



DCFS Response to COVID-19

Frequently Asked Questions for Contracted Providers

As of April 10, 2020

DCFS is working quickly to address Contracted Provider needs and to connect you with additional resources for the children in your care by providing updated frequently asked questions to address your concerns.

1. What steps is DCFS taking to screen and test DCFS children and youth prior to placement or replacement into a new foster home or congregate care facility?

DCFS is currently working on a plan in conjunction with LA County's medical hubs to determine appropriate protocols for medical screening and testing of children for COVID-19. We will provide this information directly to service providers and caregivers as soon as it has been finalized. This FAQ will be updated at a later date to include the details on this plan as well.

2. What steps do substitute care providers need to take to screen current and new residents for COVID-19 infection?

The California Department of Social Services (CDSS) All County Letter (ACL) 20-33 describes several steps that all children's residential providers should take to best plan for the children in their care (see link [here](#)) which includes:

- All children's residential providers must have clear protocols for screening new admissions, children returning from being off premises whether on planned outings or leaving without permission, and for staff who exit and enter each day.
- All children in care should be screened to determine whether they are at risk for suffering from a more severe case of COVID-19, the Center for Disease Control (CDC) provides a guide to follow for this assessment (see link [here](#)).
- If a placement assesses that a child's current placement poses a risk to that child, they should contact the child's Children's Social Worker (CSW) to discuss this concern and whether alternative placement should be explored. Options for alternatives include reunification, extended home visits, or transferring the child to other locations within the facility that would better protect them from possible infection.



- There must be an emergency plan in place in for the following eventualities:
 - Providing care for child(ren) exposed to, symptomatic for, or have tested positive for COVID-19.
 - Providing appropriate care for children if there are staffing shortages.
 - Coordinating with placing agencies for safe transition of children to new placements should the agency no longer be able to operate due to staffing shortages.

3. Do I need to allow visitation for parents/family or others that have a Court order or are approved for visitation? What about Court Hearings?

Parent/child and sibling visits

The Presiding Judge of the Los Angeles County Dependency Court issued a blanket order effective March 20, 2020 – April 16, 2020 (copy linked [here](#)), which included the following provisions:

- Court ordered in-person visitation between parents, legal guardians, siblings and any other persons shall be temporarily suspended, subject to modification by the Court;
- DCFS shall implement wherever feasible remote visitation by Facebook, Skype, telephone or any similar technology to ensure that children are provided with an opportunity to maintain contact with those persons who were previously ordered to have in-person or remote visitation rights by the court.
- In instances in which those persons or the child lacks necessary equipment to satisfy this order, DCFS shall make efforts to ensure such contact occurs.
- DCFS has discretion to allow children with an existing court order of either unmonitored overnight visitation or an existing court order granting DCFS discretion to permit unmonitored overnight visitation, to remain on an extended visit with their parent(s) or legal guardian(s) during the time period referenced in this order.

In addition to the orders, it is recommended by CDSS that the County assess each situation individually. With respect to children under the age of two-years-old, CDSS advises that efforts should be made to maintain face-to-face visits, which allow children to continue to develop critical early bonds with their parent, unless there are individual health-related risks that prevent this from happening. All youth may struggle with changes to their visitation routines, and a lack of in-person visits may be especially difficult for children who are very young. On April 2, 2020, CDSS Community Care Licensing Division (CCLD) issued a Provider Information Notice (PIN) giving new guidance regarding visitation for children in placement, see further information [here](#).

When in-person visits do not occur, the resource parent should provide video conferencing, such as FaceTime or Skype, and/or increased phone calls with family members and other social contacts should



occur to provide the child and family members with some comfort. This type of contact may assist children, their siblings and parent(s) by occurring more often than it would have in a face-to-face visit.

A tool to assist with helping parents and caregivers to use technology to stay connected to their children may be viewed by clicking [here](#).

<https://haralambie.com/wp-content/uploads/2016/10/When-You-Cant-Be-There-in-Person.pdf>

Family connections that are essential to the wellbeing of the child should be maintained consistent with screening protocols and social distancing recommendations, including outside visits. If the youth has had several overnight visits and is due to return home soon, the child's/youth's Children's Social Worker or Deputy Probation Officer may evaluate whether an extended home visit during this time period may be appropriate if existing Court orders permit such a visit.

Please be creative with alternative planning during this difficult time. If you have any questions about the appropriateness of an alternative plan for visitation, please consult the assigned Children's Social Worker.

