



Quarterly Update

SPRING 2021

CHILDREN'S RESIDENTIAL UPDATE

Children's Residential Licensing Program Mission:

To protect and improve the lives of all children who reside in a community care facility through the administration of a transparent licensing system that is collaborative, fair, and supportive of families.

A Note from Acting Deputy Director, Ley Arquisola

Welcome to our Spring Children's Residential Program (CRP) Quarterly Update. While 2021 brings with it hope for a return to normal, we at CRP are looking to make things better than before. 2020 tested everyone, especially those who continue to provide the necessary shelter, care, and services to vulnerable children and young adults throughout the state. 2020 challenged both CRP and children's residential providers to become more experienced to adversity, to better deliver and ensure services in unpredictable times, and to quickly pivot resources to better address the needs of the children we serve.

I would like to begin with a thank you and goodbye to our Deputy Director, Pam Dickfoss, who retired this winter. Pam was the Deputy Director for Community Care Licensing for six years, worked with the state for fourteen years, and helped guide this agency through a global pandemic. Through every challenge, she oversaw the equitable delivery and necessary evolution of community care services that protect some 40 million Californians. This agency is stronger because of her efforts and she will be missed immensely.

CRP released [Interim Licensing Standards for Foster Family Agencies](#) (ILS, Version 5) (Effective 1/15/21) along with numerous [Provider Information Notices in 2020](#) and will continue to do so through 2021 to help advise licensees regarding COVID-19 and other issues. We ask that you be sure to review these to ensure continued compliance. If you have questions, please relay them to CRPOPolicy@dss.ca.gov.

Lastly, we implore everyone to receive the COVID-19 vaccine as it becomes more widely available. Without comprehensive herd immunity, we will only prologue the virus' lifespan as well as the pandemic itself. Continue to – you know the drill – socially distance, wear a mask, and wash your hands regularly.

My sincere thanks go out to our families, county staff, and CRP staff, and stakeholders who continue to surmount every obstacle and find joy in that success.

INSIDE THIS ISSUE

[Promoting Racial Equity](#)

[Human Contact in an Increasingly Virtual Time](#)

[Seasonal Allergies vs COVID-19](#)

[Keep Meals Interesting](#)

[Mask Wearing: Myths and More...](#)

[Don't Forget to Groom](#)

[Virtual Learning, Socialization, and Activities](#)

[Spring Gardening](#)

[Virtual Planned Activities](#)

Promoting Racial Equity

As we continue to live through COVID-19, we have also faced another kind of health crisis compounded by political divides amplifying racial, social and economic inequities, all products of our nation's past. As providers, parents, educators and community members, we must continue to meet these moments for children and families, and advance equity by addressing persistent systemic racism, anti-hate, and barriers for all Californians we serve.

One way to lift one another during these turbulent times is to continue to learn about each other and to recognize and value the very reason that helps make us a strong, vibrant and resilient nation – our cultural, linguistic, and racial diversity.

Through these newsletters and other platforms, we will highlight information that will continue to foster a culture of equity, diversity and inclusion. Please join us in supporting and uplifting racial equity, diversity, cultural and language responsiveness and inclusion.

Holidays & Days of Recognition

- **February:**
 - Black History Month
 - Chinese Lunar New Year's: 2/12
 - Purim (Jewish): 2/26
- **March:**
 - First modern African-American daily newspaper, *Atlanta Daily World*, starts publishing (1933): 3/13
 - Watts Riots in Los Angeles (1965): 3/15
 - International Day for the Elimination of Racial Discrimination: 3/21
 - Passover (Jewish): 3/27 - 4/4
 - Cesar Chavez: 3/31
- **April:**
 - National Day of Silence (LGBTQ+): 4/9
 - Civil Rights Act of 1968 signed into law (1968): 4/11
 - Ramadan (Muslim): 4/12 – 5/12
 - World Heritage Day: 4/18
 - Mahavir Janma Kalyanak (Indian): 4/25
- **May:**
 - Cinco de Mayo: 5/5
 - "Trail of Tears" Begins (1838): 5/23
 - US Supreme Court orders School Desegregation in *Brown v. Board of Education* (1954): 5/31

Seasonal Allergies vs COVID-19

These days, a sneeze, cough, or tickle in the throat may have you wondering if it is a symptom of cold, flu, or COVID-19. Those who suffer from seasonal allergies may also have a heightened sense of awareness of possible COVID-19 symptoms because some symptoms of COVID-19 and seasonal allergies are similar. This article provides information on the difference between common symptoms of seasonal allergies and symptoms of COVID-19.

