DCFS Response to COVID-19

Frequently Asked Questions for Contracted Providers

As of May 13, 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. To help you navigate our frequently asked questions, we have highlighted all updates and are providing a table of contents hyperlinked to each question so you can quickly get to the answer you need.

Please click on the links below to jump to that section of the FAQ:

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15. *How are DCFS CSWs deciding on plans for in person visitation by parents, family, and NREFMs with children during the current COVID-19 State of Emergency?*

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1. What is DCFS doing to screen for COVID-19 infection?

DCFS is reviewing its social work practice on a daily basis to ensure we are conducting our work in a way that avoids spreading COVID-19 and adheres to Public Health guidelines. We are striving to be mindful of the need to be proactive in our efforts to detect any possible COVID-19 infection and address it appropriately.

DCFS social work remains an essential function and must continue regardless of the COVID-19 State of Emergency in effect. This includes continuing to make face-to-face contact with children, parents, caregivers, service providers, and others. Each time DCFS staff makes face-to-face contact with anyone, whether investigating a referral, making a monthly home visit, removing or replacing children, or any other in-person contact, DCFS staff will first conduct a pre-screening telephone call with them. If the pre-screening cannot be done in advance for any reason, it will be done at the beginning of the face-to-face contact prior to entering the home. The DCFS staff will ask the individual(s) they are planning contact with if, in the last 14 days anyone in their home has:

1. Tested positive for COVID-19?
2. Had a fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell?
3. Had close contact with a person who tested positive for the COVID-19 with a laboratory confirmed test?

If the answer is "yes" to any of these questions, the DCFS staff will use any/all available personal protective equipment (PPE) during face-to-face visits with clients and maintain six (6) feet of distance from the parties they are interviewing with consideration given to conducting interviews outdoors if deemed appropriate and confidentiality can be kept. DCFS staff may need access to the home; however, and precautionary measures shall be taken, such as the DCFS staff requesting individuals in the home to open doors, etc. The DCFS staff may also suggest that whoever was exposed to the COVID-19, or is experiencing COVID-19 symptoms, consider seeking medical attention as well as quarantine or self-isolate, as appropriate. Workers shall carry PPE to provide for use by affected family members during in-person meetings.

The requirements of some face-to-face visits will be modified to allow for flexibility so that DCFS staff 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 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 with children in your facilities.

<u>Children's Social Worker monthly visitation with children/youth</u>

All children in foster care placements must receive monthly social worker visits. 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. The California Department of Social Services (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.

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 necessary 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 visit, please ask the following screening questions over the phone to ensure that it is safe for visits to occur:

1. Tested positive for COVID-19?
2. Had a fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell?
3. Had close contact with a person who tested positive for the COVID-19 with a laboratory confirmed test?

If the answer is "yes" to any of the questions, caregivers should be encouraged to contact their doctor and notify them of 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.

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, consult with the Children's Social Worker regarding plans for communication between the parents, relatives and children by alternative methods, such as Skype, FaceTime or telephone.

Children's Social Worker monthly visitation with Nonminor Dependents (NMDs)

As with all youth in foster care, monthly visits for NMDs are still required. However, 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.

Screening for possible COVID-19 concerns at the Child Protection Hotline (CPH) on new referrals

CPH workers shall assess for awareness of potential or known exposure or confirmed presence of the COVID-19 virus– so that Emergency Response (ER) staff can be prepared when an in-person investigation may be necessary. CPH workers will try to collect as much information as possible from the caller to help inform the circumstances around the allegations and to determine whether an in-person investigation is necessary.

2. Will all DCFS children be medically screened and tested prior to placement/replacement?

Some caregiver/providers have requested that children be tested for COVID-19 prior to accepting them for placement. The Center for Disease Control and Prevention and the Los Angeles County Departments of Public Health (DPH) and Health Services (DHS) have set up strict guidelines regarding who may be tested. Testing for COVID-19 is not available for asymptomatic children.

