for the aftermath of our current crisis in the months and years ahead while remembering that children are resilient and strong and that we can help support those strengths. Pediatricians stand ready to work alongside child welfare professionals to support their critical work devising optimal ways to serve children and families during the pandemic and beyond.

During crises such as the current pandemic, the protection of family integrity for children and families involved in the child welfare system remains extremely important. The American Academy of Pediatrics (AAP) affirms that a stable home and caregiver are important to nurturing a child's development and preventing trauma that can affect a child across the lifespan. This guidance is designed to support the continuation and improvement of that critical work so that all children and families may flourish.

Statement of Purpose

- For children in the child welfare system, continued family support and visitation with parents and siblings is critical to promote well-being, secure attachments, and successful timely reunification and permanency. Courts and child welfare systems must continue to find ways to provide services for children even—and especially—during the pandemic.
- Child welfare and health professionals need to work together to ensure that children's connections to their families remain strong while at the same time working to reduce the

risks presented by COVID-19.

- Given that Black, Indigenous, and Latinx children are overrepresented in the child welfare system, clear formal guidance should serve to reduce inequities and promote decisions that support family connections and permanency for all children regardless of race or ethnicity.
- Kinship care retains children's critical familial and cultural ties. Although older relative caregivers may face unique risks from COVID-19, child welfare practices should continue to prioritize kinship care whenever possible.
- The AAP continues to reiterate that children belong in families. Placements in nonfamily settings, such as residential treatment, congregate care, or detention facilities, should be a last resort when a family setting is not able to meet treatment needs.
- Adolescents and young adults transitioning out of foster care require additional support to cope with the social isolation and loss of school and employment routines caused by the pandemic.

Visitation Principles

- Whenever possible, in-person visitation is preferable. This refers to family visitations as well as visits between child welfare professionals and children.

- Agencies should prioritize obtaining regular feedback from birth families and caregivers regarding visitations so that adjustments can be made to best promote connection and secure attachment between the child and family members.
- A combination of in-person and virtual visits can be considered to increase the frequency of parent-child and sibling interactions. It may be especially useful to use virtual visits to prepare a child for an in-person visit (for example, a parent's appearance may have changed, helping children become familiar with wearing masks, and discussion of what to do for fun at the visit), to follow-up on an in-person visit (address sadness or acting-out behaviors), or as a substitute for a planned in-person visit if it must be postponed because of COVID risks.
- Everyone involved in the visits should adhere to the same guidelines, for the purpose of risk reduction.

Visitation Guidance

- Everyone (child, caregiver and household members, birth family, and child welfare professionals) should be screened for COVID-19 exposure or symptoms the day before the planned in-person visit. A nonurgent in-person visit should not take place if anyone involved answers "yes" to these screening questions:

    - Are you COVID-19 positive or have you been exposed to someone with COVID-19?
    - Do you have any of the following symptoms of COVID-19: fever (100.4°F or higher) or chills, fatigue, nasal congestion, cough, shortness of breath, sore throat, muscle aches, headache, a new loss of taste or smell, vomiting, or diarrhea?

- Although not an absolute contraindication, consideration should be given to avoiding in-person visits with individuals considered by the Centers for Disease Control and Prevention (CDC) to be high-risk, including those 65 years of age or older or people who are immune suppressed, have certain chronic illnesses, or are obese. Children with medically complex conditions, children who have neurologic, developmental, genetic, or metabolic conditions, and children who have congenital heart disease are at higher risk for severe illness than other children (visit the CDC website for a full list). Extra precautions such as meeting outdoors or in large, well-ventilated indoor spaces, and even more stringent attention to physical distancing, masking, and sanitizing should be taken when such individuals are involved. More frequent virtual visits in these circumstances may also be a good option.
- All vehicles used to transport children should be cleaned before and after a visit. Children should sit in the back seat with ideally no more than two children in a vehicle. Keep

windows open as appropriate.

