CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 20-100

The purpose of this All County Letter (ACL) is to provide guidance on the placement use of a Temporary Shelter Care Facility licensed to operate on an emergency basis (E-TSCF). An E-TSCF is a placement alternative of last resort for the care of children who have known exposure to, present symptoms of, or test positive for, the Novel Coronavirus Disease (COVID-19).
August 26, 2020

ALL COUNTY LETTER NO. 20-100

TO: ALL COUNTY WELFARE DIRECTORS
ALL TITLE IV-E AGREEMENT TRIBES
ALL CHILDREN’S RESIDENTIAL LICENSEES
ALL CHIEF PROBATION OFFICERS
ALL COUNTY MENTAL HEALTH PLAN DIRECTORS

SUBJECT: UTILIZATION OF TEMPORARY SHELTER CARE FACILITY ON AN EMERGENCY BASIS (E-TSCF) FOR COVID-19 AS A PLACEMENT OF LAST RESORT

REFERENCE: GOVERNOR’S PROCLAMATION OF A STATE OF EMERGENCY, MARCH 4, 2020; PIN 20-11-CRP, PIN 20-14-CRP

The purpose of this letter is to provide guidance to county child welfare agencies, Title IV-E Agreement Tribes,\(^1\) and juvenile probation departments on the placement use of a Temporary Shelter Care Facility\(^2\) licensed to operate on an emergency basis (E-TSCF). An E-TSCF will be a placement alternative of last resort for the care of children who have known exposure to, present symptoms of, or test positive for, COVID-19.

The purpose of an E-TSCF is to care exclusively for children\(^4\) who have tested positive for, exhibit symptoms of, or have known exposure to, COVID-19. Although not required, home-based or home-like settings are preferred for use as an E-TSCF. For additional information on the operational requirements of an E-TSCF, or if you are a county or a licensee that seeks licensure as an E-TSCF, please refer to the waiver and licensure process described in PIN 20-14-CRP.

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\(^1\) For the purpose of this notice, a Title IV-E Agreement tribe means those with an agreement pursuant to WIC section 10553.1.

\(^2\) As defined in HSC section 1530.8.

\(^3\) As confirmed by a medical provider.

\(^4\) For purposes of this ACL, the term “children” means children in out-of-home placement and includes, but is not limited to, minors in foster care supervised by the probation department and nonminor dependents.
Placement into an E-TSCF

The experience of quarantine and isolation for a child in an out-of-home placement poses a significant risk of causing additional trauma. Children should only be placed into quarantine or isolation conditions when medically recommended and in accordance with public health guidance, including guidance regarding quarantine, isolation, and cohorting, as outlined in ACIN I-50-20/PIN 20-12-CRP. Such quarantine or isolation must also be compliant with the Terms and Conditions listed within PIN 20-14-CRP.

When the recommendation of a child’s medical provider and the medical guidance related to COVID-19 require a child to be isolated or quarantined, all placement preservation strategies must be utilized to prevent or reduce further trauma resulting from unnecessary placement changes. Symptoms of, known exposure to, or a positive test for COVID-19 are not in and of themselves reasons enough to terminate a child’s placement or to support placement in an E-TSCF. Termination of a child’s placement and placement in an E-TSCF can only occur after all placement preservation strategies have been explored and exhausted and all other placements have been determined to be unavailable and/or inappropriate for each specific child who needs a new placement.

In cases involving an Indian child who has known exposure to, exhibits symptoms of, or tests positive for COVID-19, the Indian child’s tribe should immediately be notified of the child’s health status and informed of any potential or actual need for a placement change during the isolation or quarantine period. Further, when an Indian child is subject to isolation or quarantine and the existing placement cannot be maintained, the county should collaborate with the Indian child’s tribe to explore appropriate placement options that are consistent with the Indian Child Welfare Act (ICWA) placement preferences. All placement disruptions of an Indian child should be analyzed and documented in compliance with the ICWA placement preferences and Welfare & Institutions Code Section 361.31. The emergency declaration has not superseded application of the ICWA. Further, when an Indian child is subject to these requirements, the Indian child retains the right to live in a home that upholds the prevailing social and cultural standards of the child’s Indian community, including but not limited to, family, social, and political ties. Counties should work closely with the child’s tribe and Indian service providers to exhaust the preferred placements before using an E-TSCF for an Indian child.

Placement Preservation Strategies

Given the potential harm presented by a temporary relocation to an E-TSCF, placement preservation strategies, as discussed in ACL 20-33 and extended through ACL 20-74, must be exhausted prior to the relocation. Options to prevent a

5 WIC section 16001.9 (a)(1)
placement change may include, but are not limited to the following:

1. Review the child’s and family of origin’s circumstances to determine the appropriateness of reunification or extended visits with parents, consistent with ACL 20-58.

