

March 31, 2020

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**EXECUTIVE SUMMARY**

**ALL COUNTY LETTER NO. 20-33**

This All County Letter provides placement preservation and emergency planning guidance to county and tribal child welfare agencies, probation departments, and children's residential programs and service providers regarding the care of children, nonminor dependents, and families who are exposed to, present symptoms of, or test positive for, the Novel Coronavirus (COVID-19) during this state of emergency.



**KIM JOHNSON**  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
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**GAVIN NEWSOM**  
GOVERNOR

March 31, 2020

ALL COUNTY LETTER NO. 20-33

TO: ALL FOSTER CARE MANAGERS  
ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY MENTAL HEALTH DIRECTORS  
ALL CHIEF PROBATION OFFICERS  
ALL CHILD WELFARE SERVICES PROGRAM MANAGERS  
ALL COUNTY WELFARE FISCAL OFFICERS  
ALL INDEPENDENT LIVING PROGRAM MANAGERS  
ALL INDEPENDENT LIVING PROGRAM COORDINATORS  
ALL TRANSITIONAL HOUSING COORDINATORS  
ALL COUNTY RFA AND ADOPTION PROGRAM MANAGERS  
ALL CDSS ADOPTION REGIONAL OFFICES  
ALL LICENSED ADOPTION AGENCIES  
ALL LICENSED FOSTER FAMILY AGENCIES  
ALL TITLE IV-E AGREEMENT TRIBES

SUBJECT: PLACEMENT PRESERVATION GUIDANCE FOR COUNTY AND TRIBAL CHILD WELFARE AGENCIES, PROBATION DEPARTMENTS, AND CHILDREN'S RESIDENTIAL CARE PROVIDERS IN THE EVENT A CHILD, NONMINOR DEPENDENT, OR CARE PROVIDER IS EXPOSED TO, PRESENTS SYMPTOMS OF, OR TESTS POSITIVE FOR, COVID-19

REFERENCE: [GOVERNOR'S PROCLAMATION OF A STATE OF EMERGENCY, MARCH 4, 2020](#)

The purpose of this letter is to provide county and tribal child welfare social workers, juvenile probation officers, caregivers, and licensed or approved children's residential care providers with guidance on meeting the placement preservation needs of children and nonminor dependents in out-of-home placement in circumstances where a child, caregiver or other individual associated with the placement is exposed to, presents symptoms of, or tests positive for, COVID-19.<sup>1</sup>

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<sup>1</sup> For purposes of this ACL, both the novel coronavirus and the illness it causes will be referred to as COVID-19.

The provision of care and supervision to children in out-of-home care is considered an essential, critical infrastructure function. CDSS recognizes that caregivers and residential care staff are providing one of the most essential safety-net services to our most vulnerable children during this time of crisis. The well-being of these children depends on caregivers and staff who feel safe and supported. To that end, CDSS supports a close partnership between county agencies, tribal partners, licensed providers, and relevant state agencies to ensure that children, caregivers and residential care providers receive services, supports, consultation, guidance, and practical resources they need.

The guidelines in this letter are intended to provide clarity regarding the standard of care and practice that children in care should receive in their homes or in children's residential facilities, while recognizing that state, tribal, and county partners have a critical role to play in supporting our foster care providers.

### **Planning and Preparedness**

The California Department of Social Services (CDSS) recommends that children's residential providers and county service providers follow guidance or instructions from health care providers, the [Centers for Disease Control and Prevention \(CDC\)](#), the [California Coronavirus \(COVID-19\) Response](#), the [California Department of Public Health \(CDPH\)](#), and [local health departments](#). Additional guidance applicable to licensed providers and Foster Family Agency (FFA) certified or approved homes is available in [CDSS Provider Information Notices \(PINs\)](#). The [CDPH website](#) is regularly updated with the most recent guidance as the response to COVID-19 evolves.

The CDC provides guidance for actions to take if an individual, or someone they are caring for, exhibits symptoms of, or tests positive for, COVID-19, as well as steps to take to mitigate the spread of COVID-19: [CDC Guidance "If You Are Sick or Caring for Someone."](#) Additionally, the Los Angeles Department of Public Health has created consumer-friendly guides for home care relevant to [isolation](#) and [respiratory symptoms](#).

The following developmentally appropriate communication materials will be useful for counties, caregivers, and providers communicating with children about the COVID-19 pandemic:

- [CDC Guidance: Talking with children about Coronavirus Disease 2019](#)
- [American Academy of Child and Adolescent Psychiatry: Talking to Children About Coronavirus](#)
- [National Association of School Psychologists: Talking to Children About COVID-19 \(Coronavirus\): A Parent Resource](#)

It is critical that county placing agencies partner with local public health departments, county mental health, Indian Health Clinics, tribal mental health providers, and the local medical care system to develop locally-specific protocols and information for caring for children in out-of-home placement, including responsive access to telehealth consultation, education, and support for home-based caregivers and children's residential care providers within their county that they can provide to caregivers and residential staff.

