



Novel Coronavirus (COVID-19) Alameda County Public Health Department Frequently Asked Questions (FAQ) for Childcare Programs Updated September 24th, 2020

This FAQ provides guidance and orders for childcare, including **family childcare programs, daycare, preschools, and before and after school care**. These [FAQ's](#) are specific to Alameda County and do not include everything you will need to know to run your childcare program during this COVID-19 pandemic. Links to more detailed guidance are provided at the end of this document.

This Document Answers These Questions:

- 1) What is COVID-19?
- 2) What is the Site-Specific Protection Plan?
- 3) What is a cohort?
- 4) What does physical distancing mean?
- 5) What are face coverings and who needs to wear them?
- 6) What cleaning and sanitizing is needed?
- 7) What do we need to know about health screenings?
- 8) What do we do when there is a Confirmed positive COVID-19 Case in the Childcare Program?

1. What is COVID-19?

COVID-19 is a respiratory illness caused by a new virus, and we are learning more about it every day. Right now, there is no vaccine to protect against COVID-19. The best way to prevent getting sick is to minimize exposure to the virus. Reducing the spread of the virus through everyday practices is the best way to keep people healthy. More information on COVID-19 is available at www.cdc.gov/coronavirus/2019-ncov

Symptoms of COVID-19 include the following:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

More information on symptoms is available at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>



2. What is the Site-Specific Protection Plan?

The State of California requires all businesses to:

- Perform a detailed risk assessment and implement a site-specific protection plan (SPP).
- Train employees on how to limit the spread of COVID-19, including how to screen themselves for symptoms and stay home when symptomatic
- Implement individual control measures and screenings
- Implement cleaning and disinfecting protocols
- Implement physical distancing guidelines
- All businesses (e.g. a childcare program that serves the public) are required to complete a [COVID-19 Site-Specific Protection Plan Guidance & Template for Developing Your Own Plan](#). This document provides information and templates for you to create your plan including:
 - Guidance for developing your businesses' COVID-19 Site-Specific Protection Plan (SPP) and
 - Tools for developing your site-specific protection plan

3. What is a cohort?

A cohort is a stable group of children and supervising adults (a configuration of no more than 16 individuals total in the cohort) in a supervised environment in which supervising adults and children stay together for all activities (e.g., meals, recreation, etc.), and avoid contact with people outside of their group in the setting.

What is the maximum size for cohorts?

- Cohorts are limited to no more than 16 people total including both supervising adults and children.
- The number of children and staff who make up a cohort should be based on student needs. Cohorts can – and often will – be smaller than 14, staffed by 1-3 consistent adults. For example, a cohort could be 6 students with 1 adult or 13 children with three adults that stay together throughout the day.
- A cohort can be divided into subgroups of students that may interact with one another during the day, as long as there are no more than 16 individuals in that cohort overall.

How many cohorts can staff be assigned to?

Supervising adults should be assigned to one cohort and must work solely with that cohort, **unless serving children five years of age and younger in which case an adult may be assigned to no more than 2 cohorts.**

Avoid changing staff assignments to the extent practicable. Substitute providers who are covering for short-term staff absences are allowed but must only work with one cohort of children per day.



What if one of my families has their child in my childcare program part time and then another childcare program part time?

Children are able to participate in up to two childcare or youth extracurricular activities during any three-week period. **Therefore, they are permitted to enroll in two childcare programs, but no more than two.**

Why are bubbles and/or stable groups in childcare important?

As our County's SIP loosens and children leave their homes, the idea is to enter childcare with the least exposure to the smallest number of people as possible. To limit exposure among children in childcare settings, the public health department is recommending that children stay with a stable bubble of up to 14 children and the same staff. If caregivers and children move from group to group, the risk of transmission goes up. Additionally, if there is a positive case of COVID-19 in the childcare program, contact tracing becomes difficult when there are larger numbers of staff and children co-mingling.

Can the Childcare Center Director, substitute teacher, or support staff, such as a janitor, visit the classroom? In other words, are floaters and substitutes allowed?

Yes, if you make every effort to use the same staff/floaters and be sure to health screen these staff before they enter the classroom and program. Also, make sure these staff are wearing face coverings and physical distance from others in the classroom when possible.

4. What does physical distancing mean?

Physical distancing is done by increasing the space between people to avoid spreading illness. A distance of at least six feet is needed between people to prevent the spread of COVID-19. More physical distancing recommendations from California can be found here:

- The California Departments of Public Health and Social Services Community Care Licensing Division and the State of California Department of Industrial Relations: [COVID-19 Updated Guidance: Child Care Programs and Providers](#)

Can we use partitions to separate our classroom spaces?

Facilities that have large rooms can organize the space to practice proper distancing for the groups. This can include using dividers, bookshelves, and staggering activities, as well as using outdoor classrooms. Try to have 10-12 feet of space between groups in large spaces. Good air flow is essential, as is having access to fresh air. Opening windows is highly recommended. [Please see the Ventilation in School Buildings during the COVID-19 Pandemic.](#)

Do children have to stay 6 feet away from others when they are in their bubble/group?