Current Medical Hub practices specific to COVID-19 are as follows:

1. All Medical Hubs have the capacity to conduct medical clearances on newly detained or replaced children/youth prior to their entry into a new home/facility. A medical clearance is observational in nature and less invasive than the routine initial medical exam (IME), conducted within 30 days of initial removal and placement.
2. All Medical Hubs will coordinate with their facility to have COVID-19 testing for ***symptomatic*** DCFS children/youth across all placements. Test results are expected to be returned within 24 hours to 72 hours.
3. Medical Hubs are not testing children/youth who are asymptomatic (i.e., have no symptoms of COVID-19, such as fever, cough, runny nose), even if someone in the household is known to be COVID-19 positive because the test is less accurate in those situations.
4. Any provider with questions about any of the above should call the assigned Children's Social Worker (CSW) or the Supervising CSW (SCSW), or the Medical Hub Warmline at 323-409-3090. Additionally, the Los Angeles County Department of Health Services (DHS) created an information sheet on COVID-19 for Foster Parents and Guardians, see copy linked here.

Each time DCFS staff makes face-to-face contact with anyone, whether investigating a referral, making a monthly home visit, removing or replacing children, or any other in-person contact, DCFS staff will first conduct a pre-screening telephone call with them. If the pre-screening cannot be done in advance for any reason, it will be done at the beginning of the face-to-face contact prior to entering the home. DCFS staff will ask the individual(s) they are planning contact with if, in the last 14 days anyone in their home has:

1. Tested positive for COVID-19?
2. Had a fever, cough, or shortness of breath?
3. Had close contact with a person who tested positive for COVID-19 with a laboratory confirmed test?

If the answer is "yes" to any of these questions, DCFS staff will use any/all available personal protective equipment (PPE) during face-to-face visits with clients and maintain six (6) feet of distance from the parties they are interviewing with consideration given to conducting interviews outdoors if deemed appropriate and confidentiality can be kept. DCFS staff may need access to the home and precautionary measures shall be taken, such as DCFS staff requesting individuals in the home to open doors, etc. DCFS staff may also suggest that whoever was exposed to COVID-19, or is experiencing COVID-19 symptoms, consider seeking medical attention as well as quarantine or self- isolate, as appropriate. Workers shall carry PPE to provide for use by affected family members during in-person meetings.

3. Will DCFS disclose when children in placement are showing signs of infection, have been exposed to COVID-19, or have tested positive?

DCFS will continue to practice full disclosure with caregivers/providers regarding any known exposure to COVID-19 that children had prior to placement, or during visitation with family. CSWs will inform caregivers/providers if anyone with whom a child had contact with in the last 14 days has tested positive for, or is symptomatic of COVID-19, or if the child has had any symptoms (i.e., cough, fever, runny nose, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell) within the past 72 hours, or had a positive test for COVID-19 infection.

4. What steps do caregivers/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 may include transferring the child to other locations within the facility that would better protect them from possible infection.
- Caregivers/providers can request for children to have medical exams at a Medical Hub, please see the information on Medical Hub procedures and capacities in #2 above. **Caregivers/providers contacting the Medical Hubs for COVID-19 related support or requesting an evaluation should inform the Medical Hub that the child is in congregate care.** Any caregiver/provider with questions about any of the above should contact the assigned CSW or the Medical Hub Warmline at 323-409-3090. Additionally, DHS has created an information sheet on COVID-19 for Foster Parents and Guardians, see copy linked here.
- 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.

5. Are facilities allowed to suspend admissions due to COVID-19?

On 4/23/20, CDSS issued PIN 20-08-CRP to address COVID-19 Frequently Asked Questions (copy linked here) which gives guidance on this subject. Children's Residential Program facilities cannot make a blanket no-admit policy. They should make admission decisions on an individual basis of whether or not the facility can meet the child's needs, taking into account the needs of children currently in the facility. If a licensee refuses to admit a child with COVID-19 based on individual assessment, this refusal should only be for a period of time necessary for recovery (including period of contagiousness), and the decision should be supported by documentation from a medical provider. If a facility is refusing admission based on a child's exposure to COVID-19, it should only be for a period of time necessary to ensure that the child doesn't develop the disease and the child is determined not to be contagious. These determinations

should be consistent with instructions from the child's medical provider and guidance from local public health authorities.