Technology resources for youth

iFoster is currently offering technology access to foster youth ages 13-24, which includes: free, unlimited high-speed data hotspots, headsets, and laptops to assist in taking online classes. For additional information on their available resources, call or email iFoster at: 1-855-936-7837 or phone@ifoster.org.

Child and Family Team Meetings

We recognize that families, youth and providers may need extra support as they navigate this unprecedented crisis and disruption. The Child and Family Team (CFT) process serves as an essential strategy to ensure families and providers can continue caring for children and that the County is aware of the practical and emotional needs of caregivers and children during this time. The CFT also will serve as a critical point of communication, support, and response for circumstances when a child, caregiver, or staff become exposed to COVID-19. Further, locating alternative placements for children will be extremely challenging, and the Child and Family Team is an essential strategy to preserve the ability of families and providers to care for our children.

When it is not possible or advisable to conduct CFT meetings in person, CFT meetings may be conducted using alternative options, including using videoconference or teleconference technology (with several free options, such as Skype, Zoom, or <http://www.freeconferencecall.com> available).

CFT meetings focused on the immediate and contingency planning needs of children in home-based placements and in congregate care placements at risk of placement disruption or who may be particularly significantly impacted by disruptions related to COVID-19 will be prioritized. It is



recommended that, in less urgent circumstances, communication should occur with the child's team to ensure the family understands how to request assistance or a team meeting if challenges arise.

Dependency Court Hearings in Los Angeles County

Non-minor dependents, youth, and caregivers of children:

Please contact the assigned attorney regarding your court appearance. If you do not have an assigned attorney, please call (323) 980-1700.

4. Will County Social Workers still come out to visit children placed in our care?

Per guidance provided by CDSS in ACL No. 20-25, Emergency Response (ER) investigations are essential functions and should be prioritized to protect the safety and well-being of children and families, and as County child welfare ER workers are first responders when assessing for the safety and well-being of children who are reported as being abused or neglected, investigations of the abuse or neglect must continue to occur.

Investigators will ask a series of pre-screening questions (see below) during the initial phase of their investigations. If the answers to any of the pre-screening questions is “yes,” the investigator will encourage the caregiver to contact their doctor. The investigator will then follow public health guidelines during their interactions with the caregiver, child(ren) and/or other members of the household, including the use of Personal Protective Equipment (PPE) as recommended by public health guidance (and/or encouragement of any recommended use by other individuals in the home). Social workers investigating child abuse referrals must continue to make face-to-face contact with children, however. Investigators will utilize PPE as necessary and maintain at least six feet of distance from parties they are interviewing in person.

Continuing Services Children’s Social Workers are still mandated to have regular contact with their clients to ensure the well-being of children. The requirements of face-to-face visits will be modified to allow for flexibility so that our CSWs can use virtual methods to communicate. Please understand however that there will continue to be times when our staff need to make face-to-face contact with our children to ensure their safety. We ask that you work alongside us and together we will make the best decisions on a case-by-case basis to address in person visits to children and your facilities.

Children’s Social Worker monthly visitation with children/youth

All children in foster care placements must receive monthly social worker visits. Generally, the Administration for Children and Families (ACF) has considered only face to-face visitation to count towards this requirement. However, an All County Letter was issued on March 21, 2020 (ACL 20-25, copy



linked [here](#)) providing new guidelines permitting monthly social worker visits to be accomplished through videoconferencing when an emergency prohibits or strongly discourages face-to-face contact for a public health reason or other similar public or individual health challenges.

In order to minimize the transmission of COVID-19, and given the State “stay at home” order, some face-to-face visits may not be possible and/or prudent at this time. CDSS has advised the County that whether a monthly visit should occur in person is a child-specific decision that must be made based on the training and experience of the social worker and considering all available information. If someone in your home is feeling ill or showing flu-like symptoms ahead of a visit, please contact your Children’s Social Worker to determine if it is safe for the visit to be done in-person or if it should instead be done by Skype, FaceTime or telephone.

DCFS will begin by assessing the individual needs of families and children. This assessment will start with a call to every family to ensure they have what they need to meet the needs of the children in their care.

Factors that will be considered by the case carrying social worker when determining if a face-to-face visit is necessary during this public health state of emergency include the following:

- Is the child being visited by other professionals, tribal representatives and/or mandated reporters during this time period and the social worker can receive an updated report from those professionals and/or reporters regarding the child?
- Has the child been in the same placement for the last 4 months and the social worker has determined that the placement is stable, without any concerns noted?
- Has the child been seen in person by a Foster Family Agency (FFA) social worker within the last 14 days with no concerns reported?
- Is the child in an STRTP or group home (in-state or out-of-state) and receiving ongoing treatment with a mental health professional, as well as on-site case management by the agency staff?
- Has the child been visited by their case manager in each of the prior three months with no concerns noted regarding the placement?
- The chronological and developmental age of the child, as young children and children with developmental delays or disabilities may not be able to verbalize or otherwise communicate needs and safety issues remotely.

