New Children's Bureau Guidance on Caseworker Visits During the Coronavirus Crisis

In light of the current public health challenges, the Children's Bureau has amended section 7.3, QA#8 of the Child Welfare Policy Manual to permit agencies to use videoconferencing to meet the title IV-B monthly caseworker visit requirement under narrow circumstances. The amended question is below, with the update in red.

**Question 8.**

Does video conferencing between a child in foster care and his/her caseworker meet the Federal statutory provisions at section 422(b)(17) for caseworker visits on a monthly basis?

**Answer**

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 Social Security Act (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.

However, there are limited circumstances in which a title IV-B agency could waive the in-person aspect of the requirement and permit the monthly caseworker visit to be accomplished through a 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. 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.