Children and their caregivers, including staff of children's residential programs, may feel particularly anxious and uncertain in this time of emergency and need to know they have the support they need. The best placement preservation strategy for families and residential providers during this time is frequent communication, access to necessary supports and services, and a clear place to turn if there is an unmet need. County placing agencies unable to coordinate these resources locally may request technical assistance and support by emailing [CCR@dss.ca.gov](mailto:CCR@dss.ca.gov).

#### *The Indian Child Welfare Act and Children in Care*

Counties and service providers are reminded that the provisions of the Indian Child Welfare Act of 1978 (ICWA) continue to be in force during this emergency, and all existing federal and state ICWA requirements must be met. Counties should contact both local tribes and any specific Indian child's tribe(s) to determine whether the tribe(s) have changed any of their own procedures in response to the COVID-19 pandemic and to ensure the accuracy of contact information for tribal representatives and service providers. Counties and tribes may need to develop or modify interim inter-governmental protocols during this emergency. The CDSS's Office of Tribal Affairs and other programs are available to provide technical assistance to all tribes on accessing child welfare services. The Office of Tribal Affairs can be reached at (916) 651-6160 or [TribalAffairs@dss.ca.gov](mailto:TribalAffairs@dss.ca.gov).

#### **COVID-19 Symptoms or Exposure: Placement Preservation**

For purposes of this section, a child's home or household is the family home or children's residential care facility where the child is placed.

Families and appropriate residential staff are empowered to make appropriate, ordinary medical decisions and appropriate arrangements for medical care on behalf of the children in their care.<sup>2</sup> Children who have exposure to, or exhibit symptoms of, COVID-19 should be cared for in a way that is consistent with the current, available public health and medical guidance provided to all families. Both families and residential care

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<sup>2</sup> Welfare & Institutions Code § 16519.57; Health and Safety Code §§ 1507, 1530, and 1530.6; 22 CCR § 80075

providers and staff should familiarize themselves with home care protocols for children who are exhibiting symptoms of COVID-19 and with transmission mitigation strategies recommended by public health officials, such as those provided in the “Planning and Preparedness” section of this letter, and should work closely with county placing agencies to have up-to-date medical information for each child and contact information for telehealth consultation whenever there is a health related concern.

When circumstances **do not** require admission to an inpatient healthcare facility, children should be cared for at home, taking recommended precautions. Children who are experiencing mild or moderate symptoms of COVID-19, or who have been exposed or potentially exposed to COVID-19, should not be relocated or issued a 14-day notice during the pandemic. Additionally, the fact that a child has been exposed to COVID-19 or tests positive for COVID-19 is not in and of itself a reason for placing a child into group care. Relocation could cause significant trauma to the child and may contribute to additional community spread, placing an unnecessary strain on the child and on emergency COVID-19 response infrastructure and mitigation efforts. Identifying alternative placements for any child is extremely challenging in this time of restricted travel and increased social distancing. The child welfare system must prioritize placement preservation as a key strategy. At the same time, please note that children in congregate care settings should continue to be reunified with their families or moved into home-based care settings, as appropriate and consistent with any existing court orders.

Any requests for an unplanned discharge or 14-day notice for a child should comply with existing placement preservation strategies and requirements.<sup>3</sup> Due to the COVID-19 emergency, there may not be a safe alternative placement readily available, and therefore families and facilities should take into account whether all alternatives have been properly considered to maintain the child in the home, such as relocating children to other bedrooms, units, or homes on the property, hiring additional temporary staff pursuant to CDSS licensing waivers, requesting additional resources from the placing agency, or arranging additional support from community partners or agencies. If a placement change is unavoidable, counties should first consider home-based alternatives to care including reunification, extended home visits, or emergency placements. In the case of an Indian child, a placement change must be in accordance with federal and state law and ICWA placement preferences. For assistance with recruitment strategies or materials for identifying new emergency caregivers, contact [CCR@dss.ca.gov](mailto:CCR@dss.ca.gov).

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<sup>3</sup> [Welfare and Institutions Code section 16010.7](#); [Provider Information Notice 19-07-CRP](#); and [ACL 19-26](#)

### **COVID-19 Symptoms or Exposure: Guidelines for Isolation, Quarantine, and Care**

For purposes of this section, a child's home or household is the family home or children's residential care facility where the child is placed.

Public health guidance emphasizes that most people who get sick with COVID-19 will have mild symptoms and should recover at home. In circumstances where the child has symptoms of COVID-19, the Department recommends that caregivers and residential staff contact the child's health care provider and monitor the child for worsening symptoms. Caregivers and staff should also do the following:

- Have healthcare providers' contact information on hand for all members of the household.
- If symptoms worsen, call the individual's healthcare provider. For medical emergencies, call 911 and notify the dispatch personnel that they have or are suspected to have COVID-19.