When it is determined that a face-to-face visit is not necessary to ensure the child’s safety and well-being for that specific monthly visit, alternative methods of contact to monitor the child’s safety and well-being



can be used. Video conferencing is recommended as the first option for communication with the child and caregiver. If it is determined that a face-to-face monthly visit is not the appropriate contact, the case carrying social worker will assess if weekly or biweekly video contact is a better alternative. If video conferencing is not available, phone calls are an acceptable alternative.

If a face-to-face visit is determined to be needed to ensure the health, safety and well-being of the child, the case carrying social worker (or investigator) should conduct a pre-screening telephone call with the caregiver, as described below.

Prior to a scheduled visitation, please utilize the following screening questions over the phone to ensure that it is safe for visits to occur. Among the questions to ask are:

1. Do you currently have any of the following symptoms?
 - Fever/chills/body aches --and-- _____
 - Cough --or-- _____
 - Shortness of breath _____
2. Have you traveled to any county or region with significant community transmission (including communities in the United States)?
3. Have you, your children and/or anyone in your household had close contact with a person who tested positive for COVID-19 with a laboratory confirmed testing in the last 14 days?

If someone answers “yes” to any of the questions, they should be encouraged to contact their doctor and let them know about their symptoms and/or exposure, and the case carrying social worker (or investigator) should make alternate plans to accomplish the purpose of the contact and ensure the child’s health, safety and wellbeing.

If, however, contacting the person by telephone in advance of a face-to-face visit is not appropriate or feasible, the same pre-screening questions should be used prior to beginning the visit and the procedures noted above should be followed.

Additionally, caregivers should notify their designated county representative if clients, partners, family members, etc. self-disclose they have been exposed, are in quarantine or are being tested. In those situations, where in-person visits cannot safely be held, after notifying the Children’s Social Worker, please arrange communication between the parents, relatives and children by alternative methods, such as Skype, FaceTime or telephone.



Children's Social Worker monthly visitation with Non-Minor Dependents (NMDs)

As with all youth in foster care, monthly visits for NMDs are still required. However, consistent with the policies for children and youth, the methods in which a social worker may conduct their monthly visits have been expanded. In addition to face-to-face visits, monthly visitation may be conducted through video conferencing, telephone contact, or through courtesy supervision by a tribal representative or another Title IV-E agency, as necessary.

The decision regarding whether a monthly visit with an NMD should occur in person is a case-specific decision that must be made based on the training and experience of the social worker, considering all available information, including the factors described in the section above regarding social worker's visitation (as they apply to NMDs). For youth in a supervised independent living setting, the pre-screening questions asked of a caregiver, above, are to be asked directly of the NMD.

If the youth does not have a telephone or computer, it is imperative for case carrying social workers to make arrangements to ensure the youth's needs are met and there is a way to contact the youth. Regardless of what method is utilized for monthly visits, social workers shall ensure that NMDs have proper resources and a plan developed for following local public health guidance, including, but not limited to: housing, food, water, hygiene, and other needed items. This applies to both NMDs here in California and to those living out of state. In addition, social workers should review public health guidance regarding the prevention of infection.

5. Does a Special Incident Report need to be submitted since schools are closed and children will be missing school for 2 weeks or more?

Many school districts have reported extensive weeks of no school instruction in effect lasting through May 2020 and beyond. School closures should be cross reported to the following assigned DCFS Contracts Administration Division Compliance Managers: Diana Flagg (flaggd@dcs.lacounty.gov) and Victor Akinmurele (akinmv@dcs.lacounty.gov).

The following Interim SIR Reporting Guidelines is as follows:

Providers [Foster Family Agencies (FFAs), Intensive Services Foster Care (ISFC) – FFA, Short Term Residential Therapeutic Program (STRTP), Community Treatment Facility (CTF)] should submit only one Special Incident Report (SIR) with the educational plans for all children, youth and Non-Minor Dependents in the entire facility.

The department recognizes the concerns and/or challenges that FFAs may have experienced thus far in submitting SIRs. The Department has developed a "How To" procedural document to assist in this effort (see link [here](#)).



