



Thank you for attending the Alameda County State of Child Care, June 24th, 2020. This FAQ is a response to those questions we 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 Friday, July 24h, 2020.

**Contact information for the key panelist and important key contacts are:**

- Alameda County Department of Public Health -

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Family Partnership and Elementary School Coordinator

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<http://www.acphd.org/2019-ncov/resources-organizations/childcare-schools-colleges.aspx>

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- 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/](http://www.4c-alameda.org/)

- BANANAS, Inc.: [www.bananasbunch.org/](http://www.bananasbunch.org/)

- Hively: [www.behively.org](http://www.behively.org)

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

Frequently Asked Questions (FAQ): [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](#)

## Group Size and Ratios

Group size limits and allowable ratios have been evolving and challenging. Below is a chart of the most recent group size guidance as of July 10, 2020. For more information on adult to child ratios and teacher:child ratios for Title 22 and Title 5, see <https://rrnetwork.org/assets/general-files/Title-5-Title-22-Comparison-Chart.pdf> Ratios are now what they were pre-COVID, but must be practiced with the group size consideration.

CENTER	Group Size Alameda County DPH	Group Size CCL
Infants & Toddlers (0-2)	Currently 12	As small as possible
Preschool (3-5)	Currently 12	As small as possible
School Aged Care (K-12)	Currently 12	As small as possible

FCC's Small & Lrg.	Group Size Alameda County DPH	Group Size CCL
Infants & Toddlers (0-2)	Currently 12	As small as possible
Preschool (3-5)	Currently 12	As small as possible
School Aged Care (5-12)	Currently 12	As small as possible

## Health Update

**Q.-1 Where can we find the Health Department FAQ for child care that Lisa Erickson from DPH referenced during the webinar on June 24th?**

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.- 2 Is Berkeley included in these rules?** Berkeley has a Dept. of Public Health which is separate from the Alameda County Dept. of Public Health. These Dept.'s closely coordinate, but for guidance and case reporting, Berkeley providers should work with their local Health Dept. All other areas of Alameda County fall under the auspices of Alameda County Department of Public Health.

**STABLE “BUBBLES” and GROUPS in CHILD CARE:** Alameda County Dept. of Public Health has ordered limits on group size (See chart above.) The intent of the small group is to minimize the contagion across members of the group, and to limit the contact tracing and quarantine required should a member of the group test positive.

**Q-3 . What is a bubble?** A stable social “bubble” in child care is a small group or classroom of children (or pod) which remain separated from other small groups during mealtime, playtime, etc.

**Q-4. If a child is in my child care, are they allowed to be in swimming lessons or other camps?** Children should be in only one child care setting (e.g., not in a combination of settings/camps/enrichment activities.) Only one child care arrangement per child is allowed per the current county order. Child care is the ONE extracurricular activity.

**Q-5. What happens to the stable bubble if a child in my daycare has a sibling that goes to a different preschool?** It is ok if the child has a sibling that goes to a different preschool. Each child in a family is allowed to participate in one social bubble extracurricular (e.g. childcare.)

**Q-6. Will the children be allowed to be in school and a Child Care Facility?** Alameda County Dept. of Public Health is in the process of developing before and after school guidance.

**Q-7. Are there Dept. of Public Health recommendations for re-designing “stable bubbles” at the start of the new school year in August/September?** In partnership with the Alameda County Office of Education, AC Public Health Department has developed Reopening Guidance, which can be accessed here:

<https://drive.google.com/file/d/1N-90pTq5QxHey1tvKqTCsJaUHEM81MOM/view>

AC Public Health Department is still developing guidance regarding stable bubbles for childcare for August/September.

**Q-8. Can you please clarify the issue of using substitutes and how that works with the “bubbles”. If a teacher is sick can I use a substitute?** Providers may use a substitute. Ideally programs would use the same substitute if you need to use a sub multiple times. The idea is to minimize additional exposure to the group or “bubble”.

**Q-9. Can substitute staff work in more than one program?** It is understood that this may occur, but it is not ideal and every precaution should be taken.

**Q-10. Can one teacher be with one group in the morning and another group in the afternoon?** Ideally, no. Teachers should be with only one stable group, if possible.

**Q-11. What is meant by "if possible"?** There are requirements from the orders and there are recommendations. For not having adults mix from classroom to classroom it is recommended to limit this as much as possible. But there is recognition that you are not always able to do so (e.g., teachers need breaks.)