COVID-19 is a contagious respiratory illness caused by SARS-Cov-2, a new coronavirus that can lead to infection. Seasonal allergies, on the other hand, are triggered by airborne pollen which can lead to seasonal allergies affecting the nose, inner and outer ear canals, sinuses, and eyes.

Because some of the symptoms of COVID-19 and seasonal allergies are similar, it may be difficult to tell the difference between them, and children may need to get a test to confirm a diagnosis. The table below compares symptoms caused by allergies and COVID-19.

Symptoms more common of COVID-19	Symptoms more common of seasonal allergies	Symptoms common of both
Fever	Itchy or watery eyes	Cough
Chills	Sneezing	Shortness of breath or difficulty breathing*
Muscle and body aches	Itchy sinuses	Fatigue
New loss of taste or smell	Itchy outer and inner ear canals	Headache
Nausea or vomiting		Sore throat
Diarrhea		Congestion or runny nose

**Seasonal allergies do not usually cause shortness of breath or difficulty breathing unless a person has a respiratory condition such as asthma that can be triggered by exposure to pollen.*

This is not a complete list of all possible symptoms of COVID-19 or seasonal allergies. Symptoms vary from child to child and range from mild to severe. A child can have symptoms of both COVID-19 and seasonal allergies at the same time.

If you think a child may have COVID-19, go to the [Community Care Licensing Division website](#) for the latest [COVID-19 guidance](#) on testing, quarantine, and isolation. The Regional Office is available to assist with any questions on COVID-19 guidance.

Any one of the following [emergency warning signs](#) may signal a need to get emergency medical attention for the resident immediately:

- **Trouble breathing**
- **Persistent pain or pressure in the chest**
- **New confusion**
- **Inability to wake or stay awake**
- **Bluish lips or face**

Get more information on [COVID-19 symptoms](#), or more information on [seasonal allergy symptoms](#). Additional guidance on COVID-19 for provider can be found on the [Community Care Licensing Division website](#).

Mask Wearing: Myths and More...

By now people know that wearing a face mask while practicing physical distancing and frequent hand washing ensures that everyone is doing their part to help slow the spread of COVID-19 infections. In the article [Wear Masks To Protect Yourself From The Coronavirus, Not Only Others, CDC Stresses](#), researchers highlight this information plus provide other new insights regarding masks.

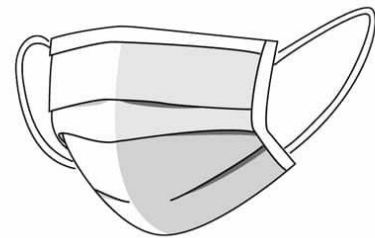
There is also [new evidence](#) indicating cloth masks which are made with multiple layers and contain a high thread count do a better job than single layer masks.

Unfortunately, there are myths about masks and mask wearing. Mask wearing will not cause carbon dioxide to build up in the lungs and make a person sick. Other debunked myths can be found in the University of Washington School of Medicine's article [Debunking 10 Common Face Mask Myths](#).

Reminders:

- Add signage at entrances outlining proper mask usage and current physical distancing practices in use throughout the facility premises.
- Facility staff must wear a mask at all times while they are in the facility.
- All visitors must wear a mask unless they are exempt (e.g., under the age of 2 years old, persons with a medical condition for whom wearing a face covering could obstruct breathing, and

persons wearing a non-restrictive alternative such as a face shield with a drape on the bottom edge).