If school districts have not provided instruction due to the impromptu closures, it is important that Providers implement educational activities and seek assistance and resources to promote educational planning. This planning should meet the children's academic needs as it relates to their grade consistent with their Transitional Independent Living Plans, Needs and Services Plans, and support their matriculation to the next grade. The Special Incident Reports should include the availability of on-line classes, TV instruction, if packets of work were sent to the student, or are being picked up from the school.

OPTIONAL INSTRUCTIONS SHOULD THERE BE A NEED, AS SOME FFAs HAVE EXPRESSED CONCERNS ON HOW TO PROCEED:

Each FFA Social Worker can submit one SIR for all of the children (15 caseload max) on their caseload with each child's school closure plan and work assignment process (TV, Online or Packet sent home), and all County FFA homes are required to have a computer and Internet access.

Each ISFC- FFA Social Worker should submit one SIR for all of the children (8 caseload max) on their caseload with each child's school closure plan and work assignment process (TV, Online or Packet sent home,) and all County ISFC- FFA homes are required to have a computer and Internet access.

6. What should I do if a member of the resource family, placed children, or Foster Family Agency/Short Term Residential Therapeutic Program or Group Home staff is diagnosed with COVID-19 infection or is suspected to have COVID-19?

If it is believed that a child is suspected of having COVID-19, utilize sound professional judgement and prudent parenting standards by taking the following steps:

- Keep the child away from others and contact their primary care doctor.
- If you do not have contact information for the child's primary care doctor, contact the child's social worker.
- Continue to make sensible and reasonable parenting decisions for the child in your care including identifying alternate childcare options with school closures.
- For serious symptoms, such as difficulty breathing, inability to keep fluids down, dehydration, confusion and other serious symptoms, please contact the child's medical provider.
- People with potentially life-threatening symptoms should call or have someone call 9-1-1.

Those needing additional information and resources may call the LAC-USC COVID-19 Warmline at (323) 409-3090. This Warmline provides advice on care and screening for anyone suspected of suffering from COVID-19. As a reminder, asymptomatic children will not be tested.

For more information on prudent parenting standards, please see the California Department of Social Services web site, copy linked [here](#).



There is a lot of information being published in print and online about the need to keep those who have COVID-19 infection and those who have been exposed to someone who is infected separate from everyone else to avoid spreading the infection. Two key concepts to understand are **isolation** and **quarantine**. **Isolation** refers to separating sick people with a contagious disease from people who are not sick. **Quarantine** is used to refer to separating and restricting the movement of people who were exposed to a contagious disease to see if they become sick as they may have the disease but do not show symptoms (definitions taken U.S. Department of Health & Human Services, link [here](#)).

The Los Angeles County Department of Public Health (DPH) has provided guidance on isolation protocols for when someone has been diagnosed with COVID-19 or for anyone providing care for someone with COVID-19, link [here](#). Those diagnosed with COVID-19 should:

- Stay in a separate room and use a separate bathroom from other household members or residents if at all possible.
- Stay 6 feet away from others.
- Ensure good airflow in shared spaces
- Not have visitors or interact with pets.
- Not prepare or serve food to others.
- Not care for children.

The Centers for Disease Control has provided guidance on when to discontinue isolation, see link [here](#). Persons with COVID-19 with symptoms may discontinue isolation if the following conditions are met:

- At least 72 hours after their temperature is normal without using medicine to lower it and
- Improvement in respiratory symptoms and
- At least 7 days have passed since symptoms first appeared.

DPH has also have provided information on when, why, and how long to implement quarantine for those who have been exposed to someone infected with COVID-19, link [here](#). Those in quarantine should follow the same restrictions as someone in isolation, and should remain in quarantine for 14 days from the time of exposure for more than 10 minutes to anyone with a confirmed COVID-19 infection. People quarantined may come out of quarantine if they are not symptomatic at the end of the quarantine period.

These measures will pose some unique challenges for Foster Family Agencies (FFAs) and Short Term Residential Therapeutic Programs (STRTPs) in terms of physical space and staffing. DCFS is exploring resources and ways to support FFAs and STRTPs during this difficult time and will provide more information on this matter in the near future.

If you, a child in your care, or someone else in your household/facility has COVID-19, there is no specific treatment but you can utilize the following steps to help the person with COVID-19 feel better:



- Rest;
- Drink plenty of fluids;
- And if needed take acetaminophen to reduce fever and pain (note – children younger than two should not be given over-the-counter medications without first speaking to a doctor).

