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GAVIN NEWSOM
GOVERNOR

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PIN 20-04-CRP
(Superseded by PIN 20-13-CRP)

TO: ALL CHILDREN'S RESIDENTIAL LICENSEES
FOSTER FAMILY AGENCY - APPROVED OR CERTIFIED HOMES
CHILDREN'S RESIDENTIAL CERTIFIED ADMINISTRATORS
(PROSPECTIVE AND CURRENT)
ADMINISTRATOR CERTIFICATION PROGRAM TRAINING VENDORS

FROM: *Original signed by Pamela Dickfoss*
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SUBJECT: **STATEWIDE WAIVERS FOR LICENSING REQUIREMENTS DUE TO
CORONAVIRUS DISEASE 2019 (COVID-19), AND PREVENTION,
CONTAINMENT, AND MITIGATION MEASURES**

Provider Information Notice (PIN) Summary

PIN 20-04-CRP provides statewide waivers for operation of licensed children's residential facilities, licensed foster family homes, homes certified or approved by a foster family agency, administrators, and administrator certification program training vendors, along with guidance for the implementation of prevention, containment, and mitigation measures for COVID-19.

The situation surrounding the Coronavirus Disease 2019 (COVID-19) continues to rapidly change. This PIN provides general recommendations for prevention, containment, and mitigation of COVID-19 in licensed children's residential facilities, licensed foster family homes, and homes certified or approved by a foster family agency (FFA). In addition, this PIN includes statewide waivers for certain licensing requirements applicable to these children's residential settings, administrators, and administrator certification program training vendors without the need for providers to make an individual request, and subject to the waiver terms and conditions set forth in this PIN.

The California Department of Social Services (CDSS) is taking major and unprecedented actions to protect the health, safety, and welfare of the people of California. CDSS is recommending children's residential providers follow guidance or instructions from their [Children's Residential Regional Office](#), including but not limited to all [CDSS PINs](#) applicable to children's residential facilities in addition to 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](#).

PREVENTION, CONTAINMENT, AND MITIGATION MEASURES FOR COVID-19

Scenario 1: Implementation of Prevention Measures

Licensed children's residential providers and home providers certified or approved by an FFA can take steps now to slow the spread of respiratory infectious diseases, including COVID-19, by implementing the following steps:

- Review and update emergency and disaster plans to include contingencies for providing care to children* in the event that your children's residential facility or home is impacted by an outbreak of illness.

** NOTE: For purposes of this PIN, "children" or "child" includes non-minor dependents.*

- Update emergency contact information for family members, authorized representatives, and placement agencies.
- Develop a communications plan to keep staff, children, family members, and authorized representatives* informed.

** NOTE: For purposes of this PIN, "authorized representative" means a person or entity authorized by law to act on behalf of a child or nonminor dependent. This may include, but not be limited to, a child's or nonminor dependent's parent, attorney, Court Appointed Special Advocate (CASA), legal guardian, conservator, social worker or probation officer.*

Some suggested best practices for a communication plan:

- Ensure proactive communication with persons in care, loved ones, contractors, volunteers, etc. to make them aware of these restrictions and to keep them up to date.

- Assign staff as a primary contact to families, authorized representatives and placement agencies for inbound calls and conduct regular outbound calls to keep them up to date.
 - Offer a phone line with a voice recording updated at set times (e.g. daily) with the facility's general operating status, such as when it is safe to resume visits.
 - Develop a process for family members, authorized representatives and placement agencies to communicate with the facility with questions.
- Inform staff, family members, authorized representatives, or other visitors who have traveled to an area identified by the CDC as Level 3 Travel Health Notice (see [Evaluating and Reporting Persons Under Investigation by CDC](#)) they **may not** enter or be on the grounds of the facility for 14 days from the day they returned to the United States. Additionally, those who have been in close contact with someone diagnosed with COVID-19 should not be allowed to enter or be on the grounds of the facility for 14 days from the day of their last exposure.
- Post signage in your facility that explains precautions. The CDC provides [sample signage](#) that you can use to create signs relevant to children's residential staff, children and visitors which ensure that all those entering or exiting a facility are aware of the risks associated with COVID-19 and the recommended precautions they should take. Signage should also remind people that anyone with symptoms of respiratory illness should not enter the facility.
 - Inform persons in care, or their responsible parties, of these changes using clear, concise, jargon-free messages that express empathy for their situation while simply explaining the policy.
- Send staff or visitors home immediately that have a fever and/or respiratory infection symptoms.
- If a child appears to have respiratory infection symptoms, notify their family member, case manager, and authorized representative immediately, as well as the authorized representatives for all other youth in the facility.
 - Follow isolation procedures. Identify a "sick room" through which others do not regularly pass.
- Limit any non-essential visitors including, but not limited to, family members and volunteers. This does not include social workers or probation officers of children in the facility. 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.
- Accommodate Child and Family Team (CFT) meetings through the use of video or teleconference. Note: The requirement that CFT meetings be held in person

is temporarily lifted, however other requirements related to CFT's remain in place.

