June 22, 2020

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY INFORMATION NOTICE NO. I-50-20
PROVIDER INFORMATION NOTICE 20-12-CRP

This combined All County Information Notice and Provider Information Notice is to provide county child welfare agencies, probation departments and children's residential providers with information about California Department of Public Health's most recent guidance on protective measures to prevent and minimize the risk of exposure and transmission of Novel Coronavirus (COVID-19). This Notice is intended to provide practical information to operationalize this public health guidance for children/youth in out of home placement to ensure the health, safety, and well-being of the children/youth in care.

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • *www.cdss.ca.gov*

KIM JOHNSON
DIRECTOR

GAVIN NEWSOM
GOVERNOR

June 22, 2020

ALL COUNTY INFORMATION NOTICE NO. I-50-20
PROVIDER INFORMATION NOTICE 20-12-CRP

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 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 TITLE IV-E AGREEMENT TRIBES
ALL CHILDREN'S RESIDENTIAL LICENSEES
ALL CHILDRENS'S RESIDENTIAL PROGRAM STAFF
HOMES CERTIFIED OR APPROVED BY A FOSTER FAMILY AGENCY

SUBJECT: PUBLIC HEALTH GUIDANCE RELATED TO COVID-19 FOR HOME-BASED CARE AND CONGREGATE CARE FACILITIES IN CHILD WELFARE PRACTICE

REFERENCE: ALL COUNTY LETTER (ACL) 20-33; PROVIDER INFORMATION NOTICE 20-08 CRP; GOVERNOR'S PROCLAMATION OF A STATE OF EMERGENCY, MARCH 4, 2020

The purpose of this combined All County Information Notice (ACIN) and Provider Information Notice (PIN) and attachments is to address the California Department of Public Health's (CDPH) current guidance regarding protective measures to prevent and minimize the risk of exposure and transmission of COVID-19 and how the guidance may be incorporated into a county's current practice and work with caregivers, and how children's residential facilities and home-based caregivers can use the guidance to ensure the health, safety, and well-being of the children/youth in care. This guidance has been developed in coordination with CDPH and is intended to provide practical information that counties can give to these populations and information facilities and

caregivers can use to operationalize this public health guidance while caring for children/youth in out of home placement.

Caregivers of children/youth served by the child welfare and probation systems, including staff of children's residential care facilities, face unique challenges during the COVID-19 pandemic in meeting the holistic needs of the children/youth they care for, while also taking necessary precautions to avoid exposure and transmission of the virus. During this time of uncertainty, caregivers look for guidance from their county partners, social workers, and probation officers for explanation, assurance, and guidance on how to best meet the needs of children/youth in care. When providing caregivers with guidance, it is necessary for counties to provide up-to-date and relevant information from a designated authority such as CDPH and Centers for Disease Control and Prevention (CDC).

CDSS recommends that all licensees continue to follow guidance in all applicable CDSS PINs, in addition to guidance or instructions from health care providers, the CDC, CDPH, and local health departments. To the extent the guidance in this PIN conflicts with prior guidance in CDSS PINs regarding COVID-19 symptoms and prevention, containment, and mitigation measures, this PIN supersedes the prior PINs.

Current data regarding children under the age of 18 and COVID-19

The California Department of Social Services (CDSS) is responsible for ensuring that counties continue to prioritize the continued health, safety, and well-being of children in care during this time. It is important during this pandemic that counties are providing caregivers with accurate information as reported by the CDPH and CDC.

Many caregivers, facility staff and children/youth remain worried about exposure and transmission of COVID-19. The current available data from CDC regarding children/youth shows that:

- Based on early studies, children/youth of all ages are at risk for COVID-19; however, complications of COVID-19 appear to be less common among children/youth compared with adults.
- The most **common symptoms are mild to moderate** and include fever and coughing; some infected people do not develop any symptoms.
- Relative to adults with COVID-19, fewer children/youth with COVID-19 require hospitalization; hospitalization among children is most common among children under one year of age and those with underlying health conditions.

Definitions

Caregivers and facilities should become familiar with public health definitions and recommendations regarding isolation, quarantine and "cohorting" of children/youth.

