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Director and State Public Health Officer

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Nov 12, 2025

Anka Ung
Rady Children's Hospital
27700 Medical Center Rd
Mission Viejo, CA 92691

FACILITY: Rady Children's Hospital, LICENSE # 060000348

APPROVAL OF PROGRAM FLEXIBILITY FOR FLEX-12893

Dear Anka Ung,

This letter is in response to the request submitted by **Rady Children's Hospital** 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 at Mission (CCMH) 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.

NICU patients who meet the following criteria 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. No apnea in the previous 48 hours or more.
5. Minor dressing changes.
6. Urine/stool testing every six hours.
7. Growing premature infant who requires oxygen with feeding or oxygen via low flow nasal cannula.
8. G-tube feedings or routine gavage feeding every three to four hours.
9. Stable chronic conditions with emphasis on discharge and parent teaching.
10. Infants following step progression of feeding guidelines working on advancing oral feedings.
11. 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 twenty-two (22) infants.
2. Hospital shall follow the nurse assignment process such that the infants assigned to a nurse with a 1:3 nurse to patient staff ratio shall meet the criteria listed above in the alternative concept and the infants for one nurse shall be in bed stations close to each other or in consecutive bed stations.

3. Hospital shall provide that the needs of the infant receiving a hospital staff ratio of 1 RN to 3 infants, shall be limited to the criteria listed in the alternative concept.
4. Hospital will maintain records when the alternative concept is implemented, of unit, 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. Hospital shall adhere to sections 70217 and 70485 as well as the hospital NICU policies and procedures relating to staff ratios for those NICU infants that do not meet the criteria described in the alternative concept.
7. If the policies and procedures dealing with NICU nurse-to-patient staff ratios are significantly amended, the Department of Public Health must be notified for subsequent approval for program flexibility.
8. Hospital shall provide that the methodology used in development of the patient classification system in the Intensive Care Newborn Nursery shall be based 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.
9. Hospital shall maintain that NICU nursing staff shall meet the certification, experience, training, and duty requirements of Section 70485.
10. Hospital shall follow Health and Safety Code (HSC) 1255.5(f) regarding NICU policies, procedures, equipment, supplies, and space requirements.
11. 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 - 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.

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 15, 2025 until Nov 14, 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