- Coordinate with all partner organizations serving your facility or home to ensure consistent practices.
- Contact your [local health department](#) immediately if you notice any concerning clusters of respiratory infection or spikes in absenteeism, or respiratory issues among your staff.
- Encourage all staff, children, nonminor dependents, and families to take everyday prevention actions and implement the following **best practices**:
 - 1.) Stay home when sick.
 - Remain at home until fever has been gone for at least 24 hours without the use of fever-reducing medicines.
 - Seek immediate medical care if symptoms become more severe, e.g., high fever or difficulty breathing.
 - Use the [Cleaning and Waste Management Considerations for Residences](#) to help clean your home.
 - 2.) Use “respiratory etiquette”.
 - Cover cough with a tissue or sleeve. See [CDC's Cover Your Cough page](#) for multilingual posters and flyers, posted at the bottom of webpage.
 - Provide adequate supplies within easy reach, including tissues and no-touch trash cans.
 - 3.) Wash hands frequently.
 - Encourage hand washing by children, parents, and staff through education, scheduling time for handwashing, and the provision of adequate supplies, and wash hands for at least 20 seconds ([CDC: When and How to Wash your Hands](#)).
 - Provide alcohol-based hand sanitizers to supplement routine hand washing.
 - Require all staff, youth returning to the facility, and visitors entering the facility to wash their hands upon entry or utilize hand sanitizers. If possible, set up handwashing and/or alcohol-based hand sanitizer stations immediately inside all entryways with signage reminding people to wash before entering. Ask each person who enters the facility to immediately wash their hands or use alcohol-based hand sanitizer before they do anything else. Encourage them to wash their hands or use alcohol-based hand sanitizer throughout their time in the facility.

4.) Enhance cleaning and disinfection in your facility or home consistent with CDC guidance (see [Environmental Cleaning and Disinfection Recommendations](#)). Encourage flu vaccine for those who have not had it this season to reduce illnesses.

- Clean and disinfect frequently touched objects and surfaces following the manufacturer's guidance. Frequently touched surfaces include, but are not limited to, commodes, toilets, faucets, hand and/or bed railings, telephones, door handles and knobs, computer equipment, tv remotes, and kitchen food preparation surfaces.
- Clean and disinfect rooms after each meeting between a visitor and person in care.
- Use all cleaning products according to the directions on the label.
- Management of laundry, food service utensils, and medical waste should be performed in accordance with routine procedures.
- Remind people to not shake hands or hug each other, staff or persons in care.
- Remind people to use "cough etiquette." Cover your mouth and nose with a flexed elbow or tissue when coughing and sneezing. Throw away the used tissue immediately and wash your hands or use alcohol-based hand sanitizer.
- Remind people to maintain social distance. If possible, keep a distance of at least six (6) feet between yourself and others.

Scenario 2: Implementation of Containment Measures

Measures to be taken if there are two or more community transmission cases of COVID-19, but no individuals within the facility or home tests positive.

If the local public health department has confirmed **two or more** community transmission cases, but no individuals at the children's residential facility have tested positive for COVID-19, it is recommended, in addition to the items outlined in Scenario I, children's residential facilities and homes implement the following steps:

- Staff with any fever and/or respiratory infection symptoms should not come to work. Screen staff for respiratory infection symptoms each shift before they interact with children. Staff with any respiratory infection symptoms should not be at work.
- Limit visits by anyone who has symptoms of respiratory infection or who have a travel history to [countries impacted by COVID-19](#) over the course of the last 14 days.

- Ensure sick leave policies are in place to allow staff to stay home if they have symptoms of respiratory infection, if applicable.
- Cancel or postpone gatherings or large group activities.
- Implement staggered outdoor or group activities to limit the number of children who are together as much as possible.