- Exposure means being within six feet for 10-30 minutes or more with someone who has been diagnosed positive for COVID-19 during their period of infectiousness, starting from 48 hours before developing symptoms until time of diagnosis and isolation.
  - A child/youth who leaves a home or facility with or without permission without a known exposure to COVID-19 does not meet the above definition of exposure and is not subject to quarantine. Any child/youth, household member, caregiver or staff member, who leaves the home or facility for any reason has a risk of exposure to COVID-19.
- Isolation means avoiding contact with others by staying in a separate bedroom when an individual has symptoms of, or tests positive for COVID-19.
- Quarantine means separating an exposed individual from those not exposed and from those who are ill for a period of 14 days. Quarantine protocols are recommended when an individual has been exposed, as defined above, to an infectious person and therefore may become infected.
  - CDPH does not recommend quarantine for a child/youth who is initially placed in a home or facility, or who leaves the home or facility with or without permission unless there is a known exposure.
- Cohorting means grouping individuals with like condition such as exposure, diagnosis or COVID-19 illness to be cared for in the same facility and/or bedroom. There is no public health defined limit to how many children can be together provided they have the same condition. For example, children who have been diagnosed with COVID-19 can be cohorted together. Ideally, youth who have been exposed would be housed in single rooms since not all will become infected. If this is not possible, they can be housed together. Children/youth who have been exposed should observe social distancing and should be checked for COVID-19 symptoms and fever daily.

Current Guidance

In addition to the general stress associated with the uncertainties related to COVID-19 and stay-at-home orders, children/youth who are separated from their parents during this pandemic experience disruptions to parent and sibling visitation, disrupted connections to meaningful relationships, and in many cases are cared for in families with whom the child/youth has not yet developed strong attachments or a sense of belonging.

Following previous guidance outlined in ACL 20-33, it is important for case managers, placement workers, caregivers and facilities to understand that children/youth should

only be placed into isolation or quarantine conditions under medical or public health instruction. If quarantine or isolation is recommended by the child's medical doctor or the public health officer, then counties, facilities and/or caregivers should closely partner to ensure the developmental, trauma-related, and overall needs of each child are identified and addressed while in this restrictive setting.

Further, for children/youth in congregate care settings, home-based options, including relatives or non-related extended family members must continue to be identified and considered during this time to ensure the best interests and least restrictive settings for each child/youth. Counties are encouraged to consider whether the special risks and circumstances posed by COVID-19 warrant a reassessment of the child/youth's emergency plan and status of reunification. With supports and services, this may be the best time for the child/youth to be reunified or placed on an extended visit with relatives or non-related extended family members (NREFMs) who can provide the care and attention the child/youth needs while exposed or ill and mitigating the impacts of discontinued visitation, isolation, placement disruption or capacity issues within the facility or home.

Information regarding COVID-19 and best practices are updated frequently during this time and it is important for counties to ensure they are monitoring public health guidance, ACLs and ACINs and disseminating this information to staff. Likewise, the Community Care Licensing Division (CCLD) has released numerous PINs that provide children's residential licensees with guidance, and it is important for licensees to ensure they are monitoring public health guidance and CDSS PINs and disseminating this information to staff, or for Foster Family Agencies (FFA), to families certified or approved by the FFA. Counties are encouraged to read these PINs and share them with staff in order to work collaboratively with any licensee, facility or home where children are placed.

This letter and the two attachments provide general information to counties, licensees and caregivers regarding recommended public health precautions, and what to do if a child, youth, or other family member becomes ill. Each handout offers the following guidance and recommendations directed either toward facilities or home-based settings and counties are strongly encouraged they make these handouts available to the licensees and caregivers they work with.

Recommendations:

The following recommendations may be relevant for facilities and home-based family settings; however, some may be intended for only one or the other, and this will be indicated when applicable.

CDSS recommends facilities review and update their infection control preparedness plan. For caregivers, CDSS recommends they develop an emergency plan for when or if someone in the home is diagnosed with COVID-19 or has known exposure. CDSS recommends the plan include the following:

1. **A policy for when and how direct care staff, or caregivers in family settings, should use personal protective equipment (PPE) when caring for children, or family members, who are diagnosed or have known exposure.**
   - If the facility or caregiver does not have a supply of PPE for this purpose, develop a plan to immediately obtain an initial three-day supply upon identification of a positive or symptomatic case of COVID-19. Caregivers should be encouraged to contact county social services for assistance in developing this plan. Licensed providers including FFAs are encouraged to contact their appropriate Children's Residential Regional Office for assistance in developing a plan for their facilities, or homes certified or approved by an FFA, if needed.