6. How does DPH define a COVID "outbreak" in congregate living?

This depends on the type of congregate living facility. The definitions for skilled nursing, assisted living, nursing home, correctional facilities, and homeless shelters are different from other types of congregate living facilities. For all other types of congregate living facilities like those for foster children, an outbreak is three or more COVID+ cases – staff and children. Should your facility wish to report a suspected outbreak, please call (213) 240-7491. DPH should receive any positive test results and open an outbreak investigation when the number of cases meets outbreak criteria, however, you can also call to report cases at your facility.

7. What should I do if a member of the resource family, placed children, or FFA/STRTP or Group Home staff is diagnosed with COVID-19 infection or is suspected to have COVID-19?

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.

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 more information on prudent parenting standards, please see the California Department of Social Services web site, copy linked here.

- 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 (difficulty breathing, feel pain or pressure in the chest, have bluish lips or face or are experiencing a new onset of confusion or difficulty waking up) 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.

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 Los Angeles County DPH has also provided guidance on when to discontinue isolation, see link here. Persons with COVID-19 with symptoms may discontinue isolation if **all** the following conditions are met:

- At least 10 days have passed since symptoms first appeared, AND;
- At least three days (72 hours) after recovery. "Recovery" means that fever is gone for 72 hours without the use of fever-reducing medications and respiratory symptoms (e.g. cough, shortness of breath) have improved.

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. A key distinction to be mindful of when assessing the need for quarantine is whether or not the person possibly exposed to COVID-19 was wearing PPE at the time of exposure or not. If they were wearing PPE and following appropriate protocols for use and disposal of PPEs as established by DPH (see link here, guidelines are on page 7) they may not need to enter quarantine as PPE used properly should help protect them from infection. They should of course self-monitor for symptoms, and if they become symptomatic, immediately be tested and enter quarantine pending test results. If it is unknown whether a person was wearing and properly using PPE when exposed to COVID-19, they should take precaution and self-quarantine. When in doubt, please consult with DPH by calling either (213) 240-7941 (during daytime hours) or (213) 974-1234 (After Hours Emergency Operator).

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. Close contacts include all household members, intimate contacts, and all individuals who were within 6 feet of the infected person for more than 10 minutes while they were infectious. In addition, anyone who had contact with body fluids and/or secretions from the infected person (such as being coughed on/sneezed on, shared utensils or saliva, or provided care without wearing protective equipment) need to be in quarantine. People with COVID-19 are considered infectious 48 hours before the start of their symptoms until their isolation period ends. 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 will continue to partner with agencies to provide additional resources, such as quarantine and isolation placement options, PPEs, and DCFS staff deployed to support agencies during this difficult time. 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.

DPH has also provided recommendations for Congregate Living Facilities, see link here. While many of the tips provided by this document are similar to the CDC's, there are some specific additional recommendations to prevent and reduce the spread of COVID-19 within, between, and outside facilities such as:

- Assess residents daily for symptoms of acute respiratory illness and remind them to be sure to report any new symptoms to staff.
- Treat all residents with cold and flu symptoms as if they have COVID-19 and ensure isolation precautions for sick residents.
- Specific guidelines on optimal isolation and quarantine strategies for both residents and staff including when to discontinue either intervention.
- Instructions for proper use of PPEs.
- Sanitation and Housekeeping guidelines.
- Reporting multiple cases of symptomatic residents or staff to DPH.

If more than two residents of a home or facility become newly sick with fever and respiratory symptoms within 72 hours, DPH should be immediately notified by calling either (213) 240-7941 during daytime hours or (213) 974-1234 (After Hours Emergency Operator). In the unlikely event that there is no DPH response within two business days, please immediately contact your Out-of-Home Care Technical Assistance Specialist as well as the assigned CSWs for any children placed in your home or facility.

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 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.

For more information, please also follow the DPH guidelines on what to do if you are exposed. For your convenience, a copy is linked here.