Steps to take when there was a possible exposure to COVID-19 or if persons in care display symptoms of respiratory infection in the facility:

1. Isolate the person from others and limit contact as much as possible.
2. Immediately contact the child's health care provider for an evaluation and for guidance.
3. Contact your local health department for directions.
4. Monitor other children in care and staff for fever or respiratory symptoms.
5. Advise visitors to inform the facility if they develop any signs or symptoms of COVID-19 within 14 days after visiting the facility.
6. Contact the authorized representative for each youth in the facility.
7. See waivers for further guidance on implementing these steps.

Scenario 3: Implementation of Mitigation Measures

Measures to be taken if one child, family member, visitor, licensee, or staff member tests positive for COVID-19 and exposed others at the facility.

If one child or staff member, or a family member or other recent visitor, tests positive for COVID-19, the provider should immediately implement the following measures:

- Immediately notify your [Children's Residential Regional Office](#).
- Implement communication plans for outreach to family members, social worker, probation officer, authorized representatives, and staff.
- Maintain regular communications with the [local public health department](#).
- Consult CDC guidelines (see [Environmental Cleaning and Disinfection Recommendations](#) and [Using Disinfectants at Schools and Child Care / Spanish Version](#)) for facilities to determine what additional cleaning protocols, if any, should be used at the facility.
- Determine the timing of return for staff in consultation with the local public health department.
 - In general, if staff are directed by their health care provider or local health department to quarantine or isolate outside the facility (i.e. home, hospital, etc.), they should obtain and provide a written medical clearance before returning to the facility.

- Provide guidance to staff, children, family members, and relevant authorized representatives for all youth in the facility reminding them of the importance of community social distancing measures including discouraging them from gathering elsewhere. Community social distancing measures include canceling group activities or events.

Steps to take if a child in a licensed facility, not including a licensed foster family home, has **tested positive for COVID-19** and will remain at the facility:

1. Isolate the child until they are determined by state or local health authorities and the child's health care provider to no longer be infectious.
2. Immediately contact the child's health care provider(s) and your local health department for directions.
3. Implement standard contact and respiratory droplet precautions as set forth by the CDC. This includes the use of appropriate personal protective equipment, including gloves, disposable gown, facemask, and eye protection. Providers should approach caregiving of children using trauma-informed practices and communication with the children, to the extent possible under the circumstances.
4. Immediately contact your local [Children's Residential Program Regional Office](#), and the child's social worker or probation officer, and authorized representative for each youth in the facility as required by applicable regulations or standards.

NOTE: A children's residential provider shall not restrict CDSS, CDPH, local health department officials, healthcare providers, ombudsperson, child welfare or probation personnel from entering or conducting investigations at the facility.

STATEWIDE WAIVER OF LICENSING STANDARDS

[PIN 20-04-CCLD](#) notified all community care licensees that Governor Newsom issued a March 4, 2020, Proclamation of a State of Emergency (“Proclamation”) in response to a rising number of cases of COVID-19 in California. The Proclamation permits the CDSS to waive any provisions of the Health and Safety Code (HSC) or Welfare and Institutions Code (WIC), accompanying regulations, interim licensing standards, or other written policies or procedures with respect to the use, licensing, or approval of licensed facilities.

Pursuant to the Governor’s Proclamation, the Department is announcing statewide waivers for certain licensing requirements applicable to licensed children’s residential facilities, licensed foster family homes, homes certified or approved by an FFA, administrators, and administrator certification training program vendors. These children’s residential providers, administrators, and vendors *do not need prior approval* from CDSS to implement the following waivers. Use of these waivers is subject to the Waiver Terms and Conditions set forth in this PIN:

Visitation Waiver

Children’s residential providers may limit entry to only individuals who need entry, as necessary for prevention, containment, and mitigation measures as specified in guidance by [Centers for Disease Control and Prevention \(CDC\)](#), the [California Coronavirus \(COVID-19\) Response](#), the [Department of Public Health \(CDPH\)](#), and [local health departments](#). This waiver applies to visitation under Health and Safety Code sections 1502.2(d), 1502.21(d), 1512, 1530.91; Welfare and Institutions Code sections 4503, 16001.9(a); Title 22, California Code of Regulations, Division 6, sections 80072, 83072(d), 84072(d), 84172, 84272, 86072(c), 86572(a), and 89372(a); Short Term Residential Therapeutic Program (STRTP) Interim Licensing Standards (ILS) sections 87072(d), 87096.72, 87097.72; FFA ILS sections 88370 and 88487.8; Youth Homelessness Prevention Center (Runaway and Homeless Youth Shelter) ILS section 84572; Nonminor Dependents in Foster Care (AB 12) ILS sections 83172, 84472, 86172, and 893172; and Transitional Shelter Care Facility Operating Standards (OS) sections 84072.

