DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES
Administration on Children, Youth and Families
330 C Street, S.W.
Washington, D.C. 20201

April 17, 2020

Dear Child Welfare Leaders:

The COVID-19 pandemic has created unprecedented challenges for our health and human services systems in serving our most vulnerable families, children, and youth. In a world where our face-to-face connections with those we serve are critical components of the services themselves, the present crisis has restricted our ability to make these critical connections. We are challenged to become creative, innovative, and thoughtful in adapting and finding other ways to initiate and maintain connections that are essential for child and family well-being.

Restricted face-to-face contacts is particularly troubling for our work in child welfare, including child protective services, foster care, transitional living for older youth, and adoption. When social workers are limited in their ability to observe children in foster care for whom the state holds custody, children remaining with their own families in a prevention setting, or children who have been reported as possible victims of child abuse and neglect, the risk of not gathering full and complete information needed to assess child safety and well-being is increased.

Similarly, when child welfare service providers are limited in their ability to meet with families directly in their homes or provider offices, the effectiveness of critical services designed to ensure child safety and help families address barriers to successful reunification is compromised. Even with the flexibility of conducting some of our business electronically, this is a sub-optimal replacement for meeting with families, children, and youth face-to-face in person.

Since the onset of the COVID-19 pandemic, we have seen reductions in reported incidences of suspected child maltreatment. Although we cannot be definite, we believe strongly that the decline in reports may be due to children not having regular contact with mandatory reporters, such as school teachers and counselors, Head Start personnel, and others. In addition, we know, for example, that the stress of being laid off, or fired, because of a downturn in an employer's business, as many people have recently experienced because of the COVID-19 pandemic and nationwide public health emergency, may lead to an increase in child maltreatment.

We believe it is critical to do all within our power to ensure that our child welfare personnel and service providers have the tools and equipment to see children in their family environments and in their foster homes in order to avoid tragedies such as serious maltreatment and child fatalities. We are hearing from state child welfare leaders that obtaining sufficient Personal Protective Equipment (PPE) for child welfare staff is a barrier to meeting face-to-face obligations. In order to help overcome this barrier, I am urging you to be in touch with your governors and to work with your emergency management and public health leadership to have child welfare workers and service providers classified as Level 1 emergency responders and, thus, have greater access to PPE. We have, under a separate letter from the Deputy Secretary of Health and Human Services, reached out to all governors to make this same request. In some jurisdictions this has

already occurred. This is a matter of urgency, given the approximately 437,000 children currently in foster care in the United States and the 4 million reports of child maltreatment received annually.

We in the Department of Health and Human Services are grateful for the leadership you and your child welfare organizations are providing during this crisis, and for the efforts you make to ensure child safety and family integrity. Thank you for your efforts, and thank you for your attention to this important issue at this time.

Sincerely,



Jerry Milner
Associate Commissioner
Children's Bureau