**Q-12. Are Directors and/or floaters permitted in the classroom/group? Are Directors allowed to mingle with groups?** It is reasonable that Directors, floaters, or substitutes may be introduced to groups/bubbles in order to maintain ratios and monitor safety at your program. This should be to a limited degree as much as possible. It is essential that the use of face covering, hand washing and other best practices be followed to minimize contagion and keep staff, children and families safe.

**Q-13. Do teachers count in the group size in centers or in Family Child Care Homes?** No. Teachers are not included in the child group size in either centers or FCCH's.

**Q-14. Are children able to play with each other? If they stay in the same classroom?** Yes, children in their stable bubble (group of 12) can play with each other.

**Q-15. Can I play with the children, closer than six feet? Can I hold an infant?** Child-teacher interactions are key to quality care. It is expected that infants will be held and children will be played with. At the same time, teachers need to adhere to wearing masks, frequent handwashing for themselves and the children, and other recommended precautions in order to avoid transmission in the child care setting.

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

**SYMPTOMS or a POSITIVE CASE:** *There is no one answer about what will happen when there is a documented case. The Department of Public Health will work with each provider regarding the circumstances and action (e.g., self-isolation, classroom closure, etc.)*

**Q-16. What steps should I take if there is a positive case of COVID in a child?**

1. If you are made aware of a confirmed COVID-19 case before the Public Health Department (ACPHD), please immediately contact COVID Workplace at [covidworkplace@acgov.org](mailto:covidworkplace@acgov.org) or 510-764-7836.
2. Contact your Regional CCL office
3. 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.
4. Child care program administrators or owners will be asked to help identify adults or children who may have had close contact within 6 feet of the ill individual for more than 15 minutes during the time period between two days prior to when the individual's symptoms appeared, and the last time the ill child or staff attended the childcare facility.

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 ACPHD COVID-19 Guidance: Health Screening at Programs for Children and Youth.

<http://www.acphd.org/media/588945/acphd-guidance-screening-programs-for-child-and-youth.pdf>

5. When communicating this information with your child care 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.

For more information about Isolation and Quarantine: please see the ACPHD Isolation and Quarantine FAQ

<http://www.acphd.org/media/568835/covid-19-health-officer-order-packet-english.pdf>

**Q-17 What are the requirements for a child's return to a child care, summer day camp or other program after symptoms of COVID-19**

If the child is tested, and the COVID-19 test is positive, the child may return after:

- At least 10 days have passed since symptoms first appeared; and
- There have been at least 3 consecutive days with no fever, without taking medicines to lower a fever, like acetaminophen (Tylenol) or ibuprofen (Advil or Motrin); and
- Respiratory symptoms (cough, shortness of breath), if present, have been improving for at least 3 consecutive days

For additional guidance on screening and steps to take with children who are symptomatic or have been tested see:

<http://www.acphd.org/media/588945/acphd-guidance-screening-programs-for-child-and-youth.pdf>

**Q-18. 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. This really is case by case -- it depends on the symptoms and circumstances. *It is recommended that providers contact public health COVID Workplace at [covidworkplace@acgov.org](mailto:covidworkplace@acgov.org) or 510-764-7836 to discuss the situation.*

**Q-19. When it is a staff person who has presented symptoms are the procedures the same as when it is a child?**

It will be similar for staff, but AC Dept. of Public Health is currently developing employer guidance for this scenario. This guidance should be available soon. In the meantime, contact [covidworkplace@acgov.org](mailto:covidworkplace@acgov.org) for those questions. When a child or staff gets sick it doesn't necessarily mean you will need to close. The Health Dept. will work with you on a case by case basis to determine if closure is necessary.

**Q-20. Is it accurate that the "stable pod" does not get shut down if a child/staff gets sick?**

**What if there is a second case of symptoms?** Again, the Health Dept. will work with the program on a case by case basis to determine if closure is necessary, if only the "stable pod" will be required to isolate at home, and/or other actions appropriate to the specifics of the situation.

**Q-21. If stable bubbles are recommended 3 weeks at a time, anything we need to do when those bubbles change?**

The 3 weeks as a minimum group length which was primarily designed to guide summer camps. It is understood that in a child care setting you might have a child leave and have a new child replace that child. The point of the bubble is to not have children coming and going (e.g. weekly camps where children are changing camps each week.)