In lieu of in-person visits, providers shall make arrangements for alternate means of communication and social interactions, such as phone calls, video calls, texting, social media and other online communications. 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. Communications should allow for private and/or confidential communications as needed, and as required by law.

- **This waiver shall not apply to visitation rights under the Lanterman Petris Short Act, as set forth in Welfare and Institutions Code section 5000 et seq.**
- **This waiver shall not apply at this time to in-person visits mandated by a court order or federal law, such as visits by child welfare and probation personnel.**

NOTE: It is recommended that FFA Social Workers increase frequency of communication, such as phone calls, video calls, and texting, with certified and approved families as necessary in order to offer support during this time.

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. This waiver applies to these activities as described in and/or required by Health and Safety Code sections 1512.5, 1520.2 and 1530.91; Welfare and Institutions Code section 16001.9(a); Title 22, Cal. Code of Regulations, Division 6, sections 83072, 83079, 84072, 84079, 84080, 84172, 84272, 84279, 86572, 86579, and 89372; FFA ILS sections 88487.8, and 88487.14; STRTP ILS sections 87072, 87079, 87080, 87096.72, and 87097.72; Nonminor Dependents in Foster Care (AB 12) sections 83172, 83179, 84472, 84479, 86172, 86179, 893172, and 893179; Transitional Shelter Care Facility OS sections 84072, and 84079.

NOTE: Until further notice, 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 CFT's, as described in [All County Letters 16-84](#) and [ACL 18-23](#), and [WIC Section 16501](#) and [WIC Section 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, ILS or OS. 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, CDPH and local health departments. This waiver applies to a facility's or home's obligations under Title 22, Cal. Code of Regulations, Division 6, sections 83087, 84087, 84187, 86087, 86587, and 89387; STRTP ILS section 87087; FFA ILS sections 88362, 88362.1, and 88487.1; Youth Homelessness Prevention Center (Runaway and Homeless Youth Shelter) ILS section 84587; Transitional Shelter Care Facility OS section 84087.

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 and 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 a county placing agency is 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.

This waiver applies to a facility's or home's obligations related to capacity under Health and Safety Code sections 1502(a)(5), 1502(a)(6), 1505.2, 1502.35, and 1516; Title 22, Cal. Code of Regulations, Division 6, sections 80028, 86510(a), 86528, and 89228; STRTP ILS sections 87068.1(e)(1), and 87068.11(h)(1); FFA ILS section 88362; Temporary Shelter Care Facility ILS section 84668.1(c)(1); Youth Homelessness Prevention Center (Runaway and Homeless Youth Shelter) ILS section 84528; Transitional Shelter Care Facility OS section 80010.

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.** See [DHCS Mental Health Information Notices](#).
- **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**

This waiver applies to a facility's obligations regarding staff ratios under Health and Safety Code sections 1502.21(b)(4), 1502.35(a)(4), and 1526.8; Title 22, Cal. Code of Regulations, Division 6, sections 80065, 82065, 82565, 84065.5, 84065.7, 84165.5, 84165.6, , 84565.5, 85065, 85065.5, 85065.6, 86065.5, 86565.5, 87411 and 87865; FFA ILS section 88265.5, STRTP ILS sections 87065.5, 87096.655, and 87097.655; Temporary Shelter Care Facility ILS section 84665.5; Transitional Shelter Care Facility OS section 84065.5, Youth Homelessness Prevention Center (Runaway and Homeless Youth Shelter) ILS sections 84565.5(b) and (c).

