



Thank you for attending the Alameda County COVID-19 Child Care Webinar on Health and Mental Health Consultation on 5/21//20. This FAQ is a response to those questions were unable to cover during the webinar.

PLEASE NOTE: Community Partners have done their best to provide you with the most current and available information as of Wed, June 1, 2020.

Updated Public Health Department Guidance Webpage: [Resources for Child Care, Schools, & Colleges](#)

Frequently Asked Questions: [Child Care Provider FAQ Version: 5/4/2020](#)

Click on: [English](#) | [Spanish](#) | [Chinese: Simplified](#) | [Chinese: Traditional](#)

Health and Mental Health Consultation & COVID-19:

- Want to apply for Child Care Health Consultation (through Samuel Merritt University Nursing Program?) [click here](#)
- Want to apply for Early Childhood Mental Health Consultation? [click here](#)
In Spanish/En Espanol: [click here](#)

Resource & Referral (R&R)

In the event that you have a new question not addressed in this FAQ, please contact your Child Care Resource and Referral Agency:

- 4Cs of Alameda County: www.4c-alameda.org/
- BANANAS, Inc.: www.bananasbunch.org/
- Hively: www.behively.org/

Q.-1 When should we expect the funding for cleaning supplies and PPE to prepare us to reopen? The Child Care Resource and Referral Agencies have begun distributing sanitizer, cleaning supplies, diapers and masks. The three R&R's are calculating payments for open and soon to be opening providers and reaching out to follow-up with providers who submitted applications which had missing info, need accounts to submit checks, etc. Direct deposits/check distributions began on 5/28 and will continue until all applications are processed.

Health Update

Q.-2 Where can we find the Health Department FAQ for child care that Lisa Erickson from DPH referenced during the Health and Mental Health Consultation webinar on May 21st?

The Health Department FAQ's can be found

English: <http://acphd.org/media/576680/acphd-covid-19-childcare-faq-english.pdf>

Spanish: <http://acphd.org/media/576881/acphd-covid-19-childcare-faq-spanish.pdf>

Chinese - Simplified: <http://acphd.org/media/576884/acphd-covid-19-childcare-faq-chinese-s.pdf>

Chinese - Traditional: <http://acphd.org/media/576887/acphd-covid-19-childcare-faq-chinese-t.pdf>

Q.-3 Who decides when we can open? Both the State and the County make these decisions. The County is able to develop more restrictive health orders, but not able to have least restrictive orders. The State has developed a Resiliency Roadmap, which includes four phases of reopening. If a county decides to pursue a variance to move further ahead in the resilience roadmap or the phases, the local public health department must go through an application process with the State and be able to show that they are making progress on the indicators below.

County Criteria for moving forward through the Resiliency Roadmap. In other words, if Alameda County makes progress on these indicators, they will be able to ease more restrictions:

1. Whether the total number of cases and hospitalizations is flat or decreasing;
2. Whether we have sufficient hospital bed and surge capacity;
3. Whether there is an adequate supply of personal protective equipment for all health care workers;
4. Whether we are meeting the need for testing, especially for vulnerable populations or those in high-risk settings or occupations; and
5. Whether we have sufficient capacity to investigate all COVID-19 cases and trace all of their contacts, and support isolation and quarantine.

Q.-4 I have heard such conflicting information about when providers can start opening their doors to non-essential workers. Are we in Phase 1 or Phase 2? When can we open?

Alameda County is currently in early Phase 2. Alameda County hopes to be able to open childcare programs to children of all workers by early June if there is positive progress on the indicators listed in Q-3

Q.-5 What are the recommendations regarding safety protocols when I do re-open? Key provisions of safety protocols are included in links in the resource list from the webinar. First, programs are advised to take precautions at pick-up and drop-off, with recommended parental pre-screening and taking children's temperatures when they arrive. It is recommended that parents/guardians dropping off do so with a staggered schedule. Providers may limit access to adults other than teachers in order to reduce exposure. Infrared thermometers have been distributed to the field to assist with temperature scanning upon arrival. It is impractical for very young children to "social distance". However, there are strategies that can be employed to support safety, including, but not limited to improving ventilation, ensuring toys are not "shared" and when toys are shared ensuring hand-washing and other strategies. Seat children spaced apart for snacks and meals and serve individually with no sharing of utensils, etc. Take advantage of outside activities, spacing children whenever possible. For more strategies see <http://acphd.org/media/558172/acphd-covid-19-childcare-k-12-school-guidance-20200306.pdf>.