All providers should continue to follow the guidance in all applicable [CCLD PINs](#) in addition to guidance or instructions from health care providers, the [Centers for Disease Control and Prevention \(CDC\)](#), [California Department of Public Health \(CDPH\)](#), and [local health departments](#). If there are any conflicting requirements between the most current CDC, CDPH, CDSS, and local health department guidance or health orders, providers should follow the strictest requirement.

Virtual Learning, Socialization, and Activities

There are many changes our providers have had to make in dealing with COVID-19. The increased dependence on virtual learning on the part of the children in their care has been a notable one. [Virtual learning](#) (also known as distance learning) refers to the use of electronic communication devices to conduct school classes. Virtual learning is used in place of in-person classes to help maintain social distancing.

Providers should be aware of the risk of self-isolation resulting from the increased dependence on virtual communication devices. Furthermore, their use must not result in any lapses in the level of care and supervision required. It is also important to ensure that the types of interaction taking place virtually are safe and appropriate.

It is the responsibility of providers to ensure that children participating in online schooling are not inadvertently deprived of opportunities to adequately socialize and engage in meaningful activities. However, all planned activities and opportunities for socialization provided must comply with the local health guidelines and ordinances in effect.

Group Home and Short Term Residential Therapeutic Program providers are encouraged to review the following Title 22 Regulations and Interim Licensing Standards (ILS) sections, respectively:

Providing Appropriate Care and Supervision

[Title 22, Section 84065.2 – Personnel Duties](#)

[Title 22, Section 84078\(b\) – Responsibility for Providing Care and Supervision](#)

[ILS, Section 87065.2 – Personnel Duties](#)

[ILS, Section 87078 – Responsibility for Providing Care and Supervision](#)

Planned Activities

[Title 22, Section 84079 – Planned Activities](#)

[ILS, Section 87079 – Planned Activities](#)



Virtual Planned Activities

Social engagement plays an important role in the health of children in care. Keeping children socially engaged enhances mental health, boosts self-esteem, improves physical health, promotes a sense of purpose, and increases cognitive function. Public health orders put in place due to the COVID-19 pandemic have created obstacles for staff and their ability to interact with children, making it more difficult to meet their needs. COVID-19 has limited children from interacting with other children and visitors. Although participation in the traditional planned activities (e.g., those that involve group discussion, recreation, arts, crafts, music in the physical environment, etc.) have been restricted or eliminated, there are creative ways to meet these needs.

Participation in virtual social engagement is a tool that can benefit children through group discussions and social connections with families and can be held through social media platforms (e.g., Facebook, Instagram or others, and video conferencing platforms). These platforms not only provide connections with family but provide the opportunity for tele-visits with therapists, medical professionals or others without exposing them to unneeded risks.

Children with access to technology such as PCs, laptops, tablets, and mobile phones should be encouraged and supported to stay active, all the while ensuring that the interactions taking place are safe and appropriate. Care facilities have the obligation to meet children needs and should be transitioning to making access to technology available to all through:

- [NASA at Home](#) science projects, [PBS History documentaries](#), [Crayola art-infused lessons](#), Food Literacy Center [kid-friendly recipes](#)
- [Virtual tours](#) (e.g., [National Parks](#), [Museums](#), [Great Wall of China](#), [Zoos](#), etc.)
- Virtual Storytime (e.g. [Josh Gad \(Olaf from Frozen\) virtually read picture book](#))
- [The Mattel Playroom](#) offers games, apps, and printable activities

Human Contact in an Increasingly Virtual Time

As children quarantine and practice social distancing to curb the further spread of coronavirus, some are starting to feel the effects of a lack of human contact. Most people are accustomed to some level of human contact on a day-to-day basis, and there are ways to stay connected even as we isolate ourselves from each other. And so long as the coronavirus continues to create a health risk to gather in physical spaces, providers will need to create virtual spaces that can help keep children safe while staying connected to what is important to them.

Digital tools should help strengthen our real-world ties. Here are some tips to consider when building virtual connections and online support systems in your care facility

Actively participating in online culture is far better than passively consuming it. Participating in group chats or online classes, such as dancing or singing, is more effective in creating connections with others than simply playing a video game by oneself.