On 5/4/20 DPH issued additional guidance based on test results and how to best proceed when individuals have been tested for COVID-19 , see copy linked here. This provides new guidance on the following:

- Any individual who has been tested for COVID-19 should follow social distancing precautions and wear a face mask whenever they leave the home, even if they are asymptomatic. If they were exposed to a known or suspected case of COVID-19 they should remain in quarantine and away from others until the results are received.
- If someone tests negative, they should still follow all social distancing guidelines and stay home unless they are an essential worker or need essential services. A negative test only means that person was not infected at the time of the test, but they can still be infected at a later time. DPH stresses that if someone was tested due to their exposure to a suspected or positive case they should remain in quarantine for a full 14 days, even if the test comes back negative. The incubation period of the virus can be up to 14 days and unless the individual was tested on the 14th day from exposure a negative test earlier in the quarantine period doesn't guarantee they are not infected.
- If a person tests positive but is asymptomatic, they should stay away from the public for at least 10 days after they were tested as people can be infectious even before they show symptoms. A person exposed to a suspected or confirmed case of COVID-19 can be released from isolation ten days after their test if they remain symptom free.
- If someone didn't have symptoms when they tested positive but later developed symptoms during their isolation period, the clock resets on the isolation period. They must stay isolated until all of the following conditions of recovery have occurred:
    - At least 10 days have passed since symptoms first appeared, AND;
    - At least three days (72 hours) after recovery. "Recovery" means that fever is gone for 72 hours without the use of fever-reducing medications and respiratory symptoms (e.g. cough, shortness of breath) have improved.

- If an individual was in contact with a suspected case and was in quarantine when symptoms appeared, they can be released once they recover (as defined by the conditions above) and at least 10 days have passed since symptoms first appeared even if this is before the end of the 14-day quarantine period.
- Any individual with symptoms who has been tested should self-isolate until test results are back and should tell all close contacts (household members, anyone with intimate contact, anyone who was within 6 feet for more than 10 minutes starting 48 hours before the individual's symptoms appeared, anyone who had contact with your body fluids/secretions) that they need to self-quarantine.
- If someone has symptoms but tests negative, they should still stay home until at least 72 hours after recovery (as defined above) and at least 10 days after symptoms first appeared. If that person was a contact to a suspected or known COVID-19 case, they must remain in quarantine for the full 14 days even if their test results were negative.
- People coming out of quarantine or isolation should still maintain 6 feet social distance and wear a cloth face covering. We are still learning about COVID-19 and how long people are infectious, so all preventative guidelines should still be followed for someone who has successfully completed isolation or quarantine.

8. Should all children in congregate care exposed to a positive COVID-19 case be tested for COVID-19 infection?

Children who have been exposed to someone with a confirmed COVID-19 test result should be presumed positive, and placed into quarantine. If the children are asymptomatic they should not automatically be tested as regardless of the test result, they will need to be quarantined for the safety of other children in the placement. Medical professionals have advised DCFS that testing them would not change how their case would need to be managed. If children have been exposed to someone with a confirmed COVID-19 test, and are symptomatic, they should be tested and receive appropriate medical care.

An exception to the above rule is if a child exposed to COVID-19 is going to be moved to a new placement. Replacement under those circumstances should be avoided if at all possible to avoid stress to the child as well as minimizing the risk of additional COVID-19 transmission. If the child must be replaced, they should be tested and quarantined in their new placement regardless of their test results due to the possibility of a false negative test result.

9. Is there additional financial support available to help support placements working with youth who have been exposed to or tested positive for COVID-19?

On April 17, 2020, the California Department of Social Services (CDSS) issued ALL COUNTY LETTER NO. 20-44 - EMERGENCY PLACEMENT AND RATE FLEXIBILITIES TO SUPPORT THE EMERGENCY CARE AND PLACEMENT NEEDS OF CHILDREN AND NONMINOR DEPENDENTS DUE TO COVID19 IMPACTS (copy

linked here) in reference to Governor Gavin Newson's Executive Order N-53-20 (copy linked here). ACL 20-44 creates temporary mandates regarding new placement and funding flexibilities intended to support the emergency care and placement needs of children and **non-minor** dependents (NMDs) due to the current COVID-19 emergency. DCFS is developing a "COVID-19 Temporary Policy Change" memo to all staff to provide guidelines that would enable families impacted by COVID-19 to receive higher monthly reimbursement rates to cover the extra costs associated with supporting children with more complex needs. The flexible guidelines to use these reimbursement rates will ensure that foster children can stay in their homes and not be moved into shelters or other facilities. Once the guidelines have been finalized the FAQ will be updated with this information.

