

COVID-19 Guidance for Child Care Providers and Programs

October 21, 2022

Related Materials:

Safe Schools for All Hub | [Guidance for Child Care Providers and Programs: Questions & Answers](#)



This guidance supersedes prior COVID-19 guidance in the Guidance for Child Care Providers and Programs dated March 12, 2022.

Local health jurisdictions may continue to implement additional requirements that go beyond this statewide guidance based on local circumstances.

Overview

This guidance informs childcare facilities and child care providers (generally referred to as "providers") and the families they serve about infection control processes to prevent and mitigate the spread of Coronavirus Disease 2019 (COVID-19). It is important for providers to maintain frequent communication with families and staff about implemented policies and practices to keep everyone safe.

COVID-19 may be here to stay, and we have learned methods and obtained tools to decrease its impact on our health and well-being. Additionally, many strategies used to address COVID-19 can protect child care communities from other infectious diseases and support healthy environments, in alignment with the Centers for Disease Control and Prevention (CDC).

The guidance is based on the latest scientific evidence. It is subject to change, as COVID-19 conditions can shift rapidly.

General Considerations

Child care providers and staff should continue to follow COVID-19 requirements, public health orders, and guidance as applicable to their facility type from:

- California Department of Social Services (CDSS) Community Care Licensing (CCL) Provider Information Notices (PIN)
- California Department of Public Health (CDPH)
- California Department of Industrial Relations Division of Occupational Safety & Health (Cal/OSHA)
- The local public health department in your area

*Local health jurisdictions may continue to implement additional requirements that go beyond this statewide guidance based on local circumstances. **If there are differing requirements between the most current CDPH, Community Care Licensing (CCL), Cal/OSHA, and local health department guidance or health orders, providers should follow the strictest requirements.*** Implementation of this guidance should also be adapted for the setting in which care is provided and may require training and support for staff, communicating updated information to families, while considering child and family needs.

In workplaces, employers are subject to the Cal/OSHA COVID-19 Emergency Temporary Standards (ETS) or in some workplaces the Cal/OSHA Aerosol Transmissible Diseases (ATD) (PDF) Standard and should consult those regulations for additional applicable requirements.

Written Safety Plan

Child care providers should continue to minimize the spread of COVID-19. All providers should apply new and updated policies and requirements and should update their written safety plan to ensure implementation.

- Providers should have a written plan for when a child or staff member has been exposed to someone with COVID-19, has symptoms of COVID-19, or tests positive for COVID-19.

It is recommended that providers develop a written communication plan with parents, guardians, and caregivers to share information and guidelines in their preferred language and format (for example, printed vs. email or website).

Mitigation Strategies

Staying Up to Date on Vaccinations

Vaccinations prevent illness by working with the body's natural defenses to help safely develop immunity to disease. Vaccinations provide individuals protection and help reduce the burden of disease in communities. CCL requirements do not mandate children in care to be vaccinated against COVID-19, as COVID-19 vaccines are not currently included in the list of required immunizations for child care (see Title 17, Cal. Code of Regulations, section 6000 et seq.).

However, COVID-19 vaccination is strongly encouraged. Resources and information on COVID-19 vaccination for children can be found on the CDPH website at [Get the Facts on COVID-19 Vaccines](#).

1. Required Actions:

- Prior to admission to child care, children are required to have the vaccinations referenced in Title 22, California Code of Regulations, sections 101220.1 for child care centers, and section 102418, for family child care homes.
- Providers must ensure required childhood immunizations are completed, or that the child has a medical exemption from immunization requirements, prior to child care enrollment.

- Some programs, including Head Start programs, have additional requirements for vaccination. Linked here is the Head Start vaccine requirement for staff, contractors and volunteers.

2. Recommended Practices:

- **COVID-19 vaccination is free for all and strongly recommended for all eligible people in California, including providers, teachers, staff, children, and individuals sharing homes with members of child care communities.** Get vaccinated against COVID-19 and stay up-to-date to get protection and help reduce transmission of the virus in your community.
- Confirmation of COVID-19 vaccinations should be documented in the same way other immunizations are documented and maintained in the facility file. Providers may review and accept a hard copy or digital record of vaccination.