**Q-22. What steps do I take if a child has a temperature above 100 degrees?**

Follow procedures for a sick child. Isolate the child and have the child picked up as soon as possible. The staff attending to the child may use an N-95 mask, if available. See additional procedures from ACDPH.

<http://www.acphd.org/media/588945/acphd-guidance-screening-programs-for-child-and-youth.pdf>

**Q-23. Teething infants get fevers, do they have to get tested every time they have a fever?**

No, children do not have to get tested every time there is a fever. *See Health Screening Document for more information:*

<http://www.acphd.org/media/588945/acphd-guidance-screening-programs-for-child-and-youth.pdf>

## **FACIAL COVERINGS and MASKS**

**Q-24. As a provider, do we need to wear a mask during care?** Yes. A cloth facial covering or other acceptable face covering is required of staff. The cloth face covering should cover the nose, mouth and chin. The N-95 mask is not required.

**Q-25. Is there a poster to display regarding masks?** Yes. There are signs in multiple language at <https://covid-19.acgov.org/face-covering-faqs.page>. These are standard mask posters for businesses. The Samuel Merritt Nursing program, student nurses, who are providing on-site and

virtual Health Consultation for providers, are also working on posters, templates and other tools. These will *soon* be available at the Building Back Stronger website.

<https://sites.google.com/view/reopening-child-care-alameda/best-practices>

**Q-26. Do children also have to wear masks and what age needs a mask. Do they have to wear them inside and outside and at naptime?** Children above the age of 2 are strongly encouraged to wear a face covering. Masks are prohibited for children 2 and under and required for children 12 and over. See Childcare FAQ. Masks are particularly important indoors and in areas that are not well-ventilated. Masks may also be worn outdoors, again, this is recommended but not required for children under 12.

**Q-27. What are the mask cleaning implications for those who don't have access to washing machines at home?** Masks may be washed by hand or with a washing machine. Please see CDC Guidance.

**Q-28. Are there clear masks for teachers to help students that are hard of hearing and need to read lips?** Below is a link to patterns for making a clear mask and a link to purchase clear masks.

a. <https://www.hsdh.org/accessible-deaf-friendly-face-mask/>

b. <https://www.theclearmask.com/product>

**Q-29. What can we do if the kids don't want to wear a mask?** Masks for children under two are prohibited. AC Dept. of Public Health is strongly recommending masks for children over 2. Do your best to encourage children to wear them. Additionally, we are promoting Kindergarten readiness, by encouraging children to wear masks since they will be required when school reopens this fall for students K-12.

**Q-30. Sorry I was still wondering about masks. We heard from Licensing in Sacramento that children need to wear masks even during nap time.** CCL responded that they would not advise the use of masks for children at naptime.

**Q-31. Do you recommend changing groupings at the start of the school year?** This may depend on your program design, age groups and space and staffing. It also may depend upon your potential new enrollments as to how you configure or reconfigure classrooms and groupings. It is permitted. But you will need to decide what is best for your program.

## **STAFF**

**Q-32 Are staff required to get tested?** No. As of July 9th, 2020 It is not required that staff be tested. 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 few 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 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-33 Could you please specify if staff exclusion when sick is the same as that of children? If so, my understanding is that labor laws prevent us from asking employees to be tested, and for asking for a medical certificate. That means if upper respiratory symptoms are present, the teacher has to be excluded for 10 days. Potentially that could close the class, plus the teachers will go through their PTO immediately. Please clarify.**

Please see COVID Screening Guidance for Businesses and Organizations  
<http://www.acphd.org/media/585461/acphd-covid-19-screening-guidance-for-employers-english.pdf>

AND the Isolation and Quarantine FAQ  
<http://www.acphd.org/media/586935/isolation-quarantine-faq-english.pdf>

## Community Care Licensing

**Q-34. Is a co-mingling waiver necessary? The recent PIN read that it was granted to all centers at this time?** If you choose to co-mingle age groups in your center, yes, a waiver is necessary. Please request through your CCL analyst;

**Q-35. I have three kids and the smallest is almost ten. Does she count for my daycare?** All children 0-12 count in the licensed capacity limit and group size (if they are involved in care)

**Q-36. On June 30, PIN 20-06 expires, do things change back to pre-COVID?** Yes, the Program Information Notice (PIN) from April says these rules run out on June 30 and the old rules go back into effect.