Consistent with public health guidance, individuals who are sick should have a separate bedroom, and, if possible, bathroom, and should avoid sharing personal household items, like dishes, towels, and bedding.

If a caregiver has been exposed to, presents symptoms of, or tests positive for, COVID-19, the caseworker should ensure that the caregiver has support in caring for the child and in effectively self-isolating, including through the resources linked [here](#). Caregiver exposure or illness is not in and of itself reason for moving a child. When a health professional has recommended that a child or caregiver should be isolated or quarantined due to COVID-19 exposure or symptoms, the county or Foster Family Agency, as applicable, should work with the caregiver to develop an emergency plan to meet practical needs such as food delivery, medication delivery, telehealth consultations, and mental health services. If the child is in a facility, the county should assist the residential care provider with their emergency plan to meet practical needs, as necessary.

The CDC [guidance](#) provides consumer-friendly information for caregivers in the event someone in the home develops symptoms of COVID-19, and recommends that caregivers [monitor for emergency signs](#), [prevent the spread of germs](#), [treat symptoms](#), and carefully consider [when to end home isolation](#), consistent with any existing stay-at-home orders currently in place in California.

*Guidelines Specific to a Congregate Care Children's Residential Care setting*

Control of COVID-19 exposure and outbreaks is particularly challenging in congregate care settings due to rotating employees entering and exiting the facility daily, larger populations of children in close quarters, and challenges implementing regimented sanitizing throughout the day. Therefore, children's residential care providers should establish health screening protocols for new admissions, for children returning from being off the premises of the facility, and for staff who enter and exit the facility each day. In accordance with CDC guidelines, the facility should utilize the same screening principles for new admissions as is used for staff who enter and exit the facility each day. The facility may request a county to provide a health screen for COVID-19 from a public health nurse, the child's primary care physician, or another medical professional, as relevant and necessary for the children in their care.

When a health professional has recommended that a child residing in a congregate residential care facility should be isolated due to COVID-19 exposure or symptoms, the provider should attempt to isolate the child in the facility. Smaller facilities or individual cottages may need to be quarantined as a unit when a child who tests positive for COVID-19 has been in close contact with other children prior to testing, if consistent with public health guidance or the recommendations of the contacted health care professional. Please check the [CDSS Children's Residential Program Provider Information Notice web page](#) for forthcoming detailed information regarding capacity and bedroom sharing flexibilities to enable providers to respond to this need to provide isolation or dedicated units for specific populations. Please contact [CCR@dss.ca.gov](mailto:CCR@dss.ca.gov) for technical assistance obtaining provider examples of emergency plans that respond to this need.

The CDC has provided [guidance](#) for how to identify individuals of any age who may have a higher risk of severe illness. In the event that a congregate care facility believes that a child in their care may be at high-risk for severe illness, the provider should contact the placing agency, and seek a telehealth consultation to determine whether the child's placement in a congregate care setting is a health risk for the child and whether an alternative placement for the child is needed. Depending upon the medical recommendations of the health professional, the provider-led response should seek to keep the child safe in the facility, or the county-led response should identify the best placement option for the child if the child cannot be safely cared for in the facility. These options include efforts to place the child into a smaller family home environment, including reunification, extended home visits, or emergency placements using the rate flexibility described below. They may also include identifying units of cottages that minimize the number of different direct care staff entering the facility. Please see this letter's Attachment for recommendations regarding the development of an emergency

plan. A provider should not issue a 14-day notice solely related to a determination of high-risk without following the procedures outlined above.

Children's residential care providers should ensure the development of an emergency plan, in coordination with county agencies, in preparation for:

- Providing care to a child who has been exposed to, presents symptoms of, or tests positive for, COVID-19;
- Providing appropriate care and supervision for children in the facility due to COVID-19 related staffing shortages; and
- Coordinating with each child's placing agency for a safe transition into a new placement in the event the facility cannot continue to operate due to COVID-19 associated impacts, such as staffing shortages. In the case of an Indian child, changes of placement shall be made in compliance with applicable state and federal law and ICWA placement preferences.

#### *Guidance Specific to County Agency Emergency Contingency Planning*

CDSS recommends that county placing agencies ensure that a COVID-19 emergency plan is developed for each child in a congregate care setting to prepare for circumstances in which a provider is unable to maintain appropriate staffing to care for the child, or circumstances in which the child has been exposed to, presents symptoms of, or tests positive for, COVID-19. Guidance contained in the Attachment to this letter seeks to identify steps and resources to support development of a plan that ensures that all children will have access to developmentally appropriate care.

Additionally, county placement workers should consider that the availability of new placements into congregate care may be impacted at this time, and there may be increased risks of placement disruption due to facility staffing issues or COVID-19 related isolation and quarantine responses.