No, they do not have to stay six feet apart from the other children in their stable group/bubble. The stable group helps children and staff stay safe since they are not always able to physical distance from one another. When children remain in a stable group, it prevents the co-mingling of too many people and helps decrease the possibility of the virus spreading.



Can children from different bubbles/groups share the same bathroom?

Yes, children can share the same bathroom from different bubble/groups. Try to stagger times when bubble groups visit the bathroom. If children from different groups are using the bathroom at the same time, try to limit the number so that they can stay 6 feet away from each other.

5. What are face coverings and who needs to wear them?

What is a face covering?

A face covering is a covering made of cloth, fabric, or other soft, breathable material that covers only the nose and mouth and other areas of the lower face. It may NOT have holes. A covering that hides or covers the wearer's eyes or forehead is not a Face Covering.

Examples of face coverings include:

- Scarfs and bandanas
- Neck gaiters
- Homemade coverings made from a t-shirt, sweatshirt, or towel, held on with rubber bands or other straps
- Masks, which need not be medical grade

A face covering may be factory-made or may be handmade from materials you have at home. The face covering should be comfortable, so that the wearer can breathe through the nose and does not have to adjust it often.

Do the children and staff in my childcare need to wear a face covering?

Staff are required to wear face coverings, and children in childcare are strongly encouraged to wear [face coverings](#) unless they cannot tolerate wearing one. The use of face coverings in children under the age of 12 must be subject to adult supervision. **Never place face coverings on babies or children under two because of the danger of suffocation**

How do I wash my face covering?

Face coverings should be washed often with detergent and hot water and dried on a hot cycle. If you can, wash your face covering after each use, and have a dedicated laundry bag or bin. Make sure the covering is comfortable. You do not want to have to keep adjusting the mask, which means touching your face. Always wash your hands, or use hand sanitizer, before AND after touching your face or face coverings.

6. Face Shields

The CDC states that "It is not known if [face shields](#) provide any benefit as source control to protect others from the spray of respiratory particles. CDC does not recommend use of face shields for normal everyday activities or as a substitute for cloth face coverings. Some people may choose to use a face shield when sustained close contact with other people is expected. If face shields are used without a mask, they should wrap around the sides of the wearer's face and extend to below the chin. Disposable face shields should only be worn for a single use. Reusable face shields should be cleaned and disinfected after each use. **Plastic face shields for newborns and infants are NOT recommended.**



7. Domestic Travel

We do not necessarily recommend that they quarantine after domestic travel, but your policy might take into consideration the kinds of activities with which they participated while they were away. Driving would be less risky than air travel and while they were away if they participated in large gatherings, or other activities without physical distancing in public, etc. In other words, traveling to a place and practicing the same safe behaviors that you might at home would be ok.

Please see cleaning recommendations from the Center for Disease Control regarding domestic travel:
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html>

8. What cleaning and sanitizing is needed?

Please see cleaning recommendations from the California Departments of Public Health and Social Services Community Care Licensing Division and the State of California Department of Industrial Relations: [COVID-19 Updated Guidance: Child Care Programs and Providers](#)

What are recommended practices for cleaning and sanitizing toys?

- Toys that cannot be cleaned and sanitized should not be used.
- Toys that children have placed in their mouths or that encountered body secretion or excretion should be set aside until they are cleaned by hand by a person wearing gloves.
- Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant and air-dry or clean in a mechanical dishwasher. Be mindful of items more likely to be placed in a child's mouth, like play food, dishes, and utensils.
- Machine washable cloth toys should be used by one person at a time or should not be used at all. These toys should be laundered before being used by another child.
- Do not share toys with other groups of children or between individual children, unless they are washed and sanitized before being moved from one group to the other or being shared between children.
- Set aside toys that need to be cleaned. Place in a dishpan with soapy water or put in a separate container marked for "soiled toys." Keep dishpan and water out of reach from children to prevent the risk of drowning. Washing with soapy water is the best way to clean toys. Try to have enough toys so that the toys can be rotated through cleanings.

Children's books, like other paper-based materials such as mail or envelopes, do not have high risk for transmission and do not need additional cleaning or disinfection procedures.

- Recommendations adapted from [Caring for our children](#)

Can children share toys with other children in their bubbles?

It is difficult to limit sharing between children. It is ok for children in their bubble to share toys if they are not mouthing the toys. If children do mouth toys, place in a dishpan with soapy water or put in a separate container marked for "soiled toys."

9. What do we need to know about health screenings?

All children and staff must be screened daily before entering the program.



- If a staff member or child shows signs of respiratory illness (a new cough, complaints of sore throat, or shortness of breath), or a fever of 100°F or above, they should enter a separate room and be sent home as soon as possible.
- Seek medical care immediately if symptoms, such as a high fever or difficulty breathing, become more severe.

For more detailed Alameda County screening guidance visit the links below:

- [COVID-19 Health Screening in Child Care Programs](#)
- Health screening for staff: [COVID-19 Screening Guidance for Businesses and Organizations](#)
- [Self COVID-19 Self-Assessment for \(Employees, Contractors, Volunteers\) Guidance](#)

What do I do when a child gets sick in my childcare?