3. Additional Information and Resources:

- CDPH general vaccine guidance: Immunize
- CDPH Vacunas en Español: VACUNATE-YA
- Centers for Disease Control and Prevention (CDC) COVID-19 Guidance for Operating Early Care and Education/Child Care Programs (cdc.gov)
- CDC Frequently Asked Questions about COVID-19 Vaccination
- CDPH for COVID-19 vaccination information: Safe Schools Hub and Vaccinate All 58 – Let's Get to Immunity
- CDC: Workplace Vaccination Program for employers encouraging COVID-19 vaccination at work

Optimizing Indoor Air Quality

The risk of getting COVID-19 is greater in indoor settings with poor air quality. Effective ventilation and filtration can curb the spread of COVID-19 and other infectious diseases. It may also protect children and staff from exposure to wildfire smoke and other airborne allergens and pollutants.

1. Required Actions:

- Follow all child care requirements set forth in CCL's licensing laws, including but not limited to personnel training on universal health precautions; providing safe and healthful accommodations; and ensuring clean, safe, and sanitary buildings and grounds. For example, see Title 22 California Code of Regulations (CCR) sections 101216(e)(2), 101238(a), 101223(a)(2), 102416(c), 102417(b), and 102423(a)(2).

2. Recommended Practices:

- Follow CDPH recommendations to improve indoor air quality, including safely bringing fresh air into child care centers and family child care homes. Child-safe fans increase the effectiveness of open windows and should be pointed to blow air **outwards**.
- Follow the recommended CDPH Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments.
- Optimize ventilation in transport vehicles, such as buses or vans. Open windows to increase airflow from outside when safe to do so.
- When **outdoor** air quality is poor (such as from wildfire smoke), child care providers are encouraged to discuss the best approaches with local health officials. Consider strategies that do not rely on outdoor air sources like the examples below:
 - air filtration (like portable air cleaners);
 - higher quality facemasks (e.g., N95, KN95, or KF94 respirators) for adults and children; and
 - alternative indoor spaces with better air quality

3. Additional Information and Resources:

- CDE Air Quality Resources
- California Air Resources Board
- CDPH Technical Considerations for Facilities Maintenance (PDF)
- CDC Ventilation in Schools and Childcare Programs

Using Facemasks

Masks, particularly masks for adults and for children (PDF) that offer the best fit and filtration, remain highly effective and inexpensive tools to protect oneself and mitigate transmission of COVID-19 and other respiratory pathogens.

1. Recommended Practices:

- Child care providers should consider providing masks to children and staff who want to use one and forget to bring a face mask.
- Unless otherwise directed by a local health department, children and staff should follow CDPH Guidance for the Use of Face Masks, as well as masking guidance for specific situations referenced in the sections below (e.g., when having symptoms, being infected, or exposed).
- Providers have the right to establish internal policies requiring face masks in their centers and family child care homes while following the exemption guidance outlined in the CDPH Guidance for the Use of Face Masks.

2. Reminders:

- **Never** use masks in these situations:
 - On babies or children under 2 years of age because it is dangerous and a risk for suffocation.
 - On children while they are sleeping.
 - On children while they are eating.
- No person can be prevented from wearing a mask as a condition of participation in an activity or entry into a child care facility or family child care home, unless wearing a mask would pose a safety hazard (e.g., waterplay and swimming).
- Ensure that face masks do not cause children to overheat in hot weather.

Getting Tested for COVID-19

Testing helps detect and curb transmission of COVID-19. Child care providers are encouraged to share information about COVID-19 testing resources for children and staff, particularly for vulnerable communities.

1. Recommended Practices:

- CDPH recommends that antigen tests, rather than PCR tests, be considered the primary option for detecting COVID-19 in child care centers and family child care homes. This is consistent with recommendations for schools in Testing Framework for K–12 Schools for the 2022–2023 School Year.
- Child care providers should consider having children and staff test prior to returning after major holiday breaks, due to increased travel and social interactions that often occur during these times.

- Help your community know about at-home tests (resources below), and encourage them to have tests at home to be prepared in case someone gets sick or otherwise needs testing.
- Additional testing recommendations are in relevant sections below.

2. *Additional Information and Resources:*

- Updated COVID-19 Testing Guidance.
- Free at-home tests—up to 8 per month per person—through Medi-Cal, Medicare, or private insurance.
- Covid19.ca.gov to learn more about testing options in California.
- Find a testing site online, or call (833) 422-4255 or 211.

Maintaining Clean Hands, and Respiratory Hygiene

Hand hygiene can prevent the spread of infectious diseases, including COVID-19.