Personnel Requirements

The following personnel requirements are waived for licensed providers, not including a licensed foster family home, certified family home or an approved home of a foster family agency, to enable new staff to start working immediately if as a result of COVID-19 there is a staff shortage, and the following requirements are met:

1. **Staff training, experience and education requirements:** Training, experience and education requirements for new direct care staff, and new direct care staff not including a certified administrator or facility manager, may start working as soon as they provide proof of completion of first aid training, which may be completed online, and after they are trained on universal, droplet, and any other precautions as mandated by CDC guidelines. New staff shall be trained on the specific tasks they will be performing prior to performing those tasks, shall not be left unsupervised while children are present in the facility, and shall not be designated as a substitute for the administrator or facility manager. Initial training requirements shall be met within 30 days of starting employment and copies of all training shall be kept in the employee's file. At least one staff on site shall have a current CPR certification.
2. **Tuberculosis (TB) testing:** TB testing and clearance requirements for new staff to enable them to work immediately. Although this requirement is waived, a licensee shall conduct a TB screening using the [TB Risk Assessment Questionnaire](#) prior to beginning employment. The licensee shall ensure that the TB requirement for new staff is met as soon as possible.

This waiver shall not apply to staff training, experience or education requirements mandated by Department of Health Care Services Medi-Cal certification or mental health program approval requirements. See [DHCS Mental Health Information Notices](#).

These waivers apply to staff training, experience and education standards under Health and Safety Code sections 1526.8, and 1562.01, Title 22, Cal. Code of Regulations, Division 6, sections 80065, 83065, 83065.1, 84065, 84065.1, 84165, 84265, 86065, 86065.2, 86065.3, 86065.4, 86565 and 89965; STRTP ILS sections 87065, 87096.655, 87097.65; Youth Homelessness Prevention Center (Runaway and Homeless Youth Shelter) ILS section 84565; Transitional Shelter Care Facility OS sections 80065, 84065, 84065.1, 84465.

Additional Waivers Applicable to the Administrator Certification Program

The waivers discussed in this section apply to the obligations of an administrator (prospective or current) and administrator certification program training vendor under Health and Safety Code section 1522.41 and Title 22, Cal. Code of Regulations, Division 6, sections 84064.2, 84064.3, 84090, 84091, and 84091.1; and STRTP ILS sections 87064.2, 87064.3, 87090, 87091, and 87091.1.

Vendors - (Department-Approved)

Current Department-Approved Vendors will be allowed to live-stream approved courses that are otherwise required to be held in-person. This includes Initial Certification Training Program (ICTP) and Continuing Education Training Program (CETP) course offerings. For purposes of this waiver, "live-stream" means material that participants can actively engage in and/or watch in real-time on the internet, including but not limited to, Skype, Go-to-Webinar, Zoom, Collaborate, Snagit, etc.

The following criteria must be met; not following the direction below may result in the vendor-issued course Certificate of Completion not being accepted and result in a negative impact to Administrators.

- Compliance with all applicable laws and regulations not waived in this PIN.
- Vendors must upload to the automation platform or email the Department's Administrator Certification Section (ACS) with their current quarterly schedule of ICTP and CETP course offerings by April 1, 2020. Indicate the method of course delivery for each course offering. Notify ACS of any changes to this schedule.
- A vendor must email ACS if it intends to offer ICTP or CETP courses via a live-streaming method as soon as known or no later than 24 hours before the course begins.

- In addition to the quarterly course schedule, vendors must send ACS a list of individuals registered for each course prior to the course offering.
- Vendors must upload to the automation platform or email ACS the LIC 9142A Roster of Participants or replica and note on this document if the course was conducted via live streaming. This document must be sent to ACS within seven (7) days of completing the course.
- Live-stream courses must be conducted using the Department-approved course curriculum, outline, and instructor, and meet all required training hours as initially approved.
- All live-stream options must be available for ACS monitoring. Vendors must email ACS the live-stream access or registration codes for each course as soon as such codes are known or at least 24 hours before the course begins.

For questions about vendor waivers, please email: ACSVendorInfo@dss.ca.gov.

Administrators - Initial Certification

For those seeking to obtain an Administrator Certificate for the first time, you may take a Department-approved ICTP from a Department-approved vendor. During the State of Emergency, the Department does not currently have the ability to electronically offer the Administrator Examination; thus, ACS is suspending Administrator Certification Testing.

Upon completion of an ICTP, you may apply for a Conditional Administrator Certificate (using current application requirements), which may be granted for a 90-day period. Once the State of Emergency has been lifted, you must take and pass the in-person Administrator Examination in order to receive a Non-Conditional (standard) Administrator Certificate.

If you have already completed an ICTP and need to take the Administrator Examination, you may apply for a Conditional Administrator Certificate (using current application requirements) or follow the existing process to request an extension. Extensions will be approved up to 90 days due to the current State of Emergency.

