



Erica Pan, MD, MPH
Director and State Public Health Officer

Gavin Newsom
Governor

Nov 05, 2025

Anka Ung
Rady Children's Hospital Orange County
1201 W La Veta Ave
Orange, CA 92868

FACILITY: Rady Children's Hospital Orange County, LICENSE # 060000011

APPROVAL OF PROGRAM FLEXIBILITY FOR FLEX-12826

Dear Anka Ung,

This letter is in response to the request submitted by **Rady Children's Hospital Orange County** for program flexibility for California Code of Regulations T22 DIV5 CH1 ART3-70217(a)(1), T22 DIV5 CH1 ART6-70485(d).

The alternative means of compliance with T22 DIV5 CH1 ART3-70217(a)(1), T22 DIV5 CH1 ART6-70485(d) include

CHOC has successfully implemented 1:3 RN-to-patient ratio in such a way that is ideal from a safety standpoint, workflow standpoint, and balancing of assignments across the team of that shift (We do not support 1:4 assignments).

In our NICU, Daily Assignment sheets are used each shift to document RN-to-patient assignments. These records are readily accessible to the care team and clearly reflect each patient's acuity. Due to the unit's open configuration and absence of private rooms, we do not utilize bedside visual acuity indicators to avoid potential HIPAA violations, as families may pass by other patients' bedspaces.



The following are examples of NICU patients, not limited to, that may be considered for a 1:3 nurse-to-patient ratio:

1. Saline lock IVs for medications, including IV antibiotics.
2. Phototherapy.
3. Vital signs every three to four hours.
4. Temperature stability.
5. No apnea in the previous 48 hours or more.
6. Minor dressing changes.
7. Urine/stool testing every six hours or frequent bedside monitoring of glucose levels two to three times per shift.
8. Growing premature infant who requires oxygen with feeding or oxygen vial low flow nasal cannula.
9. PO feeding slowness that takes 20 to 30 minutes per feeding.
10. G-tube feedings or routine gavage feeding every three to four hours.
11. Stable chronic conditions with emphasis on discharge and parent teaching.
12. Infants following step progression of feeding guidelines working on advancing oral feedings.
13. Nasal cannula equal or less than two liters per minute.

Your request for program flexibility of **T22 DIV5 CH1 ART3-70217(a)(1)**, **T22 DIV5 CH1 ART6-70485(d)** is approved under the following conditions:

1. Hospital will remain licensed as an Intensive Care Newborn Nursery (NICU); the maximum licensed capacity is 104 infants.
2. Hospital shall provide that the needs of the infant shall be appropriate for a hospital staff ratio of 1 RN to 3 infants, when that staff ratio is provided.

3. Hospital will assign a nurse-to-patient staff ratio of 1:2, or less patients, to any nurse providing intensive care.
4. Hospital will maintain records of units, dates, shifts, bed numbers, acuity scores, and RN assignments, which will be kept on file and provided to CDPH upon request.
5. Hospital shall educate neonatal intensive care nursing staff about the alternative concept and requirements of this approved program flexibility request.
6. If the policies and procedures dealing with NICU nurse-to-patient staff ratios are significantly amended, Hospital must notify the Department of Public Health for subsequent approval for program flexibility.
7. Hospital shall base the methodology used in development of the patient classification system in the Intensive Care Newborn Nursery on predetermined clinically valid criteria and assessment of patient needs consistent with the requirements of Title 22 Sections 70053.2(a) (1-6) and 70217.
8. Hospital shall maintain that NICU nursing staff shall meet the certification, experience, training, and duty requirements of Section 70485.
9. Hospital shall follow Health and Safety Code (HSC) 1255.5(f) regarding NICU policies, procedures, equipment, supplies, and space requirements.
10. Hospital must follow Title 22 section 70483(b), and will ensure that staffing policies - with definitions for each category of neonatal care - intensive care, intermediate care, and continuing care - and definitions for staff ratio of 1 RN to 3, are consistent with (a) the current edition of the American Academy of Pediatrics-American College of Obstetricians and Gynecologists (AAP-ACOG) Perinatal Guidelines, (b) related regulatory & statutory requirements, and (c) professional organization standards. The hospital shall maintain current policies approved by the health care professional responsible for the NICU service and the hospital governing board.

11. Hospital must maintain safe and effective neonatal nursing care with a sufficient number and an appropriate mix of qualified registered nurses (RNs) to attend to the needs and to the emergent and complex care requirements of infants in the ICNN.
12. Hospital must consider frontline ICNN nurse perspective in the maintenance of ICNN staffing policies.
13. Hospital must include a quality assurance and improvement of organizational performance (IOP) process for NICU staff ratio of 1:3. The hospital will audit and maintain an audit record of the NICU 1:3 staff ratio processes and outcomes. A copy of this record will be provided to CDPH upon request.

Either this letter or a true copy thereof shall be posted immediately adjacent to the facility's license.

This approval shall remain in effect from Nov 05, 2025 until Nov 04, 2026.

NOTE: The Department may revoke the program flexibility if the licensee does not comply with the conditions set forth in the approval or if the department determines the proposed alternative does not adequately meet the intent of the regulations.

If you have any questions, please contact Centralized Program Flex Unit at (916) 323-5053 or by email at CentralizedProgramFlex@cdph.ca.gov.

Sincerely,

Danielle Boles

Danielle Boles, Program Manager
Centralized Program Flex Unit