10. What Special Incident Report (SIR) responsibilities related to COVID-19 do agencies need to remember during this time?

It is crucial to follow Special Incident Reporting guidelines in general, particularly when reporting that a child/youth has been diagnosed with, or exposed to, COVID-19. In addition, the SIR shall include what has been done in response to the diagnosis or exposure, such as isolating or quarantining the child/youth**. Additionally, please ensure you submit daily SIR addendums on any COVID-19 related incidents involving youth or staff at your facilities to regularly update DCFS on the status.**

The drop down selection Menu in the iTrack System/Cross Reporting section has been updated to include a COVID-19 option. In addition to the existing Cross Reporting process to select the CSW/DPO, OHC Manager and CCL, please select this option when reporting incidents that include COVID-19 related matters such as positive COVID-19 tests, exposure to caregivers, staff, relatives or other persons that have a positive COVID-19 test or suspicion of exposure to a person that has a pending or positive COVID-19 test result. This new feature will result in COVID-19 specific emails being sent to additional OHCMD staff and managers that will receive the SIRs and enhance the process for capturing and reporting COVID-19 related data on a daily basis and in a timely fashion.

It is important to 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 caregiver/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, the caregiver/provider shall send an email notification to include the same information that will be noted in the narrative of the SIR 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. SIRs/Addendums should be generated to report COVID-19 exposure of children/youth/NMD, caregivers and staff, COVID-19 testing and results, including isolation/quarantine plans and updates of significant changes in health status.

Per contract mandate, all SIRs should be cross reported to the assigned CSW. If manually adding a child/youth/NMD to the SIR due to the inability to select from the drop down menu, the SIR cannot be cross-reported to the child's CSW and must be emailed to the CSW. Additionally, when submitting SIRs to report COVID-19 related incidents involving placed children, youth, NMDs, staff or Resource Parents, please ensure you select the appropriate incident type. The incident types under **Injury, Illness, Accident** include: Emergency Room Visit, Urgent/Medical Visit, Hospitalization (Medical), Illness. Please note you may select more than one incident type, if applicable. The SIR should provide specific details in the narrative to include, for example: Positive COVID-19 test results.

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

11. Is it required to identify staff by name in an SIR involving a staff member who has tested positive or has been exposed to COVID-19 infection?

Facilities are not expected to identify staff who have tested positive for COVID-19 by name. The SIR should list the staff job title, their duties and role in the placement, to what extent they have contact with the youth, and if the staff has since been quarantined or isolated due to a positive COVID-19 diagnosis. The staff should be referred to as Staff #1, Staff#2, etc. Facilities should number the staff in the order they have been reported on COVID related SIRs. In other words, if John Doe was the first staff to be reported as being positive for COVID-19 in a SIR, John Doe would be Staff #1. If Jane Doe was the second staff for your agency reported as positive, she would be referred to as Staff #2, and so forth. Facilities will need to keep internal records of this reporting so any future SIRs involving those staff will be consistent in referring to staff by the same designation across all SIRs. In the above example, John Doe should always be Staff #1 and Jane Doe should always Staff #2 across all SIRs. Please note, this is only for SIRs reporting staff as being positive for COVID-19 or containing other confidential medical information for staff.

12. Does an SIR need to be submitted for school closures?

SIRs are no longer required to be submitted due to school closures.

***13.* What should facilities do for youth education while schools are closed due to COVID-19?**

CDSS PIN 20-08-CRP (copy linked here) advises facilities to stay in touch with youths' school districts and read all announcements on their web-sites, as many have initiated distance learning that should be implemented for all youth. Staff should ensure participation, review assignments, and assist youth in establishing a pace for completing assignments by creating a distance learning schedule and routine that includes breaks & free time.