Encourage the utilization of video chat services. Although there is no substitute for in-person interactions, the use of teleconferencing tools can be effective in helping children stay connected with friends, family, and other providers. Although not quite the same as meeting face-to-face, connecting virtually can go a long way in capturing some of that richness and “realness” of meeting someone in person.

Prepare equipment and staff to ensure that children will have access to online tools. Consider training staff who can deliver education and technical assistance to children on how to join Zoom conferences and access virtual learning.

Create a positive virtual experience. It is important that each care facility begin the process of encouraging real, human experiences with others when using virtual tools. As an example, encourage children to take five minutes at the beginning of a virtual call to focus on interpersonal connection. It can help reduce anxiety if an effort is made to connect to the person that they are speaking with to help create a supportive virtual environment.

Keep Meals Interesting

Mealtime is an opportunity to connect with children. Trying new ways to make meals special can be fun. Themes can add to a meal, not just food but also decorations. Try getting hats, flags and other items from the theme being highlighting during that meal. Music also can set the mood for the meal. Some themes to try are:

- Casino Night
- Decade Themes (e.g., 50's, 60's, etc.)
- Hawaiian Luau
- Garden Party
- Color Theme
- Tea Party
- Sports Theme
- Appetizers for Dinner
- Prom Night
- Breakfast for Dinner

Ask the children if they had special meals that they made with their family. Have a menu planning meeting. Ask for their suggestions on what themes they might like. When children have some input, they feel like they have made a contribution. Sometimes mixing it up at least once a week can help brighten the spirits of the children.

Don't Forget to Groom

In the event of a pandemic stay-at-home order, access to salons or barbershops may be limited. Hair and nails keep growing pandemic or no pandemic.

While providers can't take children out for a trim there are things to do to stave off split ends or long unkempt hair. It's okay to give the kid's hair a trim (with permission from their responsible party), in other cases, it may be better to hold off until they can go to a salon for a change of style. If there is uncertainty on how to tackle a trim, look up tutorial videos on the internet. Don't forget to trim the finger and toenails.

Helping children look their best can be an uplifting experience for them, particularly when they need a bit of cheering up or a boost to their sense of dignity and quality of life. All children benefit from putting time and attention into their personal hygiene and appearance.



Spring Gardening

Offering gardening activities to children is a great way to engage with them and promote their sense of self-sufficiency. Gardening activities can help keep them physically active and their minds in a positive state. The following are some good seasonal flowers to consider planting this Spring:

- Crocus
- Daffodils
- Freesias
- Hyacinths
- Star of Bethlehem
- Tulips
- Iris
- Sweet peas

These activities are a fun way to interact with children and create a hope-giving environment for everyone. If outdoor gardening is not possible, consider designating an indoor space for children to have house plants. Ensure that the skill-level required for these activities is matched to the abilities of participating children (i.e. disability, ambulatory status, etc.).

Caregiver Background Check Bureau-Update

The Caregiver Provider Management Bureau (CPMB), formally known as the Caregiver Background Check Bureau (CBCB), has launched *Guardian*, a new background check system.

Guardian is a tool to assist agencies and applicants in the background check process. *Guardian* ensures background checks are completed faster and more efficiently, while making the process easier for applicants and agencies to request exemptions.

For *Guardian* training tools, please visit the [Guardian Webpage](#). For login assistance please contact, guardian@dss.ca.gov

Are you interested in becoming part of the Community Care Licensing team?
Please apply at: [CalCareers](#)



Information on how to apply for a State job can be found on the [Cal Career website](#).

IMPORTANT INFO AND PHONE NUMBERS	
Centralized Complaint Information Bureau (CCIB)	1-844-538-8766
Foster Care Rates	916-651-9152
Caregiver Provider Management Bureau (CPMB)	1-888-422-5669
Foster Care Ombudsman	1-877-846-1602
CCL Public Inquiry and Response	916-651-8848
Technical Support Program	916-654-1541

Program Administrator: Jean Chen
Assistant Program Administrators: Angela Carmack (North) & Kimberly Taylor (South)