Q.-6 How can I practice social distancing with young children? It feels impossible to keep them 6 feet apart. Social and physical distancing is a practice recommended by public health officials to slow down the spread of disease. It requires the intentional creation of physical space between individuals who may spread contagious and infectious diseases. It additionally requires canceling or postponing the number of gatherings and group activities, reducing all group sizes, and maintaining six feet of distance between every individual, as much as possible. Providers are urged to exercise best practices, while recognizing that it may not be possible to maintain 6 feet distancing throughout every aspect of the day. CCL offers the following in PIN https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2020/CCP/PIN_20-06-CCP.pdf “Specific to child care it is important to adhere to the following distancing guidelines:

- *Children should remain in groups as small as possible not to exceed ratio and capacity requirements. It is important to keep the same children and teacher or staff with each group and include children from the same family in the same group, to the greatest extent possible.*
- *Extend the indoor environment to outdoors, and bring the class outside, weather permitting.*
- *Open windows to ventilate facilities before and after children arrive.*
- *Arrange developmentally appropriate activities for smaller group activities and rearrange furniture and play spaces to maintain 6-foot separation, when possible.*
- *Find creative ways to use yarn, masking tape, or other materials for children to create their own”*

Providers may also find interesting webinars on this subject, including the National Center for Early Childhood Health and Wellness: Ask the Expert – Social Distancing in Early Care and Education: Feasible or Impossible?

https://goto.webcasts.com/starthere.jsp?ei=1322240&tp_key=120a2ca7cd&cid=1eb002340789686da8613be93ea3f1cc

Q. 7 When do you think will be safe to provide care for all the families? During Phase 2 it is anticipated that child care will open for all families, though this will be phased in the response to Q-2. It also should be considered that many businesses and employers may continue to have workers work from home some or all of the time even though they are permitted by the Health Department and the state to return to work. Families will determine their own acceptance of risk as child care providers will also need determine, until the time that there is a reliable vaccine and/or treatment.

Q.-8 As a family child care program with others at risk in my home, can I safely reopen? Each family will have to assess its own risk tolerance and make a decision. Screening children for symptoms and household exposure, as well as following all applicable social distancing guidance and infection control precautions, will reduce the risk but will not eliminate it.

Q.-9 Are we required to wear masks? Should we wear masks outdoors? Providers are being supplied with N-95 masks to be worn by select staff at pick-up and drop-off. It is also recommended that a select number of N-95 masks be stored away in the first-aid kits in the event of someone exhibiting symptoms. N-95 masks are not required, but are being offered for

use during pick-up and drop-off. During the day teachers and staff should wear a cloth face covering over their nose and mouth (non-95 face masks), including when taking the children outdoors.

Q.-10 How should we clean or preserve our masks and face coverings? Hands should be washed (or hand sanitizer used) before touching the mask – before you put it on, and before you take it off. Avoid touching the front of the mask. Reusable cloth face coverings should be washed periodically, especially if they become soiled or moist, or if you touch them with unwashed hands. The following is guidance from the CDC for Health Care professionals which child care providers may find useful. “One effective strategy to mitigate the contact transfer of pathogens from the respirator to the wearer could be to issue each HCP [or in our instance, teacher] a minimum of five respirators. Each respirator will be used on a particular day and stored in a breathable paper bag until the next week. This will result in each worker requiring a minimum of five N95 respirators if they put on, take off, care for them, and store them properly each day. This amount of time in between uses should exceed the 72 hour expected survival time for SARS-CoV2 (the virus that caused COVID-19). HCP [teachers] should still treat the respirator as though it is still contaminated and follow the precautions outlined in CDC’s re-use recommendations.”¹

Q.-11 Are children required to wear masks/face coverings? If so, where can we get some? Many young children may have difficulty wearing face coverings. CCL has clarified that children under 2 should NOT use masks or face covering. According to the ACDPH: “Children attending child care or educational/recreational programs, should wear cloth face coverings to reduce the risk for transmission if the parent and provider determine they can reliably wear, remove, and handle masks following CDC guidance throughout the day, but children under 12 are not required to wear cloth face coverings. A cloth face covering is not intended to protect the wearer but may prevent the spread of virus from the wearer to others. This would be especially important if someone is infected but does not have symptoms. Medical masks and N-95 respirators are still reserved for healthcare workers and other first responders, as recommended by current CDC guidance. Acceptable face coverings can be made of a variety of cloth materials, be factory-made or handsewn, or can be improvised using bandanas, scarves, t-shirts, sweatshirts or towels. Face coverings should be washed frequently with detergent and hot water and dried on a hot cycle.” The R&R agencies have been negotiating with suppliers of children’s cloth masks. Check with your R&R agency (listed at the beginning of this FAQ) if you are interested in finding children’s face masks.

Q.-12 How do we reassure parents that our staff is healthy, without requiring testing? Mandating testing is an HR concern. Providers should work with staff to ensure staff are self-monitoring for symptoms prior to reporting for work. Testing options may be increasingly available over the next weeks, including for child care workers who are asymptomatic. For HR reasons it is advisable to adhere to county Public Health guidance regarding any required testing for staff. Currently child care providers may be tested but are not required to be tested

¹ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html#crisis>

prior to reporting to work. Additionally information from CCL related to health screening of staff and children can be found in CCL [PIN 20-06 CCP](#).

Q.-13 Is there a location where I can get most or all of the Health Department guidance in one place? The FAQ is generally the single best resource (See Q.-1). The child care guidance documents from the Health Department may be found at

Q.-14 What are your recommendations for how to disinfect playground equipment between groups of children? Air-dry? Use the same cleaning and disinfecting practices as you would for your indoor environment.