1. *Required Actions:*

- Train and monitor staff to follow universal health precautions and preventive health practices. See handwashing and hygiene requirements in Title 22, CCR sections 101216(e) (2) and 102416(c).

2. *Recommended Practices:*

- Teach and reinforce proper handwashing to lower the risk of spreading viruses, including the virus that causes COVID-19. In child care, handwashing with soap and water is preferred over the use of hand sanitizers.
- Ensure adequate supplies are available to support hand hygiene behaviors, including soap, tissues, no-touch trashcans, and hand sanitizers with at least 60 percent alcohol for staff and children who can safely use hand sanitizer.
- Hand sanitizers should be stored up, away, and out of sight of younger children and should be used only with adult supervision for children ages 5 years and younger. Hand sanitizer is **NOT** recommended for children under 24 months.
- Teach and reinforce covering coughs and sneezes to help keep individuals from getting and spreading infectious diseases, including COVID-19.

Stable Groups

Child care settings typically have a stable group model with the same groups of staff and children each day.

1. *Recommended Practices:*

- Consider continuing or implementing stable groups. This will reduce the number of people exposed when a case of COVID-19 occurs.

Food Service and Meal Time

Family style meal service may be utilized by child care providers and promotes and supports social, emotional, cognitive, and gross and fine motor skill development.

1. *Recommended Practices:*

- Providers should follow proper handwashing, cleaning, and disinfection practices before and after eating.

- Set up the table with serving dishes, water pitchers, and utensils prior to the meal.
- When possible, consider using alternative spaces for mealtime seating, including eating outdoors or in well-ventilated spaces.
- Serve meal components in serving sizes as specified in the Child and Adult Care Food Program (CACFP). Single serve and pre-packaged foods are no longer required practices.
- Hold conversations at the table with children to guide their decisions about how much they want to eat.

Cleaning Facilities and Disinfection

Routine cleaning is usually enough to sufficiently remove potential viruses such as COVID-19 that may be on surfaces. However, for general health and infection prevention, child care providers should follow recommended procedures and universal health precautions for cleaning, sanitizing, and disinfection for specific activities such as diapering, feeding, and exposure to bodily fluids.

1. *Required Actions:*

- Train and monitor staff to follow the infection control practices below related to requirements for cleaning and disinfection, housekeeping and sanitation principles, and universal health precautions.
 - See cleaning and disinfection requirements pursuant to Title 22 CCR sections 101216(e)(2), 102416(c), 101238(a) and 102417(b).
- Ensure buildings and grounds are clean, safe, and sanitary; and ensure the personal rights of children to safe and healthful accommodations. (See for example, Title 22, CCR sections 101216(e)(2), 101223(a)(2), 101238(a), 102417(b), and 102423(a)(2).)
- The Healthy Schools Act requires that anyone using disinfectants at child care centers complete annual California Department of Pesticide Regulation-approved training. Online training can be found by going to California School & Child Care Integrated Pest Management. Note: This does not apply to family child care homes.

2. *Recommended Practices:*

- Follow the directions on the label of cleaning products to ensure safe and effective use of the products. If disinfectants are used, use asthma-safer products.
- Laundry, such as clothing and bedding, should be washed using the appropriate hot water setting. If handling dirty laundry from a person who is sick, staff should wear gloves and are strongly recommended to wear a mask. See PIN 20-14-CCLD (PDF) for more information.

Management of COVID-19 Symptoms and Cases

Individuals with Symptoms

Staying home when sick can lower the risk of spreading infectious diseases, including COVID-19, to other people. Children and providers who are ill with symptoms of COVID-19 should stay home and get tested.

1. *Required Actions:*

- Providers must take action to exclude or isolate any child, parent, caregiver, or staff showing symptoms of a contagious disease or illness as required pursuant to Title 22 CCR sections

101216(h), 101226.1(a)(1), 101226.2, 101426.2, 101526.1, 101626.1, 101626.2, and 102417(e).

- Isolated children must continue to receive adequate care and supervision and the health of the child must be continually observed while in the facility according to licensing requirements.
- California requires employers to provide COVID-19 supplemental paid sick leave for certain workers through December 31, 2022 as stated in AB 152. This includes circumstances in which workers are experiencing symptoms of COVID-19 and seeking a medical diagnosis, attending a vaccine appointment for themselves or for a family member, and/or if a worker's child is isolating due to COVID-19 infection.