Please note that the above does not stop the infected person from spreading germs and precautions must be taken to avoid infecting others. DPH provides guidelines for the care of someone with COVID-19 and what steps should be taken to minimize the spread of the virus for those who are infected, please see the copy of the link [here](#). The CDC also provides recommendations to help prevent the spread of COVID-19 in homes and residential communities, see link [here](#). Many of the CDC’s recommendations are useful and applicable to foster homes and STRTPs as well. The CDC strongly emphasizes the importance of regularly cleaning all frequently touched surfaces including counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day. The CDC also notes that all residents and staff should be regularly washing their hands with soap and water for at least twenty seconds. Hand sanitizer can be used as an alternative, but washing hands will be more effective in preventing the spread of COVID-19.

Staff and resource parents providing care for children and Non-Minor-Dependents (NMDs) who have been diagnosed with COVID-19 infection need to make use of Personal Protective Equipment (PPE) to avoid becoming infected as well.

PPE consists of (but is not limited to) the following items:

- face mask;
- eye protection or face shield;
- gowns; and
- gloves.

People who have been diagnosed with COVID-19 should use a face mask when around others to protect those around them and prevent the chances of spreading the infection. Those who are caring for youth diagnosed with COVID-19 should wear full PPE when around the youth – facemask, gloves, eye protection, and gown according to the Center for Disease Control (see link [here](#)). All disposable PPE worn while in contact with youth diagnosed with COVID-19 should be disposed of properly in a lined container and the person doing so should make sure to wash their hands thoroughly immediately afterwards per CDC guidelines (link [here](#)). The CDC has also provided guidelines for making cloth face coverings to help slow the spread of COVID-19, see link [here](#).



A caregiver becoming ill is not a reason in and of itself to discontinue care for children, rather appropriate precautions should be taken to ensure that the STRTP staff or resource parents self-isolate and alert the CSW(s) so DCFS can offer support, if necessary.

It is crucial to follow Special Incident Reporting guidelines in general, but especially when reporting that a youth in care has been diagnosed with COVID-19 infection or exposed to someone with COVID-19 and what has been done in response such as isolating or quarantining the youth. Report all incidents pertaining to COVID-19 that impact children in out-of-home care and ensure your assigned Out-of-Home Care Quality Assurance Section Technical Assistance Specialists (TAS) are kept abreast of all related occurrences. The Provider should immediately call the assigned TAS to alert them. If they are unable to speak to them or it is after hours, a weekend, or a holiday, they should send an email notification to include the same information that will be noted in the narrative of the Special Incident Report to ensure appropriate precautionary measures can be initiated timely. Addendums should be submitted immediately upon receipt of additional information regarding the status for a child/youth/NMD or caregiver if she/he has tested positive.

Please refer to the Contract Exhibit A-5 and the chart below for more information:

How	To Whom	When
Telephone	Local Fire Authority for all fires and explosions (Section 80061(b)(1) of CCR)	Immediately
	Local Health Officer for all epidemic outbreaks [California Code of Regulations §80061(b)(1)]	Immediately
	CSW or DPO	Within 24 hours
	OHCMD QAS or PPQA CM OD	Within 24 hours
	CCLD	Within 24 hours
I-Track (Email only if I-Track is down)	CSW or DPO	Within 24 hours
	OHCMD QAS or PPQA CM	Within 24 hours
	CCLD	Within 24 hours





For more information, please also follow the Department of Public Health's guidelines on what to do if you are exposed. For your convenience, a copy is linked [here](#).

CDSS recently released ACL 20-33 which provides direct guidance to caregivers and county agencies on what to do when children in care are diagnosed with COVID-19 infection, copy linked [here](#). A key point emphasized in the ACL 20-33 is that just because a child has been exposed to or tests positive for COVID-19 infection is not grounds to request removal of that child. The CDC notes (see link [here](#)) that most people with COVID-19 have mild illness and are able to recover at home without medical care. If a child with COVID-19 does not require hospitalization they should be cared for in their home environment if at all possible to spare them the trauma of unnecessary replacement, especially while they are ill. Additionally, unnecessary replacements could contribute to community spread of infections. Lastly, care providers need to be mindful of the fact that even if they give 14-day notice requesting removal, it will be very challenging for DCFS to be able to find a new placement for that child. If you as a care provider are having concerns about your continued ability to provide care for a child, please immediately reach out to the child's social worker to discuss your concerns.

7. What should we do if a youth leaves placement without permission and then returns to their foster home or STRTP placement?

As with anyone coming to a facility, a youth returning from runaway or unauthorized absence should be kept separate from other residents of the home or facility while being assessed for risk of COVID-19. Upon return, they should be asked to immediately and thoroughly wash their hands and assess their physical health to determine whether they are experiencing any medical symptoms indicative of COVID-19, such as respiratory problems, fever, cough, muscle pain, and fatigue (*per Los Angeles Department of Public Health, see link [here](#)*).