2. **A plan for everyday preventative actions for when there is no presence of COVID-19 in the facility or home and procedures to prevent spread of COVID-19 for staff, caregivers and children/youth if there is known exposure or a COVID-19 diagnosis.**
   - Wash hands often with soap and water for at least 20 seconds or use alcohol-based hand sanitizer with at least 60 percent alcohol.
   - Cough and sneeze into the elbow or into a tissue. Throw away the tissue immediately after use and wash hands.
   - Frequently clean and disinfect surfaces, especially those that are touched often daily. This includes bathrooms, commodes, toilets, water coolers, desks, countertops, light switches, doorknobs, hand and/or bed railings, computer keyboards, electronic devices, tv remotes, hands-on learning items, faucet handles, phones and toys.
   - Thorough cleaning with soap, water, and a microfiber cloth, or a disinfectant appropriate for use on electronics with a microfiber cloth, will remove most microorganisms.
   - Shared hands-on materials or items need to be cleaned at the end of the day, including binders, pens, books, computers, video-game consoles, etc.
   - Limit shared materials to those that can be easily cleaned and disinfected at the end of the day or more often as needed.
   - Minimize the potential for the spread of germs in the common space by temporarily removing toys that are not easily cleanable, such as stuffed animals and pillows. Rotate the toys that are out at any one time so that they can be adequately cleaned and sanitized.

- Open windows frequently and adjust the HVAC system to allow for more fresh air to enter the space. Keep windows open in vehicles when transporting children/youth.

3. **Social distancing strategies are especially important in congregate care settings and help to reduce potential exposures and transmissions. Some social distancing strategies may include**:
   - Reduce group sizes to no larger than 10 people total per group, including children and adults, consistent with any required staff ratios for facilities.
   - Do not combine groups for activities or at mealtimes. Maintain consistency of the smaller groups day to day, where possible.
   - Maximize space between group members so that a six-foot distance is maintained. Use large rooms, like gymnasiums, for multiple groups as square footage allows. Divide up the space by creating barriers with cones, chairs, or tables to ensure a minimum of six feet between the groups.
   - In the groups, aim for at least six feet between each child/youth and staff member. As much as possible, minimize the amount of time children/youth and staff are in close contact with each other. The following will help you achieve this goal.
     - Plan activities that do not require close physical contact.
     - Do not plan large group activities. (Each activity should be limited to 10 total people, including staff.)
     - Offer outdoor play in staggered shifts and discourage congregating. If multiple groups are outside at the same time, there should be a minimum of six feet of open space between outdoor play areas.
     - Limit item sharing. If items are being shared, they should be cleaned frequently. Remind children/youth and staff to not touch their faces and wash their hands after using these items.
     - Use virtual tools for contracted services and appointments, when appropriate.
     - Avoid trips to places with other people. Going for walks or to a park is okay.
     - Eliminate family style meals and avoid congregating. If meals must be provided in a lunchroom, stagger mealtimes, arrange tables to ensure that there is at least six feet of space between groups in the lunchroom, and clean tables between lunch shifts.
     - When transporting residents, maximize space between riders.

4. **Facilities should develop procedures to monitor for respiratory infections and other COVID-19 related symptoms in staff including the following: (For caregivers in family home settings, see numbers 6-10 for relevant guidance.)**
   - Have a sick leave policy in place that addresses the needs of staff including:

    - Advising staff or volunteers to stay home if they have respiratory illness and immediately report their symptoms to an identified manager.
    - Guidance for staff on how to self-assess symptoms before reporting for duty.
- Monitor staff at start of shift for fever and COVID-19 symptoms. When possible, an actual temperature check should be done. COVID-19 symptoms include fever, chills, shortness of breath or difficulty breathing, coughing, extreme tiredness, muscle pain, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea or vomiting, and diarrhea.
- A plan for what to do if a staff member develops symptoms while at work, including a plan for addressing staffing needs.
- A policy regarding when staff can come out of isolation and return to work after having a diagnosis of COVID-19, which includes all the following:
    - There has not been a fever for 72 hours. This is three full days of no fever without the use of medication that reduces fevers, **AND**;
    - Other symptoms have improved **AND**;
    - It has been at least 10 days since the symptoms first appeared.
- Plans to accommodate staff who need to care for ill family members.
- If there are confirmed COVID-19 cases in the facility among staff or residents, identifying staff who may be at higher risk for severe COVID-19 disease and allowing them to work from home if possible.
- Identify minimum staffing needs and be prepared to prioritize critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential facility operations.