2. Consider home-based caregivers, which may include a resource family, tribally approved home, a licensed or certified foster family home, or an emergency caregiver who may or may not be related to the child.

3. Reconsider relatives or nonrelative extended family members previously determined not to be appropriate to see if their circumstances have changed for the better, and/or the age, circumstances, or wishes of the child now supports placement.

4. In the case of an Indian child, the placing entity must notify and collaborate with the Indian child’s tribe to identify culturally specific placement preservation strategies or legally authorized alternative placements available through the child’s tribe or Indian community.

5. Engage in intensive Wraparound or Wraparound-informed services as they relate to family finding, engagement, specialized permanency services, child and caregiver coaching and relationship support, and in-home support services that would allow the child to remain or be maintained in a home-based setting. For more information and support, please visit https://www.cdss.ca.gov/inforesources/cdss-programs/foster-care/wraparound or https://humservices.ucdavis.edu/blog/foster-care-rates-during-covid-19-playbook-supporting-child-and-youth-permanency.

6. Determine whether the current residential facility, as applicable, is able to reallocate space resources for children with known exposure, showing symptoms of, or who test positive for COVID-19, as outlined in ACL 20-33 (extended through ACL 20-74), and PIN 20-08-CRP.

7. Utilize the flexibilities and waivers outlined in ACL 20-43, as extended and/or revised by ACL 20-86.

When a placement disruption is unavoidable, the child should be notified of the placement change in a trauma-informed and developmentally appropriate manner.

**E-TSCF Placement Requirements**

An E-TSCF is a placement of last resort made in accordance with public health guidance. Should a placing entity\(^6\) need to utilize such a facility, the following requirements must be met:

\(^6\) Placing entity includes county child welfare agencies, juvenile probation departments, and Title IV-E Agreement tribes, as applicable.
1. A child has been determined to have known exposure to, exhibits symptoms of, or tests positive for COVID-19. This determination should be made by the child’s medical provider and/or the local public health department.

2. A medical professional recommends the child be placed in isolation or quarantine, and the current placement cannot accommodate the medical recommendation.

3. All alternative placement options and placement preservation strategies, outlined above and including consideration of the ICWA placement preferences in the cases of Indian children, have been exhausted and no other placement is available.

4. A child shall remain in this setting only for the duration of the medical recommendation for the child’s placement in isolation or quarantine that cannot be accommodated in a less restrictive setting.

5. The placing entity provides notice of the placement change consistent with existing law and regulations. In the case of an Indian child, the tribe must be notified and involved in the placement determinations consistent with the requirements of WIC section 361.31(g).

**Cohorting**

Although all children eligible for placement in an E-TSCF share the common experience of isolation or quarantine needs due to COVID-19, their individual needs may be different. The placing entity must determine whether it is appropriate to place children together (cohorted) in an E-TSCF. Children should not be cohorted solely because of the commonality of their COVID-19 exposure or infection. Each circumstance requires a case-by-case analysis, considering the totality of the circumstances.

Additionally, there may be instances when a placing entity may consider using an E-TSCF for both dependent children and wards who have known exposure to, present symptoms of, or test positive for, COVID-19. Because care provided in an E-TSCF is not emergency shelter care as defined in WIC Section 16501 and the MPP, the WIC sections 206 and 16514(b) prohibitions on placing section 602 wards with dependents, nonminor dependents, voluntarily placed children, and section 601 wards do not apply.

In order to place children under dependency jurisdiction and children under delinquency jurisdiction in the same E-TSCF, the caseworker with placement authority must follow the requirements of WIC Section 16514(c). The placing entity must therefore determine prior to the placement that both of the following are true:

- The E-TSCF has a program that meets the specific needs of the child being placed or detained, or if no program is required by law, the placement meets the specific needs of the child.
• There is a commonality of needs with the other children in the placement setting, which cannot be based solely on the fact that the child has known exposure to or tests positive for COVID-19. The determination must be made based upon the totality of the circumstances.