If a child or staff member becomes ill during the day with fever (100 degrees or higher), dry cough, fatigue, extreme fussiness, or shortness of breath, isolate them, and notify their family to pick them up right away. You may apply a mask to staff and children over two years old. Always supervise ill children.

Can children/staff come to school if they are coughing but do not have a fever?

If a child or a staff member has a *new* cough, they should not come to school even if they have no fever. It is not uncommon for people, including children, with COVID-19, to have a cough without fever, especially early in the course of illness.

When is it safe for ill children or staff to return to work or the childcare program?

Children or staff should not return to work or childcare until they have met all three criteria:

1. At least 10 days have passed since symptoms first appeared AND
2. There has been at least 24 hours with no fever, without taking medicines to lower a fever like acetaminophen (Tylenol) or ibuprofen (Advil or Motrin) AND
3. Other symptoms, such as cough or shortness of breath are improving Please see [Alameda County Public Health Department: Confirmed Positive COVID-19 Process for Schools, Childcare Programs and Extracurricular Programs for more detailed information](#) regarding when ill children and staff should return to work or childcare



10. What do we do when there is a confirmed positive COVID-19 case in our childcare program?

What process should we follow when there is a confirmed positive COVID-19 case in our childcare program? [Follow Alameda County Public Health Department: Confirmed Positive COVID-19 Process for Schools, Childcare Programs and Extracurricular Programs](#)

1. If you are made aware of a confirmed COVID-19 case before the Public Health Department (ACPHD), please immediately contact safelearning@acgov.org or call Alameda County Acute Communicable Disease Control:
Monday-Friday 8:30am–5pm Phone: (510) 268-2101

Please use this form to report a confirmed or suspected COVID-19 case in a children and youth setting (school, childcare, organization, etc.), and any associated contacts
<https://veoci.com/veoci/p/form/matpj7dvdzvs#tab=entryForm>

2. Please complete a separate form for each confirmed or suspected COVID-19 case. Before completing this form be sure to have a list of the COVID-19 case close contacts ready to either input into the form or to upload. In accordance with HIPPA Privacy and Security Rules, all information you provide in this form will remain confidential; the information you provide will not impact immigration status. The ACPHD will work with the childcare program to determine next steps, including whether an extended dismissal is needed to stop or slow the further spread of COVID-19.
3. Childcare program administrators or owners will be asked to help identify adults or children who may have had close contact within 6 feet of a COVID-19 infected person for more than 15 minutes after that person was diagnosed or up to two days before they first developed symptoms. This applies even if both people are wearing a face covering, mask, or a N95 respirator. Close contact can also take place during brief interactions where there is unprotected direct contact with the COVID-19 infected person's body secretions (sneezing, coughing, sharing utensils, saliva). Cumulative exposures that add up to 15 minutes within a day may be considered close contact depending on intensity of exposure (e.g., did the person have multiple interactions in a confined space with a symptomatic COVID-19 infected person).

Regardless of how long the facility remains closed, close contacts should home-quarantine for 14 days from the previous date of close contact. If any of them develop a fever, cough, or shortness of breath while in quarantine, they should contact their health care provider and follow the return to work/childcare program guidance outlined in the [Alameda County Public Health Department Protocols for the Onset of Symptoms, Close Contact with an Individual Testing Positive for COVID-19 in a School, Childcare Setting or Extracurricular Setting](#)

For more information about Isolation and Quarantine: please see the [ACPHD Isolation and Quarantine FAQ](#)

4. If you plan to communicate this information with your childcare community, be mindful of:
 - Confidentiality when releasing details about the case. Balancing that with transparency is critical.



- Avoiding messages that stigmatize a site or group of people.

What do I do while a teacher or a child is waiting for the results of a COVID-19 test?

While waiting for a COVID-19 test result, the individual being tested should quarantine at home.

Additional Resources and Information:

Alameda County Resources

Local Resource and Referral Agencies

BANANAS (Northern Alameda County): 510-658-0381 referrals@bananasbunch.org

4Cs (Southern Alameda County): 510-582-2182 ext. 3198 info@4c-alameda.org Hively

(Eastern Alameda County): 925-417-8733 hello@behively.org

First 5 Alameda County

<http://www.first5alameda.org/coronavirus-disease-covid-19-resources-2019/ece-provider-resources/>

Alameda County Early Care and Education Planning Council

<https://www.acgov.org/ece/>

State of California Guidance

California Departments of Public Health and Social Services Community Care Licensing Division and the State of California Department of Industrial Relations COVID-19 Updated Guidance: Child Care Programs and Providers

<https://covid19.ca.gov/pdf/guidance-childcare.pdf>

California Department of Human Services: Early Learning and Care Playbook

<https://californiaall.org/providers>

Federal Guidance

Centers for Disease Control: Guidance for Childcare Programs that Remain Open

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

Other

Childcare Law Center

<https://www.childcarelaw.org/>

For more information, please contact Lisa Erickson, Alameda County Public Health at

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