5. How to continue safe in-person visitation:

- Meet at an outdoor location where there are few people while maintaining social distancing.
- Wear a cloth face covering and maintain a distance of six feet from other people where possible.
- Post signs, or ask visitors, staff, and volunteers to self-identify relevant symptoms prior to entry.
- Share information with family members of children/youth about the measures being taken to protect children/youth from COVID-19.
- Assure visitors they are vitally important to the children/youth in care and work with them to maintain visits, if at all possible, as well as frequent calls and video conferencing.
- Ask family members and other visitors if they have the needed technology to initiate or receive calls and/or video conferencing. If they do not, work with them and the county child welfare agency to obtain what is needed.
- Assist family members and other visitors to create a schedule for calling and video conferencing with the child/youth in the facility or home.

6. **For children/youth in care who are initially placed in the facility or home or who leave and return to the facility or home for approved reasons (such as visits) or for unapproved reasons:**
   - For children/youth who are initially placed in a facility or home, CDPH does not recommend that testing for COVID-19 be a condition of placement unless there is known exposure to COVID-19.
   - Upon entry or return, ask the child/youth to wash hands.
   - Allow the child/youth to be with the other children and adults in the home/facilities.
   - Watch for symptoms such as fever, chills, shortness of breath or difficulty breathing, coughing, extreme tiredness, muscle pain, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea or vomiting, and diarrhea.
   - If a child/youth refuses to follow these precautions, identify an influential adult to assist with youth engagement, and consult with the child/youth and family team to identify creative solutions or incentives.
   - Please note that current CDPH guidelines do not include the immediate change of clothing or bathing upon returning to a home or facility. Caregivers and facilities are not instructed to require such practices as they are not congruent with current CDC or CDPH guidelines and doing so may be in violation of a child's/youth's personal rights.

7. **Protocols for children/youth who have a known exposure, as defined above, to COVID-19:**
   - Consult the healthcare provider of the child/ youth and the local public health department to arrange for testing and to receive guidance on next steps for caring for the child/youth and ensuring the health and safety of children/youth, staff, and caregivers in the home or facility.
     - CDPH currently recommends that COVID-19 testing occurs for all residing in the home or facility who have known exposure.
   - If recommended, separate exposed children from other youth and adults in the facility or home who have not been exposed, for 14 days.
     - Note: if is it not feasible to separate exposed children/youth from other exposed children/youth they may be "cohorted" as defined above.
   - If it is necessary to quarantine a child/youth from the others in the facility or home, it is important that quarantine protocols ensure children/youth are monitored appropriately for their age and that each child/youth has extensive developmentally appropriate engagement opportunities. It is recommended that a child's therapist be consulted, as needed, on trauma-informed practices for the use of quarantine with children.

8. **Protocols for caring for symptomatic children or youth. Common symptoms of COVID-19 can include fever, chills, shortness of breath or difficulty breathing, coughing, extreme tiredness, muscle pain, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea or vomiting, and diarrhea.**
   - Contact the healthcare provider or the local public health department of the child/youth in order to arrange for testing and to receive guidance on next steps regarding care of the child/youth.
     - Note: CDPH currently recommends that COVID-19 testing occurs for all residing in the facility or home if a youth or staff tests positive.
   - Upon public health recommendation, implement isolation protocols that ensure children/youth are monitored appropriately for their age and that each child/youth has extensive developmentally appropriate activities and engagement. Most children/youth will have mild to moderate symptoms. Children/youth should have access to a laptop for schoolwork and appropriate games, movie and television streaming, games, books, and trusted adults to interact with the child/youth.
   - Identify specific staff or caregivers who will primarily care for the child/youth. Staff and caregivers should use PPE when caring for a child/youth with symptoms of COVID-19. It is recommended that the child's social worker/probation officer, caregiver, facility staff, or medical provider explain to the child what the PPE will look like and why it is being used before the first use by the caregiver. It is also recommended that a child's therapist be consulted, as needed, on trauma-informed practices for the use of PPE with children and how best to explain that use to the specific child.
   - For children/youth with symptoms of COVID-19, follow the isolation guidelines contained in this notice until testing can further inform the medical recommendations.