Q.-15 Thank you for my scanning thermometer. I heard there was a proper way to take care of it. What should I be doing? According to the iHealth website the thermometers are considered personal use. [Thermometers] should be cleaned and sanitized properly to avoid cross contamination. To clean a dirty thermometer probe, gently swipe the thermometer with a cotton swab dipped in alcohol or use an alcohol wipe. Do not directly touch the probe. *Also, thanks to First 5 Alameda, which supported the purchase and procurement of the thermometers, diapers, wipes, sanitizer and other goods along with R&R fundraising efforts and, ultimately some support from First 5 California and California Dept. of Education.*

Health Consultation

Q.-16 What is the role of the student nurse in the Health Consultation program? The student nurses will be available to assist with screening protocols at drop-off, support staff regarding COVID-19 considerations for cleaning, disinfecting and sanitizing, support social distancing practices and assist with health-related activities with the children (e.g., hand washing activities, relevant stories, craft projects, etc.) Student nurses are supervised by SMU nursing faculty.

Q.-17 How much time will the student nurse spend in my program? It is anticipated that a pair of student nurses will be matched with a site. The student nurses are expected to be on-site 4-6 hours a day, for 2 days per week for approximately three weeks. However, actual time and commitment may have some flexibility. This is particularly true if an FCC or Center wants consultation remotely via phone or online video meeting (i.e, Zoom).

Q.-18 How is the nurse teaching program going to line up with licensing requirement such as background checks, vaccination and even no volunteers and visitors during Covid-19. The student nurses from Samuel Merritt University have had background checks and have up-to-date immunizations. PIN 20-04CCP suggests providers “Limit any non-essential visitors from coming into your child care. This could include volunteers.” The health

consultation program is determined to not fall into this category, rather as health consultants, the nursing students are a support to keeping staff, children and families safer by supporting health screening and best practices while children are in care.

Q.-19 Will the student nurses be assigned only to my program? I am concerned about nurse going from site to site and increasing our chances of exposure. Student nurses will be assigned exclusively to a single site so as to limit exposure. Sites, particularly FCC, which prefer a video/phone consultation may be assigned support through that model of consultation.

Q.-20 We operate a school aged program. Is the Health Consultation available for school aged programs? Yes. Hively has clinicians who have experience with consultation and serving schools and school aged programs. The SMU nursing students also can assist in the same way in a school aged program.

Mental Health Consultation

Q.-21 Who will provide the Mental Health consultation to my program? The Alameda County Behavioral Health Department and their contractors (i.e., JFCS) and Hively each have experienced clinicians with early care and education consultation experience who are being made available to providers.

Q.-22 What is the scope of the Mental Health consultants' role? The Mental Health Consultants are being made available at this critical time to support Directors, FCC Operators and staff with managing the stress and emotional challenge of providing quality care to the children of essential workers and other allowed to work. Mental Health consultation is being offered as a response to feedback from the field regarding the challenges of social distancing and the stress of health risks for themselves and their families as well as the children and families they serve. Providers are also caring for children whose families are under extreme stress. Programs may need support in staff responses to their anxiety regarding returning to work. Teachers may connect with their consultant regarding unusual child behaviors which indicate a child is struggling and may need strategies for additional support. Staff may want support regarding how to talk with parents about the child's behavior and how to best support the child and family.

Q.-23 Is there a cost to my program for the Mental Health consultation? The services are currently being offered through limited, redirected Mental Health Consultation funding from multiple sources. There is no cost to the individual sites being served.

Q.-24 Will the consultant be assigned short -term or long term? Currently many of the consultants have limited hours and may have new assignments beginning July 1. However, if a program is having serious challenges, the triage team will work to find additional supports for your program, if you wish.

Q.-25 Is Mental Health consultation available in languages other than English? Yes. Services are currently available in Spanish. A qualified Mandarin-speaking clinician is also being recruited.

Q.-26 Is mental health consultation available in person or through the phone or via Zoom or some other web-based video call?

Yes. Mental Health Consultation is primarily being offered online or via phone. If you program has a critical incident that may require an on-site visit from the Mental Health consultant, programs should request that from their assigned clinician.

Q.-27 We serve special need students, ages 6 through 22, under CCL. Our parents need assistance as well as our staff. If I fill out the mental health consultation form, could we do a webinar for staff and parents?

Yes, a mental health consultant can assist your staff and parents that you serve with their needs.

Webinars

Q.-28 Are webinars recorded? How do we get access? And will we get a certificate?

- A. Yes, you can access webinar recordings [here](#). Webinars include:
- Alameda County Child Care and COVID-19 Update (4/1)
 - Alameda County Child Care and COVID-19 Business Relief (4/3)
 - Alameda County Child Care Health Update and Health and Mental Health Support (5/21)
- B. To document the professional development hours earned for either webinar, please fill out [this form](#).