If the youth has any of the above symptoms they should be placed in quarantine to ensure the safety of other residents and staff. The youth should also be interviewed regarding their activities while gone from placement without permission to determine the level of risk of infection they were exposed to during that time.

If the youth is not willing to disclose any information about their time away from placement, strong consideration should be given towards placing them in quarantine to avoid risk of infection to other residents of the home or facility.

8. Are we able to take children and youth on outings?

Per the Department of Public Health and Governor Gavin Newsom's executive order of March 19, 2020, significant protective measures are ordered to stem or slow the spread of COVID-19 within the County of Los Angeles. These orders include that all individuals residing in California are to remain at home or their residence except as needed to maintain critical infrastructure and services. As such, everyone is required to stay home except to get food, care for a relative or friend, get necessary health care, or go



to an essential job. Therefore, outings are not permitted. Children and youth may go outside on the home or facility's property, but should not leave the facility grounds.

9. Where can I get updated information from LA County about COVID-19?

The Department of Children and Family Services has established the following website with information about COVID-19. Los Angeles County and the state of California, and the California Department of Social Services Community Care Licensing Division have their own information pages on COVID-19 as well. Please see the links below for additional guidance and support:

- Department of Children and Family Services
<https://dcfs.lacounty.gov/COVID-19-covid-19-updates/>
- Los Angeles County
<https://covid19.lacounty.gov/>
- State of California
<https://covid19.ca.gov/>
- California Department of Social Services Community Care Licensing Division
<https://www.cdss.ca.gov/inforesources/community-care-licensing>

The California Department of Public Health (CDPH) has issued guidance regarding the most effective methods of preventing the spread of COVID-19, including basic precautions like washing hands for 20 seconds and refraining from touching your face. CDPH has also released guidance indicating that Personal Protective Equipment (PPE) should only be used by healthy individuals in specific circumstances (i.e., when staff are in prolonged close contact with someone with a suspected or confirmed COVID-19 infection). The CDPH guidelines are available by clicking the link [here](#).

10. Who can I contact regarding questions related to supply disruption of food/medication/other basic necessities or challenges in obtaining these items and other urgent issues?

The Department of Children and Family Services is working quickly to help accommodate and address provider needs or connect you with additional resources for the children in your care during this time. The following interim points of contact have been established to report urgent issues and needs for food and/or emergency supplies:

- Luz Moran, Department of Children and Family Services
Contact at (562) 965-1610 or moranl@dcfs.lacounty.gov for emergency supplies



- Andrya Markham-Moguel, Department of Children and Family Services
Contact at (213) 840-0270 or OHCMDQAS1@dcfs.lacounty.gov for all other urgent DCFS issues

11. Can agencies transition to remote work?

The Community Care Licensing Division has confirmed that until further notice, Foster Family Agencies may use their professional judgment to permit Foster Family Agency social workers to telecommute and to use technology to conduct in-home visits instead of going in person, which can include, but not be limited to, phone calls, video-chatting, FaceTime, Skype, Zoom, etc.

For Community-Based Support Division providers, such as Family Preservation, Prevention and Aftercare, Partnerships for Families, Child Abuse Prevention, Intervention, and Treatment, and Adoption Promotion Support Services, provider staff may use technology to conduct virtual visits and to comply with other contract requirements such as in-person groups and counselling. Whenever possible, there should be a provider staff on site for emergencies or walk-in clients; however, if this is not possible, contact numbers should be posted at the site's doors. These contact phone numbers shall be staffed during business hours.

12. Can Mental Health Service Providers continue to provide services to youth?

On March 14, 2020, the State of California Department of Health Care Services (DHCS) issued Behavioral Health Information Notice 20-009, to provide guidance for behavioral health programs regarding ensuring access to health and safety during the COVID-19 public emergency (<https://www.dhcs.ca.gov/Documents/COVID-19/IN-20-009-Guidance-on-COVID-19-for-Behavioral-Health.pdf>). DHCS encourages counties and providers to take all appropriate and necessary measures to ensure beneficiaries can access all medically necessary services while minimizing community spread. Additionally, on March 19, 2020, the Department of Mental Health sent a letter to providers to give guidance on the provision of mental health services to children and youth. The letter emphasized that providing medically necessary specialty mental health services are a priority of the Department. DMH has indicated that they will continue operations and it is expected that providers will continue their vital role in providing services to high need individuals, children and families.