**Q-37. Is there a violation if the bubble is not kept? Example sick time and vacation?**  
CCL is not regulating or citing violations at this time. CCL is trying to work with providers to follow all guidance and order. Please understand the prescribed and suggested "bubble" is not only for the safety of the children but also for your facility overall by not mixing groups; we understand the difficulty this may bring, however we are hoping all will work together to try and keep the consistent bubbles as best as providers are able.

**Q-38. For an infant care program, can we have 12 infants with 3 teachers?** Again, please try and keep it as limited as possible, however the infant ratio is still 1:4.

**Q-39. What if the children are different ages?** The ratios change based on the children's ages, but the group size doesn't change. Your ratio is based on the ratios for the youngest children.

**Q-40. How are FCC's notified about the video visit?** You will receive a telephone call from your analyst when they resume calling FCCH providers; at this time Licensing is concentrating on Child

Care Centers and once all Centers have completed their inspections then the Family Child Care Home providers will resume. If you would like your analyst to complete your visit or you have major concerns, contact your analyst and we will attempt to accommodate you.

**Q-41. We haven't received any postings to put up in our facility. Where can I pick some up or apply for them? Where do we get the Germ Poster and the other colorful ones? I heard the analyst sends them in the pre-video packet. Which posters are required?** No need to apply or wait for your video visit. Please contact your analyst or local office so they can send them to you via email. Analysts are in possession of all needed signage, if FCCH's and CCC's are reopening and need them, please contact your analyst or local licensing office. The analyst can provide the information on what is required.

**Q-42. What can we do to renew our CPR Certification?** Adams Safety Training was identified by CCL as a vendor which is open and an option for CPR Certification. Providers have confirmed (in the chat on the webinar) that they have successfully used them. CCL encourages providers to be sure to enroll in training that is EMSA certified.

**Q-43. So you (CCL) will not be doing pop-ups?** CCL is working with pop-ups to help them become licensed, where feasible. However, pop-ups will be phased out as waivers expire.

**Q-44. Our site also has elementary and middle school. What are the options on how classrooms should be set up, the number of kids per class?** There is no difference in sizes. CCL is requesting the smallest groups physically possible for all children in care. CCL is asking providers to ensure the groups are separated; this request is the same whether using partitions, different classrooms or however providers plan to separate groups of children.

**Q-45. Group size includes staff, right?** Staff are *not* included in the group size.

**Q-46. Do siblings still have to be in the same classroom?** This is recommended but not required and not always possible due to other considerations.

**Q-47. Are there any restrictions/guidelines regarding teachers working at two different facilities (2 separate jobs)? Or in two shifts of half-day programs?** As indicated by Alameda County Dept. of Public Health, this is not permitted at this time.

**Q-48. Can we have volunteers? We have a student nurse who wants to stay on with us as a volunteer.** Volunteers are not technically permitted at this time. Technically being the operative word; the same precautions taken for staff is what should be done if volunteers are there, they would need to be with the same groups and all health precautions would also apply as well as documentation.

**Q-49. Are outside occupational aides allowed?** Outside occupational aides are permitted if this is part of the child's IEP/IFSP.

**Q-50. Are we able to enroll any family now?** As the county and state move to Stage 2 of opening and as businesses open, providers are permitted to enroll those families and support the reopening.

**Q-51. Our program has one preschool classroom with 20 kids and 3 teachers. How are we to accommodate the kids?** According to ACDPH maximum groups of 12 at this time. And groups should be separated by room dividers or distance in larger spaces that allow for that distancing. Staff coverage is a decision you will need to make and is certainly challenging. But the smaller group is required at this time. You could do 8 and 12 or 10 and 10.

**Q-52. When can we expect the next PIN regarding ratios and group size? The current PIN 20-06 expires June 30. On July 1 will the requirements revert back to pre-COVID-19 if additional guidance isn't issued, correct? Any idea on what is in the works on that new PIN in terms of ratios and sq. footage changes on our licenses?** Licensing is working on providing an update as soon as possible. Please be reminded this is not done on our local level and all things concerning the pandemic and returning to a sense of normalcy is ever-changing, evolving, and quite fluid. That being said, the Regional staff are awaiting the updates from the state CCL Program office and as soon as they are approved and handed down they will be shared.