For questions about administrator certification waivers, please email: admincertinfo@dss.ca.gov.

Administrators - Certificate Renewals

For individuals seeking Administrator Recertification, ACS is waiving the requirement to take in-person continuing education hours. During the State of Emergency, ACS is allowing administrators to meet the 40 hours of continuing education requirements through the completion of approved online courses and/or approved in-person courses

offered through live-streaming options as identified above. Administrators can opt to complete all 40 hours of continuing education training online. All other renewal requirements will be enforced, which includes but is not limited to:

- All courses must be Department-approved courses provided by a Department-Approved Vendor. A list of Department-Approved Vendors can be found on the [Administrator Certification Section homepage](#).
- No more than 10 hours of training can be taken daily.
- ACS is waiving delinquency fees for renewal applications that expire between March 2020 and June 2020.

For questions about administrator certification waivers, please email admcertinfo@dss.ca.gov.

Terms and Conditions for Waivers

Providers shall implement the waivers on an as-needed basis, in a reasonable manner; protecting the confidentiality of a child's medical diagnosis, treatment and health care information; and in accordance with any guidance or instructions from CDSS, health care providers, CDC, CDPH, and local health departments.

Providers shall continue to comply with standards that have not been waived in this PIN's statewide waiver or pursuant to a different individual waiver or exception granted by CDSS. Any approved and pending waiver requests for any of the waiver provisions above shall continue to be in force but shall be replaced by this PIN. Providers may continue to request individual waivers for standards not included in the statewide waiver in accordance with [PIN 20-04-CCLD](#).

Requirements for Ongoing Compliance with Waiver; Rescission or Modification

Continued use of the statewide waivers will be based on each facility's or home's compliance with the following terms and conditions:

1. The provider shall immediately notify CDSS in writing at their local [Children's Residential Program Regional Office](#) when implementing a waiver pursuant to the statewide waiver set forth in this PIN, and shall post this waiver in a public location within the facility or home.
2. A licensee's revised policies that are impacted by the waiver shall be developed in compliance with the most recent CDC, CDSS, CDPH, and/or local health department COVID-19 guidance, be readily available for the public's review, and a copy shall be provided to the CDSS Regional Office. The policy must include a justification for the need of a waiver.

3. A licensee must inform the child's authorized representative of any revised policy impacted by the waiver, and shall notify any family member impacted by the revised policy.
4. The licensee shall comply with directives of a local health department officer.
5. The licensee shall not restrict CDSS, CDPH, local health department officials, and healthcare providers, Ombudsman, and essential government authority from entering or conducting investigations at the facility. Facilities should accommodate the use of video conferencing, teleconferencing, or other technology to support and actively participate in visitation conducted remotely.

CDSS may rescind or modify a provider's authorization for use of a waiver based upon new federal, state or local directives or guidance, or if it determines a facility does not meet the terms and conditions of this statewide waiver, or an individual waiver, as applicable.

Effective Dates of Statewide Waivers

The statewide waivers in this PIN shall expire on June 30, 2020, unless extended in writing by the Department. Once this waiver is expired, all licensing requirements shall be reinstated.

Additional Resources

- [Centers for Disease Control and Prevention](#)
- [California Coronavirus \(COVID-19\) Response](#)
- [California Department of Public Health](#)
- [Local County Health Departments](#)
- [California Department of Social Services](#)

ATTACHMENT A: VIRTUAL VIDEO CONFERENCING RESOURCES

The following are all free video chat applications that are also available for mobile devices. All applications require the user to create or sign in with an account. The mobile application can be downloaded through Google Play Store, Apple Store, or Microsoft Store.

LPA's will work with the licensee or any other participant to confirm the best platform to complete a virtual video conference.

WhatsApp

Features include: a web and desktop version that uses and synchronizes to your phone account number. Group videos with up to 256 people at once. Uses your phone number and address book to connect with your contacts who also have WhatsApp.

Zoom Meeting

Features include: a web and desktop version, a free Basic plan that allows up to 100 participants with a 40 minutes limit on group meetings. Prices change with plans. Ability to record meetings. Host provides meeting ID or link to participants.

Skype

Features include group videos up to 24 people on HD video call. Available by Microsoft for all mobile devices. Web and desktop version available.

Google Duo or Google Hangouts

Features include: the ability to sign in using Google account and use participants' email to video conference.

FaceTime

Only available for Apple iOS and MacOS devices. Group video calls with other iOS users.