14. Is visitation between children and parents or relatives still required?

On April 6, 2020 the Judicial Council of California issued an emergency order clarifying rules for courts in California during the COVID-19 pandemic that set new expectations for visitation for children and parents (see order linked here). A key feature of this order is that all changes in visitation during this time must be made on a case by case basis, balancing public health directives and best interest of the child(ren) and take into consideration whether in-person visitation may still be held safely. Visitation may only be suspended if the court finds it would be detrimental to the child(ren) based on the facts of that particular case. The order explicitly states that the court cannot find detriment solely based on 'The existence of the impact of the state of emergency related to the COVID-19 pandemic or related public health directives." Based on this order, DCFS is providing the following guidance on visitation, but if you have any questions please reach out to the CSW assigned to the case.

During the state of emergency related to the COVID-19 pandemic, all court ordered in-person visits between parents/legal guardians, children, siblings, and anyone else should continue; however, social workers are to determine the manner of visitation to promote and maintain family bonds. Family visits are to take place: In-person, remotely by using videoconferencing (e.g. Skype, FaceTime, Zoom, Google Hangouts, etc.) or by telephone calls. During this stressful time, we encourage liberal use of virtual visits and phone calls, with a reminder that visits are for children of ALL ages and parents of babies are entitled to virtual visits as well. Contact your social worker if you have questions about your visitation plan.

15. How are DCFS CSWs deciding on plans for in-person visitation by parents, family, and NREFMs with children during the current COVID-19 State of Emergency?

CSWs are considering the following for EVERY case when determining whether in-person visits should continue:

1. What is in the best interests of the child/youth?

- Will in-person visits jeopardize the health and/or safety of the child/youth?
- Will in-person visits jeopardize the stability of the child's/youth's placement?
- What manner of visitation is most consistent with meeting the developmental and emotional needs of the child/youth?

2. Can face-to-face visits occur safely?
    - Have any of the participants in the visitation been experiencing any symptoms consistent with the a cold or flu?
    - Have any of the participants been exposed to someone who has been experiencing any symptoms consistent with a cold or the flu?
    - Have any of the participants been exposed to someone who tested positive for COVID-19?
    - Can a CSW/HSA/relative/NREFM/other monitor facilitate visits safely?

3. Can visits be held in compliance with current public health orders?
    - Can visitation be arranged in accordance with the Safer-at-Home directive?
    - Can social distancing, frequent hand-washing, use of facial coverings, and use of other Personal Protective Equipment directives be upheld during visits?
    - Is the Resource Parent in support of out-of-home and/or in-home face-to-face visits?

Please note that changes made to visitation may require CSWs to provide notice to parties involved and their attorneys. Any changes made to visitation need to be made only after consulting with the assigned CSW and obtaining DCFS approval.

DCFS is relying on caregivers/providers to provide vital information regarding children in their care to make the best decisions possible during this difficult time. If you have a concern regarding a plan for visitation, you should immediately discuss the matter with the assigned CSW. If you still have concerns after that conversation, you should ask to speak to the SCSW assigned to the case.

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.

16. How will visits/contact between children and family members be held if they cannot be done in person?

If in-person visits are not viable, the following must be considered:

1. Type/Manner of Visits
    - What access do the parents and Resource Parents have to technology?
    - Are the parents and children/youth able to engage in virtual visits via FaceTime, Skype, Facebook, Zoom, or through other available resources?
    - Do the parents and Resource Parents have access to telephones?
    - *The most life-like visitation is the preferred manner.*

2. Frequency and Duration of Visits
    - When determining the frequency and length of each visit, consider the developmental stage of each child/youth.

3. Quality of Visits
    - The visits should be coordinated and arranged to be meaningful to both the parents and children/youth.

4. Modified Visitation Schedule
    - Once the manner and participants of the visits have been determined, CSWs should devise a visitation schedule between family members and Resource Parents to arrange family contact.
    - A copy of the newly modified visitation schedule should be shared with the parents/guardians, Resource Parents, and child/youth (if appropriate).

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(ren) 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

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

NMDs, 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.

17. 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 fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell *(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.

CDSS PIN 20-08-CRP (copy linked here) also advises that facilities should inform all residents of this protocol currently placed there so they know what to expect should they AWOL and subsequently return.

18. 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.