9. **For children/youth who are diagnosed with COVID-19:**
   - Maintain consultation with the child's or youth's health care provider and the local public health department.
     - CDPH currently recommends that COVID-19 testing occurs for all others residing in the facility or home ONLY if there is known exposure to the child/youth diagnosed with COVID-19.
   - Upon medical recommendation, implement isolation protocols that ensure children are monitored appropriately for their age and that each child has extensive developmentally appropriate activities and engagement. Most children will have mild to moderate symptoms. Children should have access to a laptop for schoolwork and appropriate games, movie and television streaming, games, books, and trusted adults to interact with the child/youth.
     - Note: if more than one child/youth has lab-confirmed COVID-19, they can be "cohorted" together because they have the same diagnosis.

- Identify specific staff or caregivers who will primarily care for the child/youth. Staff and caregivers should use PPE when caring for a child/youth with COVID-19. It is recommended that the child's social worker/probation officer, caregiver, facility staff, or medical provider explain to the child what the PPE will look like and why it is being used before the first use by the caregiver. It is also recommended that a child's therapist be consulted, as needed, on trauma-informed practices for the use of PPE with children and how best to explain that use to the specific child.
- PPE recommended when caring for COVID-19 patients includes a gown, gloves, N95 respirator (or surgical mask if an N95 is not available), and eye protection (face shield or goggles). See sequence for putting on PPE for more information.
- As a result of a positive COVID-19 diagnosis it may not be possible to continue with in-person visitation, therefore it is critical to establish clear expectations for video and telephonic visitation.

10. Three things that should have occurred prior to releasing the individual from isolation:

- There has not been a fever for 72 hours without the use of medication that reduces fevers, and;
- Other symptoms have improved, and;
- It has been at least 10 days since the symptoms first appeared.

Due to many children/youth remaining asymptomatic following a positive COVID-19 test, a follow-up test is also recommended prior to release from isolation.

In addition to CDPH guidelines, counties may have requirements or orders that extend beyond CDPH guidance, such as the use of cloth face coverings while out in public. Counties, licensees and home-based caregivers are strongly encouraged to follow local requirements or orders. Counties should ensure that caregivers caring for children are aware of the county specific orders and provide information or refer the caregiver for resources or support needed for complying to help maintain the health and safety of the children in care and themselves.

The recommendations outlined in this ACIN and PIN are available as helpful summary documents with specific details separated based on caregiver type, for easy overview. You will find these summary documents attached.

If you are a county child welfare services agency or probation department and have any questions or need additional guidance regarding the information in this letter, contact the Continuum of Care Reform Branch at (916) 651-1101 or at ccr@dss.ca.gov. If you are a licensee and have any questions or need additional guidance regarding the information in this PIN, please contact the appropriate Children's Residential Regional

Office or the Children's Residential Program Policy Bureau via email at CRPOPolicy@dss.ca.gov.

To access all PINs published by the Children's Residential Program, please visit https://www.cdss.ca.gov/inforesources/community-care-licensing/policy/provider-information-notices/childrens-residential.

To access all published ACLs and ACINs, please visit https://www.cdss.ca.gov/inforesources/letters-and-notices.

Sincerely,

Original Document Signed By

GREGORY E. ROSE, Deputy Director
Children and Family Services Division

PAMELA DICKFOSS, Deputy Director
Community Care Licensing Division

ATTACHMENT A

PUBLIC HEALTH GUIDANCE IN CHILD WELFARE PRACTICE PRACTICAL INFORMATION FOR LICENSED CHILDREN'S RESIDENTIAL FACILITIES DURING COVID-19

Stay Up to Date with Important Guidance

Visit the California COVID-19 Website for all essential guidance as well as resources
Visit the California Department of Public Health website for the most current guidance on COVID-19
Visit the CDC website for general guidance and for advice on daily life and coping

Reminders to Stay Informed

- Keep checking the California COVID-19 website for any new directives.
- Make decisions based on medical guidance.
- A child/youth who leaves a facility or home with or without permission, staff who go home each day, and caregivers who leave the home all have risk of community-related exposure to COVID-19.
- Children/youth should only be placed into isolation or quarantine conditions under medical or public health guidance.
- Home-based options must continue to be identified and considered.
- Assign someone specific to monitor guidance, Provider Information Notices (PINs), All County Information Notices (ACINs), and All County Letters (ACLs) and share with leadership.
- CDPH guidelines **do not include** the immediate change of clothing or bathing upon returning to a facility. Caregivers and facilities are not instructed to implement these practices as they are not congruent with current CDC or CDPH guidelines and doing so may be in violation of a child or youth's personal rights.
- Don't forget to communicate and WASH YOUR HANDS to keep everyone safe!