**Q-53. I am still very confused about the ratio and group size. If Alameda allows 1:12 ratio, and the state is 1:10, and we need to follow the state because it is stricter then how can we split 12 students into different groups and follow state ratios, if we are not able to have that many students in the first place?** CCL PIN 20-06 on group size and ratios expired on June 30th. CCL is reviewing the PIN to determine future guidance. Alameda has requested that there is clarifying language supporting the county group size guidance. It is anticipated that the state is planning to defer to local county Health Departments, and that the state guidance will be broader, (e.g., "as small as possible") as described in the joint OSHA/CDPH/CDSS guidance <https://files.covid19.ca.gov/pdf/guidance-childcare.pdf> issued June 5th, 2020. There is much that is not currently known about COVID-19 and contagion, therefore the situation is fluid. It is important to recognize that there is general consensus that smaller groups/bubbles are better.

**Q-54. We are in a large one room school. How high does the barrier need to be to separate groups?** Alameda County Public Health does not specify height. There are no specifications or requirements from licensing either, they just must be separated and spaces where they aren't mixed together; be reminded to always have proper ventilation.

**Q-55. Do bubbles have to be maintained during nap time?** Yes. And it is helpful to consider toe-to-head placement of cots/mats, separating children as much as possible.

**Q-56. Trying to plan for fall. What changes are on the horizon after June 30?** It is all fluid and at this time state staff, too, is awaiting clarity and direction.

**Q-57. What about School age care? Can children go to school and after care? What about transportation for after care are vans allowed?** Licensing is also recommending the proper sanitation of transporting vehicles; There has not yet been a PIN that speaks to the specifics of this, however this question is being forwarded to our policy for interpretation and clarity to give licensees proper guidance and direction.

**Q-58. If a transitional class has 12 children, how many teachers are needed in the classroom?** TK is not required to be licensed and will be under the guidance of CDE. TK operators should see school guidance.

**Q-59. Our analyst asked us to do a temperature check at the end of the day too - both to be recorded. Is this necessary?** Since the State of Child Care webinar both CCL and ACPDH have aligned their guidance to require on-site screening for children at drop-off for child care programs. The screening guidance for providers can be found [here](#). The screening includes onsite screening for symptoms and a temperature check with a touchless thermometer. Additional monitoring throughout the day is recommended. However, it is not required to take temperatures at the end of the day. CCL confirmed this on the webinar and in consultation in the development of this FAQ.

## Financial Assistance & Subsidies

**Q-60. What happens to the funding that goes unused for essential workers? Are there plans being put together?** The state is extending eligibility past June 30th for families enrolled prior to June 30th. The state budget added funding to extend care for Essential Workers and we are awaiting guidance and anticipating that additional families may be served. This will be shared with providers when Essential Worker subsidies are reopened. Any current families who are essential workers should be encouraged to apply for subsidies through the centralized intake which is handled by the R&R/AP's, though they may have to wait for additional state guidance and contract augmentations, if they are over the income ceiling.

**Q-61.- Will there be an increase for school age funding?** The state budget has added funding for low-income families, vulnerable families, and essential service workers. These funds, in particular, are being made available via Alternative Payment vouchers, which include children 0-12. School-age specific funding expansion was not included in the FY 20-21 state budget..

**Q-62. We have not received our supplies and we applied back in May?** It is recommended that you follow-up with your R&R about materials and supplies that you applied for and did not receive.

**Q-63. Regarding supplies, will there be another round we can register for? Where can we apply for the stipend?** The R&R's continue to work on procuring materials and supplies, however, they are not set up to be distribution centers on an ongoing basis. The state has budgeted additional stipend funding for providers who have subsidized children enrolled. The

county, and the R&R's in particular, are awaiting more information and direction from the state. It is important to note that the supplies provided through the state may or may not meet all of your site needs.

## Webinars & Website

### **Q-64. 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 (4/1/20)
  - Alameda County Child Care and COVID-19 Business Relief (4/3/20)
  - Alameda County Child Care Health Update and Health and Mental Health Support (5/21/20)
  - Alameda County State of Child Care (6/24/20)
- B. To document the professional development hours earned for the State of Child Care use [this form](#).

**Q-65. Where can I find the website with resources for Alameda County providers which Angela Cabrera presented?** The website, developed in response to providers asking to find tips, links and resources in one place, is available at the Alameda County ECE Program webpage link or <https://sites.google.com/view/reopening-child-care-alameda/home>