

ALAMEDA COUNTY EMERGENCY CHILD CARE RESPONSE TEAM



Thank you for attending the Alameda County COVID-19 and Child Care and Alameda County Health Department (ACDPH) COVID Update webinar on 1/6/21. This document is responding to questions raised prior and during the webinar which may not have been fully addressed or need further documentation for those who are unable to participate. FAQs (Frequently Asked Questions) are categorized by content area.

PLEASE NOTE: AC Department of Public Health, First 5 Alameda and our partners have done our best to provide you with the most current and available information as of Wednesday, January 6, 2021. These responses are NOT to be considered as financial and/or legal advice for any specific organization.

The City of Berkeley has its own health department, Berkeley Public Health Department (Berkeley PHD). This Department works closely with AC Dept. of Public Health, but program located in Berkeley should report their incidences through the Berkeley PHD.

[Incidence of COVID](#)

Q1: What should I do if a parent, child, teacher (or my own family member in an FCC home) is positive?

You should notify:

- *The Alameda County Department of Public Health @ safelearning@acgov.org; (510) 268-2101 (or Berkeley Dept. of Public Health through the process described at <https://www.cityofberkeley.info/covid19-worksites-exposure/#notified>.) They will tell you if you need to close and for how long.*
- *Your licensing program analyst (LPA) and your local Child Care Regional Office. Your Child Care Regional Office can help you find your LPA's phone and email. There is also a designated LPA on duty each day who can assist with questions and reports.*
- *The families in your program. But remember that you must keep medical information confidential. You can say that there has been a confirmed case of coronavirus at your child care but you should not say who it was. You can tell the public health department who it was.*
- *Notify all employees and contractors who work in your child care.*
- *A new law requires employers to notify their employees of potential COVID-19 exposure within one business day. The law went into effect on January 1, 2021. Within one business day, you must:*
 - *Provide written notice to your employee(s) who may have been exposed with information regarding COVID-19-related benefits to which they may be entitled, including, but not limited to, workers' compensation, COVID-19-related leave, company sick leave, state-mandated leave, or supplemental sick leave;*
 - *Notify them of the disinfection and safety plan you intend to implement; and*



- *Not retaliate against an employee for disclosing a positive COVID-19 test or diagnosis or order to quarantine.*

Keep confidential medical information about any infected individual.

Q2. What is considered close contact when determining exposure? What if a staff member picks up a baby from the floor changes diapers, sets them back; 5 minutes time. Is this time counted even though it isn't 15 minutes of exposure? Does the 15 minutes of exposure need to be a continuous 15 minutes?

Someone who has been within 6 feet of an infected person for at least 15 minutes, regardless of the use of face coverings is considered a close contact. Shorter intense exposures also qualify as close contact. The 15 minutes of exposure does not necessarily need to be continuous; it may be cumulative. There are documented incidents of cumulative exposure leading to infection. Multiple shorter exposures adding up to 15 minutes may qualify as close contact, depending upon the circumstances.

Q3. How long must an exposed person need to quarantine after close contact?

Quarantine should begin the day after the last exposure to the positive case, while the case was infectious. Quarantine is required for a minimum of 10 days, though 14 days is still the safest option. If the child, student, or staff member has regular close contact with anyone at high risk for severe disease, then 14 days of quarantine is required.

Q4. For parents who work in the medical field and are exposed to positive cases, does this mean children should be excluded?

Clinicians who wear all the appropriate PPE (Personal Protective Equipment) are not considered close contacts of their COVID patients. Unless the parent or the child tests positive or has COVID symptoms, s/he should be allowed to attend the child care program.

Q5: Does a child need to be tested if s/he only presents runny nose symptom? (No fever and no other symptoms)

If the runny nose is new, then the child should stay home or be sent home. Advise the parent or guardian of the child, or student to contact their healthcare provider and to consider SARS-CoV-2 testing.

Q6: If we send a child home because of COVID-19 symptoms, does the child's sibling(s) need to stay home as well, until the child that is ill is tested or home for the 10 days?

No, not necessarily. If the child or student that is home with symptoms meets the below criteria for a strong clinical suspicion of a positive case than yes, the sibling of the child or student and all



close contacts should quarantine. However, if the child or student that is home does not meet the above criteria for a strong clinical suspicion of a positive case, then the siblings does not need to quarantine.

Please reference <https://covid-19.acgov.org/covid19-assets/docs/childcare-schools-colleges/positive-case-process-protocol-for-childcare-cases-2021.01.06.pdf> (page 15, #2)

Strong Clinical Suspicion of a Positive COVID-19 Case Criteria

- *The suspected case is symptomatic following exposure to a confirmed case.*
- *There is no known exposure, but there are **two** of the following symptoms:*
 - *Fever (measured or subjective)*
 - *Chills*
 - *Rigors*
 - *Myalgia*
 - *Headache*
 - *Sore throat*
 - *Nausea or vomiting*
 - *Diarrhea*
 - *Fatigue*
 - *Congestion or runny nose*
- *There is no known exposure, but there is one of the following symptoms:*
 - *Cough*
 - *Shortness of breath*
 - *Difficulty breathing*
 - *New olfactory disorder*
 - *New taste disorder*

Q7: Should a child be excluded if their parent has symptoms and is waiting test results? If so, do we need a copy of the parent's negative test result prior to the child's return?