Key Definitions to Stay Safe

- **Exposure:** being within six feet for 10-30 minutes or more with someone who has been diagnosed positive for COVID-19 during their period of infectiousness, starting from 48 hours before developing symptoms until time of isolation
- **Isolation:** avoiding contact with others by staying in a separate bedroom when an individual has symptoms of, or tests positive for COVID-19.
- **Quarantine:** separating an exposed child/youth from those not exposed and from those who are ill for a period of 14 days.
- **Cohorting:** caring for individuals with the same status in the same facility and/or shared bedroom. There is no public health-defined limit to how many children/youth can be together providing they have the same status. For example, children/youth who have been diagnosed with COVID-19 can be cohorted together.

Ideally, children/youth who have been exposed to COVID-19 will be cared for in their own room since not all will become infected. If this is not possible, children/youth who have been exposed can be cared for in the same room. Social distancing should be observed, and children/youth and caregivers should be checked for symptoms and fever daily.

Current information regarding children/youth under the age of 18:

Fewer than 1% of diagnosed COVID-19 patients are children under the age of 18.
A person is contagious **48 hours** before symptoms begin.
The most common symptoms in children are **mild to moderate**.
Of those children diagnosed, **5-20% are hospitalized**. These are primarily children **under one year of age** and those with underlying health conditions.

Make A Plan!
10 Steps to Review and Update the Plan

1. Create a policy for when and how direct care staff should use personal protective equipment (PPE) when caring for children/youth who are diagnosed or have known exposure. If the facility does not have a supply of PPE for this purpose, develop a plan to immediately obtain a three-day supply upon identification of a positive or symptomatic case of COVID-19. Licensed facilities are encouraged to contact Community Care Licensing for assistance in developing a plan, if needed.

2. Develop a plan for everyday preventative actions and procedures to prevent spread of COVID-19 in the facility for staff and children/youth. The PIN/ACIN and California COVID-19 website will provide detailed guidance for preventative actions.

3. Utilize Social Distancing strategies help to reduce potential exposures and transmissions. These strategies are especially important in congregate care settings.

4. Facilities should watch for fever, respiratory infection and other COVID-19 symptoms in staff. Have sick leave policy in place that addresses the needs of staff including:
    - Advising staff, caregivers, or volunteers to stay home if they have fever or respiratory illness and immediately report their symptoms to an identified manager.

- Guidance for staff on how to self-assess symptoms before reporting for duty.

5. Follow the guidance steps on how to continue safe in-person visitation.

6. Review essential information for children/youth in care who leave and return to the facility or home for approved reasons (such as visits) or for unapproved reasons. CDPH guidelines **do not include** the immediate change of clothing or bathing upon returning to a facility. Facilities are not instructed to implement these practices as they are not congruent with current CDC or CDPH guidelines and doing so may be in violation of a child or youth's personal rights.

7. Create protocols for children/youth who have a known exposure, as defined above, to COVID-19.

8. Review the ACIN for protocols for caring for symptomatic children/youth.

9. Create essential protocols for children/youth who are diagnosed with COVID-19.

10. Determine if a child/youth or staff person is no longer contagious by using the three standards in place prior to releasing the individual from isolation:
    1. There has not been a fever for 72 hours without the use of medication that reduces fevers,
    2. Other symptoms have improved, and
    3. It has been at least 10 days since the symptoms first appeared.