**E-TSCF Trauma Mitigation Strategies**

To prevent or mitigate the potential trauma that an E-TSCF placement may cause, the E-TSCF provider must adhere to relevant guidance. As outlined in PIN 20-14-CRP, a provider must ensure access to all necessary services, including, but not limited to, specialty mental health services, visitation, educational services, appropriate videoconferencing equipment, etc. If the child is an Indian child, the child has the right to have contact with tribal members and members of their Indian community consistent with the prevailing social and cultural conditions and way of life of the Indian child’s tribe. Additional trauma mitigation strategies adopted by caseworkers may include, but are not limited to:

1. Developing a plan for increased contacts utilizing technology-based visitation between the child and family, friends, tribal connections, other important individuals, and the prior placement care providers to whom the child will be returning, as appropriate. This plan should include ensuring the child has correct contact information for these individuals.
2. Engaging the child in a trauma-informed, developmentally appropriate manner.
3. Utilizing programs and resources for developmental enrichment and supports to the child.
4. Maintaining the child’s existing supports and services, when possible, to encourage continuity of care while utilizing technology.
5. In cases involving an Indian child, working with the child’s tribe or other Indian services providers to offer services consistent with the prevailing social and cultural standards of the child’s Indian community and/or tribe.
6. Ensuring the E-TSCF provider and staff have the support they need to provide appropriate care and supervision to the children in their care.

**Length of Stay Timeline and Procedure**

A child who is known to be exposed to, presents symptoms of, or tests positive for, COVID-19 may be placed in an E-TSCF only for the time period necessary to provide care and supervision for the child during the isolation or quarantine. In order to determine when the end of isolation or quarantine is appropriate, please refer to ACIN 1-50-20/PIN 20-12-CRP and current CDC guidance. In all cases, CDPH and the CDC recommend that individuals follow the guidance of their medical provider and local

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7 WIC section 16001.9 (a)(14)
health department. The decision to end home isolation should be made in consultation with the healthcare provider and local public health departments.

**Placement Post E-TSCF**

The placing entity should identify a post-E-TSCF placement prior to the child no longer being eligible for the E-TSCF. It is recommended that the placing entity give priority to returning the child to the placement that immediately preceded placement in the E-TSCF, whenever possible and appropriate. If reentry to the previous provider or home-based placement is currently not feasible, whether due to capacity or placement rejection by the care provider, a placement disruption Child and Family Team meeting should be called to identify and resolve the barriers hindering that return to the prior placement or to identify a new appropriate placement.

Should the child have developed a positive relationship with an E-TSCF provider, it is recommended that the information be documented in their case plan when the child is transitioning to an appropriate placement. Should case mining occur in the future to identify possible connections, notable E-TSCF caregivers should be documented for future engagement, if possible. As with all healthy and appropriate placements and relationships, ongoing connection should be maintained between the child and the individual(s) with whom the relationship exists to support and promote social-emotional well-being, feelings of inclusion in a family or circle of support, and potential for permanency. Furthermore, this information should be appropriately documented in the case plan, delivered service logs, collateral contacts, and other helpful areas for future case file mining, family/NREFM finding, engagement, and connection.

**Documentation Requirements**

Upon placement into an E-TSCF, the placing entity must:

1. Complete the child specific E-TSCF Placement Confirmation form, and submit it to CCRPerformance@dss.ca.gov. A copy of the completed form should also be shared with the provider, to be included in the child’s care plan.

2. Maintain current documentation for all placements into any E-TSCF. Temporary placement into an E-TSCF (as well as a TSCF) represents a placement change, therefore the Child Welfare Services-Case Management System (CWS-CMS) must be updated to reflect the change.

The form mentioned above outlines the activities undertaken to ensure that the E-TSCF was a placement of last resort, the child-specific services provided in the E-TSCF and the post-E-TSCF placement plan for the child. This form will act as validation that the placement has been completed in compliance with the requirements for the utilization of the E-TSCF and that the E-TSCF complies with **PIN**
20-14-CRP. The form template will be sent to placing entities and will also be available upon request at CCRPerformance@dss.ca.gov.

**Funding/Claiming**

For a child placed in a licensed E-TSCF, the county may claim eligible expenditures using Emergency Assistance-Temporary Assistance to Needy Family (EA-TANF), funds. As with existing TSCFs, counties will be responsible for any nonfederal share of cost. Eligible expenditures for EA-TANF will be reported using existing Program Codes (PCs); no new PCs will be developed. Instructions for claiming and reporting of costs are identified in County Fiscal Letter (CFL) NO. 18/19-20.

**Effective Dates of Waiver and Terms and Conditions**

The guidance in this ACL shall expire on September 30, 2020, unless otherwise specified by CDSS.

If you have any questions regarding the information in this ACL, please contact ccr@dss.ca.gov. For a copy of all other CDSS PINs related to COVID-19, please visit: www.cdss.ca.gov/inforesources/community-care-licensing.

Sincerely,

*Original Document Signed By*

GREGORY E. ROSE  
Deputy Director  
Children and Family Services Division

c: County Welfare Directors Association of California