- The best location for a visit is outside whenever possible.
- When a visit is held indoors, all surfaces (handles, doorknobs, toys, electronics, etc) should be thoroughly cleaned before and after the visit.
- All participants in the visit should wear cloth or disposable face coverings, except for children <2 years old and those who have restricted breathing. In addition, some children with behavioral, developmental, or cognitive issues may not be able to wear a cloth or disposable face covering. Visits should **not** be canceled because of inability to wear a mask (for more information on cloth or disposable face coverings, visit the CDC website or org).
- Hand hygiene should be implemented for every participant frequently before, during, and after the visit, using soap and water or hand sanitizer.
    - Gloves are not required except for when changing diapers. Gloves should be discarded and hands washed in soap and water or hand sanitizer once the diaper change is completed.
    - Gowns and goggles are not necessary in this setting.

- Although physical distancing is strongly recommended, this may be difficult to enforce throughout the visit, recognizing the desire of parents and children to comfort and show

affection for each other.

  - In the interest of risk reduction, try to use safer ways to physically connect. Strategies for physical contact that may be less risky include hugging with faces in the opposite direction and leg/waist hugs with children (as suggested in a NYTimes article). Try to avoid kissing on the face or hands and cheek-to-cheek or face-to-face contact.

- Maintain a log of everyone present at the visit, with contact information. If anyone who was present develops symptoms of COVID-19 within 2 weeks of the visit, he or she should contact the child welfare professional, who should in turn notify local public health authorities.
  - The individual with symptoms should also contact his or her primary care provider, who can direct their health care related to COVID-19.

- When in-person visits cannot safely occur, attention is needed to ensure that virtual visits are accessible and developmentally appropriate for the child(ren) involved.
  - Child welfare professionals should ensure that all people involved have access to and understanding of the necessary technology.
  - Visits should be developmentally appropriate for the child(ren) involved.

- Shorter, more frequent visits will likely work better than single longer virtual visits, particularly for younger children or those with developmental delays.
- Having games or activities planned for the visit can make it more successful and fun.
- Having a facilitator can be helpful, both to engage all participants and to provide technological support.

Child Welfare Concerns for Children Who Are COVID-19 Positive or Exposed

- Communication with the child's primary care physician should be initiated immediately. If there is no primary care physician, then an available local pediatric health care provider should be contacted. Follow the directions of the health care provider for the child's immediate health needs.
- Most children will simply require isolation (when COVID-19 positive) or quarantine (when exposed to someone who is COVID-19 positive) and close outpatient monitoring.
    - Children should be kept with their families whenever possible.

    - With the requirements of isolation or quarantine, families may need additional supports, such as grocery or pharmacy deliveries.

- Foster and kinship families who care for COVID-19–positive or –exposed children should have access to education, training, and consultation about the situation, as well as adequate personal protective equipment for the entire household.
- Child welfare professionals should refer to current CDC guidance when transporting or visiting with children who are COVID-19 positive or exposed.

Collaborating with the Pediatric Community

- Child welfare professionals and caregivers should maintain close communication with a child's health care provider when a child is COVID-19 positive or exposed or has symptoms of COVID-19.
- Pediatricians should work with foster and kinship families at this time, helping to educate, quell anxiety, and link to appropriate local supports.
- Pediatricians should work with local child welfare agencies to provide consultation around individual cases and to help agencies develop protocols and strategies to deal

with the issues of COVID-19 related to social work staff, foster and kinship families, and congregate care facilities.

- Although testing of asymptomatic children is not recommended, a negative COVID-19 polymerase chain reaction (PCR) test result is sometimes required as a condition for reunification or placement into foster, kinship, or congregate care. In this situation, pediatricians can work with their hospitals and urgent care centers to establish protocols to facilitate expeditious testing.

Additional Information

- Guidance Related to Childcare During COVID-19
- Guidance on Providing Pediatric Well-Care During COVID-19
- List of latest AAP News articles on COVID-19
- *Pediatrics* COVID-19 Collection

Interim Guidance Disclaimer: The COVID-19 clinical interim guidance provided here has been updated based on current evidence and information available at the time of publishing.

Guidance will be regularly reviewed with regards to the evolving nature of the pandemic and emerging evidence. All interim guidance will be presumed to expire in December 2020 unless otherwise specified.

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Source American Academy of Pediatrics