The Department strongly recommends that an emergency plan be developed, and court authorized as necessary, for all children and youth residing in a congregate care setting should the facility become unable to care for the child, including a plan for a circumstance in which the provider is unable to care for children in the facility due to a lack of staffing or immediate closure due to COVID-19 impacts.

#### **Effective Period of this Guidance**

The guidance in this ACL regarding emergency planning and caring for children when the child or caregiver is exposed to, presents symptoms of, or tests positive for, COVID-19 is specific to the current state of emergency related to the COVID-19 crisis, and



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therefore expires on June 30, 2020, unless the Department provides notice of it ending sooner or of an extension to the timeframe during which it is in effect.

Any policy questions regarding this ACL should be directed to [CCR@dss.ca.gov](mailto:CCR@dss.ca.gov). Any licensing related questions should be directed to the duty officer of the CCLD local regional office available at [Children's Residential Regional Office](#).

Sincerely,

***Original Document Signed By:***

GREGORY E. ROSE  
Deputy Director  
Children and Family Services Division

Attachment

## ATTACHMENT

### **CHILD-SPECIFIC EMERGENCY PLAN RECOMMENDATIONS FOR PLACING AGENCIES AND COURTS**

Please note that forthcoming guidance may offer additional resources and flexibilities to assist in emergency planning, and in effectuating the recommendations outlined below.

#### **Placement Preservation Questions (for use in partnership with facility or home):**

*How can staff and isolation-related needs be addressed in the facility?*

- Can units or unique spaces be established to meet the need for isolation or quarantine?
- Can bedroom sharing flexibilities address the need for single occupancy rooms?
- Can lower-risk staff be reassigned to care for a COVID-infected youth?
- Can the county provide staffing support if the facility lacks staff?
- Can other agencies in the region share staff in the event of a staffing shortage at a facility?
- Are there newly unemployed child-care staff, educational aides, or others who may be newly available to provide temporary staffing support?
- Have medical or health educators been brought to the facility to help educate and prepare staff and youth?
- Are there new modalities for tele-health behavioral health or mental health services that can be made available at increased frequency?
- Are there educational resources that the child received at school that could be implemented at home in the facility?
- Can in-home health care staff be arranged to assist in the home care of the youth?
- In the case of an Indian child, is the child's Indian tribe, an Indian health clinic or Indian organization available that may be able to provide supports to the child?

*What does the child or youth identify as needs?*

- Can developmentally appropriate devices, media subscriptions, video-conferencing technology be made available to support the child?
- Can a youth's willingness or ability to comply with public health or medical guidance be increased through incentives, including gift cards, games, or other requests of the child?
- Are there special people who may be influential to the child who can help the child through this difficult time, including parents?
- In the case of an Indian child, has the child's tribe been contacted?

## **Reunification:**

Due to the public health crisis, and risk of placement instability during this time, CDSS recommends that placing agencies and courts re-evaluate the best interests of the child and reconsider reunification, with supports and services that address any barriers that may be identified.

- Where the child is an Indian child, consult with the child's tribe regarding whether reunification may be appropriate.
- Are there positive developments in the court-ordered case plan that demonstrate the parent's commitment to reunifying with the child?
- Are there parents who have lost parental rights, but whose circumstances have changed for the better, and/or the age of the child or youth now supports placement together as a family?
- Are there any practical supports that could overcome primary barriers to reunification?
- Can Wraparound, Full Service Partnerships, or other similar family-centered programming be made available on an emergency basis as a component of the emergency plan?
- Can specialty mental health supports be made available to enable safe reunification?
- Can community-based organizations be utilized to provide unmet needs due to the emergency?
- Are there other supportive adults who can be asked to assist the family reunification plan due to the emergency?
- Does the youth have siblings in care, and could the youth be reunited with those siblings?

## **Emergency Caregiver placements:**

- Has the child or youth ever identified a person he/she/they would like to live with who could care for them? Consider re-contacting those who have previously been contacted and considered in case they may be an appropriate placement now, even if they weren't in the past.
- Are there relatives or NREFM whose circumstances have changed for the better, and/or the age of the child now supports placement?
- Where the child is an Indian child, contact the child's Indian custodian and tribal representative for assistance in identifying prospective caregivers.
- Ask the youth, or other individuals identified above, if there is a person who could assist in identifying another potential caregiver for the youth.
- Are there any practical supports (provided through the new resources and flexibilities) that could overcome primary barriers to the caregiver's ability to care for the child or youth?
- Can Wraparound, Full Service Partnerships, or other similar family-centered programming be made available on an emergency basis as a component of the emergency plan?

- Can specialty mental health supports be made available to facilitate the placement?
- Can community-based organizations be utilized to provide unmet needs due to the emergency?