No, not necessarily. If the parent with symptoms meets the above criteria for a strong clinical suspicion of a positive case than yes, the child should quarantine. However, if the parent does not meet the above criteria for a strong clinical suspicion of a positive case, then the child does not need to quarantine.

If there is a strong clinical suspicion that the parent with symptoms has COVID-19 or the parent tests positive. You should:

- *Send the child, student, or staff member home.*
- *Advise the parent or guardian of the child, student, or staff member to follow quarantine instructions for a minimum of 10 days. Note that though a quarantine period of 10 days is the minimum required, 14 days of quarantine is still the safest option. Furthermore, all*

individuals ending quarantine before Day 14 should adhere strictly to all recommended non-pharmaceutical interventions, including wearing face coverings at all times, maintaining a distance of at least 6 feet from others, and self-monitor for COVID-19 symptoms through Day 14.

- *If the child, student or staff member has regular close contact with anyone at high risk for severe disease, then 14 days of quarantine is required. Quarantine instructions from ACPHD (Alameda County Public Health Department) can be viewed [here](#).*
- *Advise the parent or guardian of the child, student, or staff member to contact their healthcare provider and to consider SARS-CoV-2 testing.*

Please reference <https://covid-19.acgov.org/covid19-assets/docs/childcare-schools-colleges/positive-case-process-protocol-for-childcare-cases-2021.01.06.pdf> (scenario 2 page 7)

Q8. If the parent has tested positive, but we are not sure about the child, is it ok to not allow the child to come to school for the 10 days or until s/he takes the test as well?

If a member of the child’s household (e.g. a parent), or someone in close contact with a child tests positive for SARS-CoV-2. You should:

- *Send the child, student, or staff member home.*
- *Advise the parent or guardian of the child, student, or staff member to follow quarantine instructions for a minimum of 10 days. Note that though a quarantine period of 10 days is the minimum required, 14 days of quarantine is still the safest option. Furthermore, all individuals ending quarantine before Day 14 should adhere strictly to all recommended non-pharmaceutical interventions, including wearing face coverings at all times, maintaining a distance of at least 6 feet from others, and self-monitor for COVID-19 symptoms through Day 14.*
- *If the child, student or staff member has regular close contact with anyone at high risk for severe disease, then 14 days of quarantine is required. Quarantine instructions from ACPHD can be viewed [here](#).*
- *Advise the parent or guardian of the child, student, or staff member to contact their healthcare provider and to consider SARS-CoV-2 testing.*

Please reference <https://covid-19.acgov.org/covid19-assets/docs/childcare-schools-colleges/positive-case-process-protocol-for-childcare-cases-2021.01.06.pdf> (scenario 2, page 7)

Q9. What if someone positive, either adult or child, was able to get in the class without being detected, would the whole class be quarantined?

This would depend on if the child or adult came into close contact with anybody onsite during their infectious period.



- Cases are infectious from 2 days before symptoms begin and remain infectious for 10 days after the date that symptoms began.
- If a case did not have any symptoms, they are infectious from 2 days before and 10 days after the date that the specimen was collected which later tested positive for SARS-CoV-2 (SARS-CoV-2 is the virus that causes COVID-19).

If the child or adult did come in close with individuals at your site during their infectious period, then yes, these close contacts would need to quarantine.

Please reference <https://covid-19.acgov.org/covid19-assets/docs/childcare-schools-colleges/positive-case-process-protocol-for-childcare-cases-2021.01.06.pdf> (scenario 2, page 7)

Q10: What is the procedure to follow if one of our teachers tested positive for COVID-19?

Please see the response to question #1

Please reference <https://covid-19.acgov.org/covid19-assets/docs/childcare-schools-colleges/positive-case-process-protocol-for-childcare-cases-2020.10.02.pdf>

Q11. A Family Child Care provider who became ill wants to know if she could have her home cleaned, stay in the back bedroom, and have someone else (Licensing qualified) run the program in her home for children who weren't exposed to her.

This may be possible, but the provider would need to consider the ability to isolate safely (e.g., not sharing kitchen, bathroom, etc.) Ventilation and shared air is also a consideration. Parents should also be notified what steps are being taken.

Q12. Do we need to notify parents or get their permission before submitting form to public health?

You do not need parents' permission before reporting a positive case to public health. If the case is a child in your care, you will need to follow-up with that child's parent to obtain confirmation documentation (if possible) as well as specific information to report the case (e.g. date of symptom onset or if asymptomatic, date of test).

Q13. Do you name the person who tests positive or is it confidential?