ATTACHMENT B

Public Health Guidance in Child Welfare Practice
Practical Information for Caregivers of Children/Youth During COVID-19

Stay Up to Date with Important Guidance

Visit the California COVID-19 Website for all essential guidance as well as resources
Visit the California Department of Public Health website for the most current guidance on COVID-19
Visit the CDC website for general guidance and for advice on daily life and coping

REMINDERS TO STAY INFORMED

- Keep checking the California COVID-19 website for any new information.
- Make decisions based on medical guidance - families have experience managing illness of family members and the same principles apply.
- Caregivers should closely partner with counties or agencies to ensure the developmental, trauma-related, and overall needs of the child/youth are being met.
- Children/youth should only be placed into isolation or quarantine conditions (separation from others due to infection concerns) under medical or public health guidance.
- Caregivers should be familiar with public health definitions for isolation, quarantine, and cohorting of children/youth.
- CDPH guidelines **do not include** the immediate change of clothing or bathing upon returning to the home. Caregivers are not instructed to implement these practices as they are not congruent with current CDC or CDPH guidelines and doing so may be in violation of a child or youth's personal rights.
- Don't forget to communicate and WASH YOUR HANDS to keep everyone safe!

Key Definitions to Stay Safe

- **Exposure:** Being within six feet for 10-30 minutes or more with someone who has been diagnosed positive for COVID-19 during their period of infectiousness, starting from 48 hours before developing symptoms until time of diagnosis and isolation.
- **Isolation:** Avoiding contact with others by staying in a separate bedroom when an individual has symptoms of, or tests positive for COVID-19.
- **Quarantine:** separating an exposed child/youth from those not exposed and from those who are ill for a period of 14 days.
- **Cohorting:** Caring for individuals with the same status in the same home and/or shared bedroom. There is no public health-defined limit to how many children/youth can be together providing they have the same status. For example, children/youth who have been diagnosed with COVID-19 can be cohorted together. Ideally, children/youth who have been exposed to

- COVID-19 will have their own room since not all will become infected. If this is not possible, children/youth who have been exposed may share a room. They should observe social distancing and be checked for symptoms and fever daily.

Current information regarding children under the age of 18

- **Fewer than 1%** of diagnosed COVID-19 patients are children/youth under the age of 18.
- A person is **contagious 48 hours** before symptoms begin.
- The most common symptoms in children are **mild to moderate** and include fever and coughing.
- Of those children/youth diagnosed**, 5-20% are hospitalized**. These are primarily children under one year of age and those with underlying health conditions.

Any individual, youth, or household members who leave the home are in similar situations regarding the risk of exposure and potential transmission of COVID-19. A child or youth who leaves a home with or without permission and caregivers who leave the home all have risk of community-related exposure to COVID-19.

Make A Plan!

Steps to Stay Safe During COVID-19

1. Caregivers should use personal protective equipment (PPE) when caring for children/youth, or family members, who are diagnosed or have known exposure. If you do not have a supply of PPE for this purpose, reach out to your county agency immediately obtain a three-day supply upon identification of a positive or symptomatic case of COVID-19. Caregivers are encouraged to contact county social services for assistance in developing this plan.
2. Develop a plan for everyday preventative actions to prevent spread of COVID-19. The California COVID-19 website provides helpful tips to stay safe and minimize the potential for the spread of germs.
3. Utilize Social Distancing strategies help to reduce potential exposures and transmissions. Families are encouraged to use these as a guide for following stay at home orders. CDPH guidelines **do not include** the immediate change of clothing or bathing upon returning to a home and doing so may be in violation of a child or youth's personal rights.
4. Create protocols for children/youth who have a known exposure. For example, consult the healthcare provider of the child or youth and the local public health department in order to determine whether the exposure clinically warrants quarantine or special precaution.
5. Review the protocols for caring for symptomatic children/youth. Remember, upon medical recommendation, implement isolation protocols that ensure

children/youth are not left alone and that each child/youth has extensive developmentally appropriate activities and engagement. Most children/youth will have mild to moderate symptoms. Children/youth should have access to a laptop for schoolwork and appropriate games, movie and television streaming, games, books, and trusted adults to interact with the child/youth.

6. Identify the specific caregiver who will primarily care for the child. Caregivers should use personal protective equipment (PPE) when caring for a child/youth with COVID-19.
7. For children/youth who are diagnosed, maintain contact with the child or youth's health care provider or local public health department.
8. If more than one child/youth is ill, they can be "cohorted" once it is confirmed by lab testing that the children/youth have the same diagnosis.
9. Determine if a child/youth is no longer contagious by using the three standards in place prior to releasing the individual from isolation:
   a) There has not been a fever for 72 hours without the use of medication that reduces fevers,
   b) Other symptoms have improved, and
   c) It has been at least 10 days since the symptoms first appeared.