19. Do youth need to wear PPE if we take them out of the home or facility?

If you need to take a child out of your home or facility for a medical appointment or other critical activity, all children age two and over need to wear a cloth mask to protect them while out in public. Children from ages two to eight can wear face coverings, but should be closely supervised to avoid risk of choking or suffocation. Children under the age of two should not wear cloth face masks. For more information please see the Los Angeles County Public Health guidance on cloth face masks (copy linked here).

20. 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.

21. 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 including PPEs:

1. Luz Moran, Department of Children and Family Services
   Contact at (562) 965-1610 or moranl@dcfs.lacounty.gov for emergency supplies
2. 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

Please note also that on April 14, 2020, CDSS issued a PIN 20-08-CCLD: Guidelines for Providers Requesting Stores to Waive Supply Limitations due to COVID-19 (see copy linked here). This PIN details procedures for Providers to be able to resume buying bulk supplies for their facilities by contacting designated staff at facilities that are members of the California Grocers Association (CGA).

22. 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.

23. 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.

24. Psychotropic Medication Authorizations (PMAs) are normally submitted via fax, but our staff are working from home and do not have access to a fax machine. Is there another way we can submit PMA requests?

Should a youth need an initial PMA or an update to their psychotropic medication, the JV-220 can be submitted via email at: PMA@dcfs.lacounty.gov. The DCFS PMA desk requests that senders also submit an email address for the prescribing physician next to the doctor's fax number so that we can continue to communicate electronically with the prescriber in the event there is a question regarding the PMA.

25. 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 20-04-CRP) 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 Nonminor 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.

Initial Medical & Dental Exams

DCFS is giving substitute care providers additional leeway in ensuring that children placed with them receive their initial medical and dental exams in a timely fashion. Current DCFS policy requires infants (0-36 months) or "High Risk" children must be medically examined within ten (10) days of initial placement, or sooner if medically required or recommended. Foster children four (4) years of age and

older who are not considered high risk, must have a medical examination within 30 days of the initial placement. DCFS is allowing substitute care providers to delay the initial exams by up to 30 days due to the additional challenges posed by the COVID-19 pandemic. Please note: this extension is **only** for children who are otherwise believed to be healthy with no known medical conditions that would require sooner evaluation and treatment. If a child is known to have a medical condition or presents with concerning symptoms, the placement is expected to ensure that the child is seen for appropriate medical care promptly.

If after this additional 30-day period has expired the foster parent or STRTP is still unable to arrange initial medical and dental exams, they need to contact the case carrying CSW and their Out-of-Home Care TAS to inform them of the delay and discuss plans to make arrangements for the initial exams. Agency staff are responsible for maintaining a log and tracking all delayed medical and dental exams, and following up to ensure that the children receive these examinations within the allowable extended periods.

26. I still have questions, who can I contact about them?

If you have any questions/recommendations that we have not been able to answer, please e-mail Anna Holzner at holzna@dcfs.lacounty.gov with subject line: FAQ Recommendations

Want More Information?

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

1. *United States Centers for Disease Prevention and Control (CDC)*
https://www.cdc.gov/coronavirus/2019-nCoV/index.html

2. *World Health Organization (WHO, International)*
https://www.who.int/health-topics/coronavirus/coronavirus

3. *California Department of Public Health*
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx

4. *California Department of Education*
https://www.cde.ca.gov/ls/he/hn/coronavirus.asp

5. *California Department of Social Services*
https://www.cdss.ca.gov/

6. *Los Angeles County Department of Public Health*

http://publichealth.lacounty.gov/media/Coronavirus/

7. *Los Angeles County Department of Mental Health "Coping with Stress" Flyers (available in 13 languages)*
https://dmh.lacounty.gov/covid-19-information/

8. *Los Angeles County Office of Education*
https://www.lacoe.edu/Home/Health-and-Safety/Coronavirus-Resources

9. *Los Angeles Unified School District*
https://achieve.lausd.net/latestnews
Hotline for families: (213) 443-1300

10. *Long Beach Unified School District*
http://www.lbschools.net/District/coronavirus.cfm

11. *LAC+USC VIP Hub COVID-19 Warmline: 323-409-3090*

12. *Harbor UCLA Medical Center HUB: 424-306-7270 or 424-306-7271*

13. *If you are having payment or voucher problems, please contact the Foster Care Hotline at (800) 697-4444.*