2. *Recommended Practices:*

- Develop standard criteria for managing people who develop symptoms of infectious diseases, including COVID-19. In most situations, any person who develops new, unexplained symptoms should not return until it is clear that symptoms are mild and improving or are due to a non-infectious cause (e.g., allergies). This includes waiting until 24 hours have passed since resolution of fever without the use of fever-reducing medications.
- If a person's symptoms are concerning for COVID-19, it is strongly recommended that the person wear a mask and get tested immediately. Follow CDPH recommendations for retesting and/or isolating if results are positive.

Reporting COVID-19

Notifying local health authorities and contacts when an individual in the child care facility tests positive for COVID-19 can help contain transmission and outbreaks.

1. *Required Actions:*

- Child care centers are required to report epidemic outbreaks to CCL through their local Regional Office (PDF) pursuant to Title 22 CCR section 101212(d).
- Family child care homes are required to report a communicable disease outbreak, when determined by the local health authority, to CCL through their local Regional Office (PDF) pursuant to Title 22 CCR section 102416.2(c)(3).
- As workplaces, child care providers are subject to COVID-19 workplace outbreak reporting requirements as specified in AB 685 and Cal/OSHA Emergency Temporary Standards.
- Providers are required to report the death of any child from any cause to CCL by telephone or fax within the next working day and during its normal business hours pursuant to Title 22 CCR section 101212(d)(1) (A) or Health and Safety Code 1597.467. In addition, a written report containing specified information must be submitted to CCL within seven (7) days. The Unusual Incident Report (UIR) (LIC 624 (PDF) may be used for centers or LIC 624B (PDF) may be used for family child care homes).

Children Diagnosed with COVID-19

Prompt management of children with COVID-19 can prevent further spread and, in some cases, allow for early treatment.

1. *Recommended Practices:*

- Children diagnosed with COVID-19 should follow recommendations listed in Table 1 (Persons Who Test Positive for COVID-19) of CDPH's guidance for the general public, including staying home for at least 5 days and wearing a well-fitting mask unless exempted (see Using

Facemasks section above) around others for a total of 10 days, especially in indoor settings. The following exceptions apply for child care attendees:

- Children under 2 years of age with COVID-19 infection may discontinue isolation after Day 5.
 - Testing may be considered on Day 5 but is not necessary before discontinuation of isolation.
- Children 2 years of age and older with COVID-19 infection may discontinue isolation after Day 5.
 - Testing is recommended at Day 5.

Employees (Providers or Staff) Diagnosed with COVID-19

Prompt management of providers or staff with COVID-19 can prevent further spread and, in some cases, allow for early treatment.

1. Required Actions:

- In covered workplaces, employees who are diagnosed with COVID-19 must follow Cal/OSHA requirements. See COVID-19 Emergency Temporary Standards Frequently Asked Questions for Isolation and Quarantine for more information.

2. Recommended Practices:

- Providers or staff with COVID-19 should follow the recommendations listed in CDPH's Table 1 (Persons Who Test Positive for COVID-19). Employees diagnosed with COVID-19 who qualify to return to work before 10 days should wear a well-fitting mask around others for a total of 10 days.

Managing People Exposed to COVID-19

Prompt notification to employees, children, and families regarding exposure to infectious diseases, including COVID-19, can allow for rapid testing, early treatment, and prevention of further spread. Respect privacy laws when providing exposure information and do not share the identity of or other confidential information about the person who had COVID-19 when notifying employees, children, and families.

1. Recommended Practices:

- Families should notify child care providers if their child has COVID-19 and was in care during their infectious period, and child care providers should notify people who spent more than a cumulative total of 15 minutes (within a 24-hour time period) in a shared indoor airspace (e.g., classroom) with someone with COVID-19 during their infectious period.
- For employees, exposures in the workplace may be subject to Cal/OSHA requirements.
- Children and employees with known exposure to persons with COVID-19 should follow recommendations listed in Table 2 (Asymptomatic Persons Who are Exposed to Someone with COVID-19) of CDPH's guidance for the general public, including testing. As recommended in Table 2, they should wear a well-fitting mask around others for a total of 10 days and get tested 3–5 days after last exposure.
- Exposed people should be monitored for COVID-19 symptoms and tested if symptoms develop at any time.
- Sometimes people with COVID-19 have a negative antigen test in the first days of symptoms. Individuals should consider repeat testing every 24–48 hours until a positive test or until symptoms improve. In most situations, any person who develops new, unexplained symptoms should not return to care until it is clear that symptoms are mild and improving or not due to an infectious cause.