13. Will the Providers be expected to adhere to all contract requirements during this time?

On March 18, 2020, the Community Care Licensing Division (CCLD) held a teleconference with Children's Residential Providers to provide state guidance to help address licensing related concerns. This included a Statewide blanket waiver for certain regulations. A Provider Information Notice (PIN) was issued on April 3, 2020 a copy is linked [here](#) for your reference. The PIN provides extensive guidance on how children's residential providers may best prevent, contain, and mitigate the spread and effects of the COVID-19 pandemic similar to the guidance provided in this FAQ.



The PIN also provides details on many new statewide waivers that can be implemented by children’s residential providers to allow them to better respond to challenges presented by the COVID-19 pandemic.

Visitation Waiver

Children’s residential providers may limit entry to only individuals who need entry as necessary for prevention, containment, and mitigation measures as by the CDC (see link [here](#)), the California Coronavirus (COVID-19) Response (see link [here](#)), DPH (see link [here](#)), and local health departments (see link [here](#)).

In lieu of in-person visits, providers should arrange for alternate communication through phone calls, video calls, social media, and other online communications to maintain family connections consistent with screening protocols and social distancing recommendations. Communications should allow for private and/or confidential communications as required by law. This waiver does not apply to in-person visits mandated by a court order or law, such as by a CSW or probation officer.

Planned Activities, Social and Extracurricular Activities, Child/Family Councils Waiver

Children’s residential providers may cancel planned activities, in-person group meetings, and social or extracurricular activities as necessary for prevention, containment, and mitigation measures. CFTs provided to children in foster care are not required to be conducted as in-person meetings. Facilities should accommodate the use of video conferencing, teleconferencing, or other technology to support and actively participate in CFT meetings conducted remotely. All other requirements related to the provision of CFTs, as described in ACLs 16-84 and 18-23, and Welfare & Institutions Code, Sections 16501 and 16501.1, are not waived and remain in effect for all children in foster care.

Buildings and Grounds/Home Environment/Bedroom Sharing Waiver

Buildings and grounds requirements related to bedroom sharing are waived as necessary for prevention, containment, and mitigation measures, as long as the health and safety of a child is not compromised, and the arrangement has been assessed as appropriate using the bedroom sharing arrangement factors set forth in the regulations. This waiver may be implemented only as needed to isolate or quarantine a child who is exhibiting symptoms of a respiratory virus, or who has tested positive for COVID-19. A provider shall not isolate a child who has tested positive in the child’s room only, but shall arrange for the child to engage in appropriate activities at the facility or home in isolation from other children who have not been exposed or who are not exhibiting symptoms. Any isolation of a child shall be based on guidance provided by the CDC, DPH and local health departments.





Capacity Waiver

Capacity requirements are waived to the extent there is an immediate need for placement of additional children due to isolation or quarantine requirements at another facility or home as a result COVID-19, under the following circumstances:

1. As long as staffing, care and supervision remains sufficient to meet the health and safety needs of children in care;
2. Capacity at a licensed foster family home shall only be waived if the county placing agency seeking placement in the home is aware that the home is at capacity, and the licensee retains a written request from the county placing agency; and
3. Capacity at a home certified or approved by an FFA, shall only be waived if approved in writing by the FFA and in consultation with the county placing agency and local health department.

This waiver shall not apply to a small family home or FFA home caring for children with special health care needs or intensive services foster care (ISFC) youth.

Staffing Ratios Waiver

Personnel staffing ratios for licensed providers, not including a licensed foster family home, certified family homes or an approved home of a foster family agency, are waived as necessary for prevention, containment, and mitigation measures as long as the provider is able to meet the health and safety needs of children in care. Licensees shall continue to provide the services identified in each child's needs and services plan as necessary to meet the child's care and supervision needs. If a licensee adjusts staffing as allowed by this waiver, each child's care and supervision needs shall be considered and met. The required written notice to CDSS for use of this waiver shall include what the adjusted ratio is for each program and the facility's plan to meet the health and safety needs of children in care.

This waiver shall not apply to ratios mandated by Department of Health Care Services Medi-Cal certification or mental health program approval requirements. This waiver does not authorize any changes regarding staffing ratios applicable to the care of children under six years old in temporary shelter care facilities, transitional shelter care facilities, or group homes.

Personnel Requirements

CCLD is waiving certain personnel requirements for licensed providers (not including licensed foster family home, certified family home, or an approved FFA home) to enable staff to start working immediately if there is a staff shortage as a result of COVID-19. New direct care staff (not including certified administrators or facility managers) may start working pending completion of training, education, and experience requirements once they provide proof of completion of first aid training and after they are trained on universal, droplet, and other precautions mandated by CDC guidelines.