Additional Considerations for Family Child Care Homes

1. Recommended Practices

- Refer to "Individual with Symptoms" above for symptomatic children and providers
- If providers, family members, or children have symptoms, they should isolate from others (not attend care) until symptoms improve and test(s) for COVID-19 are negative.
- If a family child care provider has symptoms or is infected with COVID-19, the provider should close the child care facility during their isolation period, unless they can isolate from child care attendees and other staff and follow CDPH isolation recommendations. Staff who test negative and have no symptoms can provide care for the children while the family child care provider is isolating. If an individual who resides in a family child care home has a diagnosis of COVID-19, the individual should isolate from child care attendees and other staff and follow CDPH isolation recommendations. Broad disruptions, such as temporary closures for COVID-19, should remain a last resort and considered only under the guidance local health officials after other alternatives have been explored.

Additional Considerations and Resources

Summary of Guidance for COVID-19 in Child Care Settings

Use the chart below for a quick reference to supplement additional information within this document.

Note: Providers may contact their local Child Care Resource and Referral Agencies or local First 5 offices for information about obtaining Personal Protective Equipment (PPE) and supplies.

	Child Care Workforce	Children
Recommendations when diagnosed with COVID-19	Child Care workforce diagnosed with COVID-19 should follow the recommendations listed in Table 1 (Persons Who Test Positive for COVID-19) of CDPH's guidance for the general public, including staying home for at least 5 days and wearing a well-fitting mask unless exempted (see Using Facemasks section above) around others for a total of 10 days, especially in indoor settings. days and wearing a well-fitting mask unless exempted (see Using Facemasks section above) around others for a total of 10 days, especially in indoor settings.	Children diagnosed with COVID-19 should follow recommendations listed in Table 1 (Persons Who Test Positive for COVID-19) of CDPH's guidance for the general public, including staying home for at least 5 days and wearing a well-fitting mask unless exempted (see Using Facemasks section above) around others for a total of 10 days, especially in indoor settings.

<p>Isolation</p>	<p>Providers must take action to exclude or isolate any , parent, caregiver, or staff showing symptoms of a contagious disease or illness as required pursuant to Title 22 CCR</p> <p>California requires employers to provide COVID-19 supplemental paid sick leave for certain workers through December 31, 2022 as stated in AB 152. This includes circumstances in which workers are experiencing symptoms of COVID-19 and seeking a medical diagnosis, attending a vaccine appointment for themselves or for a family member, and/or if a worker's child is isolating due to COVID-19 infection.</p>	<p>Providers must take action to exclude or isolate any child showing symptoms of a contagious disease or illness as required pursuant to Title 22 CCR</p> <p>Isolated children must continue to receive adequate care and supervision and the health of the child must be continually observed while in the facility according to licensing requirements</p> <p>The following exceptions apply for children infected with COVID-19:</p> <p>Children under 2 years of age with COVID-19 infection may discontinue isolation after Day 5.</p> <p>Testing may be considered on Day 5 but is not necessary before discontinuation of isolation.</p> <p>Children 2 years of age and older with COVID-19 infection may discontinue isolation after Day 5.</p> <p>Testing is recommended at Day 5.</p>
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<p>Face Masks</p>	<p>Providers should follow the current CDPH Guidance for the Use of Face Masks.</p> <p>Providers must ensure compliance with the Cal/OSHA COVID-19 Prevention ETS, and any additional local health jurisdiction requirements that go beyond this statewide guidance.</p>	<p>CDPH strongly recommends that all individuals follow CDPH Guidance for the Use of Face Masks.</p>
<p>Gloves</p>	<p>Yes</p> <p>For tasks such as serving food, diapering, handling trash, laundry of an ill person, or using cleaning and disinfectant products.</p>	<p>No</p>
<p>Hand Sanitizer</p> <p>Should contain at least 60% ethyl alcohol (preferred) or at least 70% isopropyl alcohol (a neurotoxin and eye irritant).</p> <p>WARNING: Do not use any products that contain methanol.</p>	<p>OK, Optional</p> <p>Frequent handwashing with soap and water is more effective than the use of hand sanitizers, and is the preferred method of hand cleaning.</p>	<p>Only with Adult Supervision</p> <p>Must be kept out of children's reach. Call Poison Control if consumed:</p> <p>800-222-1222</p> <p>Frequent handwashing is more effective than use of hand sanitizers. Sanitizer must be rubbed into children's hands until completely dry. Hand sanitizer is NOT recommended for children under 24 months.</p>
<p>Tests for COVID-19</p> <p>Antigen tests are preferred in the child care setting for rapid results.</p>	<p>Please share this information with your community.</p> <p>Plan ahead to have tests at home before getting sick or being exposed. Available at most pharmacies, no doctor's prescription needed. Check with your local pharmacy or retail store.</p> <ul style="list-style-type: none"> At-home tests—8 per month per person — are FREE with health insurance. Medi-Cal or Medicare: bring your insurance card to any pharmacy. Private insurance: check if you can get tests directly, or submit a receipt for reimbursement. <p>More details are available at the California COVID-19 Testing site.</p>	

Vaccination	COVID-19 vaccination is strongly recommended for all eligible people in California, including providers, teachers, staff, children, and individuals sharing homes with members of our child care communities.	
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Visitors

To ensure the health, safety and well-being of the children, providers may have protocols for visitors and family engagement activities to reduce the risk of infection in child care facilities. However there is no need to limit families access into child care facilities or restrict access to classrooms.

1. *Required Actions:*

- Ensure the responsible parent or guardian of a child receiving services in a child care facility has the right to enter and inspect the facility without advance notice during the normal operating hours of the facility or at any time that the child is receiving services in the facility, as required by Section Health and Safety Code 1596.857.
- Federal and state disability laws require an individualized approach for working with children and youth with disabilities consistent with the child's Individualized Education Plan (IEP), Section 504 plan, or Individualized Family Service Plan (IFSP). Reasonable modifications, when necessary, must be provided to ensure equal access to in-person learning for students with disabilities. . Providers should ensure direct service providers (DSPs), such as paraprofessionals, therapists, early intervention specialists, and mental health and healthcare consultants are provided access to a child in care receiving services.
- Provide access to authorized persons to pick up children, and to essential visitors, including CDSS staff. (See Title 22, CCR sections 101200 and 102391).

2. *Recommended Practices:*

- Review and update protocols for visitors and family engagement activities to reduce the risk of infection, including the strongly recommended use of face masks while indoors (unless required by the local public health department) and any other health and safety protocols that have been established.
- Ensure direct service providers are following currently recommended prevention strategy guidance including vaccination, COVID-19 testing, and contact tracing in combination with isolation/quarantine.

Resilience Tips

Many people are facing challenges that can be stressful, overwhelming, and cause strong emotions in adults and children. Below are a few recommendations to help yourself, staff, children, and families manage stress, grief, and anxiety:

- California's playbook on Stress Relief during COVID-19 (PDF) provides guidance on how to notice stress in kids and outlines tools and strategies on how to reduce stress for children and adults.
- Promote healthy nutrition, sleep, and physical activity habits and self-care.

- Discuss and share stress reduction strategies.
- Encourage staff and children to talk with people they trust about their concerns and feelings.
- Communicate openly and often with staff, children, and families about mental health support services available in the community, including if mental health consultation is available to the program.
- Learn more about resources available to support social and emotional learning and mental health resources for youth, including California's Healthy Minds, Thriving Kids Project.
- Consider posting signage for CalHOPE and the national distress hotline: 1-800-985-5990, or text TalkWithUs to 66746.
- Encourage staff to call the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255), 1-888-628-9454 for Spanish, or Lifeline Crisis Chat if they are feeling overwhelmed with emotions such as sadness, depression, or anxiety; or call 911 if they feel like they want to harm themselves or others.
- Domestic Violence Prevention assistance contact number and links:
 - If you are being abused, call the National Domestic Violence Hotline at 1-800-799-7233 or 1-800-787-3224.
 - If you have been raped or experienced sexual violence, call the National Sexual Assault Hotline at 1-800-656-4673.
 - More resources are available from the National Coalition Against Domestic Violence

Disclaimer

To the extent this guidance includes information about and links to certain relevant requirements outside of California Department of Public Health (CDPH) or California Department of Social Services (CDSS) authority, the information is provided solely for ease of reference and is not intended to impose CDPH or CDSS requirements.

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