New staff must still be trained on the tasks they will be performing and shall not be left unsupervised while children are present in the facility. Initial training requirements must be met within 30 days of starting employment. CCLD is also waiving initial TB testing if they complete a TB Risk Assessment Questionnaire (copy linked [here](#)) prior to beginning employment and the licensee ensures the employee is tested as soon as possible.

Additional Waivers

CCLD also approved waivers addressing administrators and administrator trainings. Vendors may conduct these trainings via live-streaming with certain conditions and requirements. Administrator Certification testing is suspended during the State of Emergency, so prospective administrators may apply for a conditional certificate with the understanding that they must take and pass the in-person test once the State of Emergency has been lifted. Continuing education requirements for administrators are waived during the State of Emergency; administrators may complete their continuing education via live-streaming services as well, however.

Terms and Conditions for Waivers

The above waivers are to be used as needed in a reasonable manner that protects children's confidentiality rights and in accordance with guidance from CDSS, health care providers, CDC, DPH, and local health departments. When a provider implements any of these waivers they must notify CDSS in writing, and post the waiver in a public location within the facility or home. Any provider policies that are revised to include these waivers must be available to the public, provided to their CDSS Regional Office, and include a written justification for the waiver. The provider must inform any family member or child's representative impacted by these waivers.

Additionally, your local licensing office has been directed to primarily focus on all issues related to COVID-19, as normal activities in these offices have been paused. CCLD will help providers to acquire the resources they need to continue to provide quality care.

In addition to the waivers being offered by CDSS CCLD detailed above, the DCFS Out-of-Home Care Management Division (OHCMD) has made changes in requirements for children's residential providers to help address the current situation.

Report on Staffing Ratios/Changes

FFAs and STRTPs are asked to send an email to their assigned DCFS Out-of-Home Care Management Division (OHCMD), Quality Assurance Section, Technical Assistance Specialist (TAS) to report staffing ratios or changes due to reported COVID-19 exposure, positive tests, isolation, and quarantine. DCFS continues to need the services of FFAs and STRTPs for children's placements and this information is



needed to assess the impact of COVID-19 on care being provided to children, and allow the Department to plan accordingly.

Emergency Plans

OHCMD has requested all providers upload their emergency COVID-19 plans into the Electronic Program Statement Submittal System.

DCFS Contracts Administration Division (CAD)

The DCFS Contracts Administration Division (CAD) converted all in-process reviews and follow-ups to electronic meetings (via Zoom, Skype, conference call) including exit conferences, Corrective Action Plan (CAP) follow-ups, and entrance conferences. Please contact CAD if you would like to request to delay a review.

Clothing Allowances

With most retail stores closed, CAD only expects providers to purchase emergency clothing as needed from Target, Walmart, Costco, Sam's Club, CVS, and Walgreens. All clothing allowance and weekly allowance amounts are to be credited to each placed child. These allowances will continue to be issued as required to Non-Minor Dependents (NMDs) who may need this money to buy food and cleaning supplies. As children, youth, and NMDs exit placement, they should receive all owed weekly and clothing allowance money they have not yet received. Any children, youth, or NMDs who have been given liberal passes by providers to allow them to stay with another adult should receive these allowances in a timely fashion. Plans for distribution of banked weekly and monthly clothing allowances should be developed in Child and Family Team Meetings.

Want More Information?

Here are a few resources to help keep you informed during this time:

- *United States Centers for Disease Prevention and Control (CDC)*
<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>
- *World Health Organization (WHO, International)*
<https://www.who.int/health-topics/coronavirus/coronavirus>
- *California Department of Public Health*
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>
- *California Department of Education*
<https://www.cde.ca.gov/ls/he/hn/coronavirus.asp>



- *California Department of Social Services*
<https://www.cdss.ca.gov/>
- *Los Angeles County Department of Public Health*
<http://publichealth.lacounty.gov/media/Coronavirus/>
- *Los Angeles County Department of Mental Health “Coping with Stress” Flyers (available in 13 languages)*
<https://dmh.lacounty.gov/covid-19-information/>
- *Los Angeles County Office of Education*
<https://www.lacoe.edu/Home/Health-and-Safety/Coronavirus-Resources>
- *Los Angeles Unified School District*
<https://achieve.lausd.net/latestnews>
Hotline for families: (213) 443-1300
- *Long Beach Unified School District*
<http://www.lbschools.net/District/coronavirus.cfm>
- *LAC+USC VIP Hub COVID-19 Warmline: 323-409-3090*