The identity of the person who tests positive, when they are staff or in your child care community is to be reported to the Public Health Department. Within your child care community the identity should be protected and treated as confidential. Notices to parents and staff should not identify the infected individual.

Q14: After a positive test, how many days does the person with Covid-19 have to be isolated if s/he doesn't have a fever only coughing?



It is important the person who tested positive stay home and isolate until at least 10 days after they first became ill AND at least 1 day after they are symptom free and have recovered. Recovery means that your fever is gone for 24 hours without the use of fever reducing medications (e.g. Tylenol®) and your symptoms (e.g. cough, shortness of breath, etc.) have improved. If the person never became ill but tested positive for COVID-19, they should stay home for at least 10 days following the date of positive test.

Q15. Is the 24 hours symptom free a change from the 72 hours of being symptom free?

Yes, I believe the CDC (Centers of Disease Control) made this change several months ago.

Q16. If you have child with parent who is a healthcare worker who has had the vaccine shot, do you still need 14 days instead of 10?

The required quarantine period is a minimum of 10 days, though exposure with high risk for severe disease is 14. In the scenario you present, for a child in this scenario a 10-day minimum quarantine is what would be required.

Q17: We have a staff member who returned from traveling abroad over the holidays. She went to visit her elderly mother but did not ride public transportation or go anywhere else other than her mother's house. She took PCR tests with negative results before her flight and before leaving the airport she arrived at (a requirement in the country she visited) and is waiting for her results from her most recent test taken after returning to California. California and our local county travel guidelines do not seem to be very strict, and are not mandates unlike the stay-at-home order. Does she still have to quarantine for 14 days even with a negative PCR test result?

*According the Alameda County Health Dept. guidance, those traveling outside of the Bay area should get tested 3-7 days after returning from travel AND stay home for **7 days** after returning from travel.*

- *Stay home for the full 7 days even if the test is negative. (Note: your question refers to a PCR tested staff person. The PCR is the required test in this situation, not the rapid antigen test.)*
- *If the traveler does not get tested, stay home for 14 days after returning from travel*

Please reference: <https://covid-19.acgov.org/covid19-assets/docs/health-safety/guidance-for-returning-travelers.pdf>

Q18. I have a family that wants to know if they will need to quarantine 10-14 days if they travel to Southern CA Airbnb. Should I have them quarantine and then get tested?

*According the Alameda County Health Dept. guidance, those traveling outside of the Bay area should get tested 3-7 days after returning from travel AND stay home for **7 days** after returning*



from travel. This would include children in your care. See complete response to the question above.

Please reference this document: <https://covid-19.acgov.org/covid19-assets/docs/health-safety/guidance-for-returning-travelers.pdf>

Q19. Is there public data on how many centers in Alameda County have had COVID infections?

Great question. The county does not have a tracking/reporting of COVID infections specifically in child care or specifically in child care centers. The incidences are reported to Public Health and a small team, including Lisa Erickson, who presented the Health Dept. information on the webinar. ACPHD does not, at this time, report on cases by sector. Community Care Licensing has been tracking COVID closures in centers, but more on a flow basis than as a cumulative statistic.

COVID Safety practices

Q20. Is it recommended for children in child care to switch shoes upon their arrival?

This practice is not necessary but may be a safety precaution in your program. Shoe covering or changes have always been recommended for spaces where infants are cared for, even prior to COVID-19.

Q21. Are re 2-year-olds required to wear masks in Alameda County?

No. Masks are not recommended for children 2 and under due to risks of suffocation.

Q22. How detailed should the cleaning/disinfecting plan be that you need to send out?

As detailed as makes sense for your setting. And if this is the plan in response to an incident of COVID, please work with the Dept. of Public Health on what is an adequate plan.

Vaccine:

Q23: How will child care providers be notified of when and where they can receive the vaccine? What is the notification process and how soon do we have to respond with a plan? Will we need to provide a plan that our employees will be vaccinated on which days, etc.?

The Alameda County Health Department will work with the three AC Child Care Resource and Referral agencies, First 5 Alameda, and the AC ECE Planning Council, to make sure we get the word out to child care providers regarding where and when they can receive the vaccine. More details of how vaccinations will be implemented for the child care field are being worked out.



Q24: Do our child care providers and assistants have priority in the administration of the COVID-19 vaccine? Do we have any more information about when early childhood teachers may be in line for the vaccine?

Based on the tier system in CA for the COVID vaccine, child care workers/teachers (together with K-12 teachers) are included in the state and county plan in tier "1b." – essential workers This means that educators have been prioritized in Phase 1. Tier 1b, right after Tier 1a - Health care workers, community health workers and Long Term Care facility residents and staff. Tier 1b includes educators and other essential workers. Timing through each phase depends on vaccine supply and demand and other logistical considerations.

Q25. Will our health insurance providers know to let us know about the availability of being vaccinated?

Health insurance providers will certainly be partners in the vaccine roll-out. However, due to the prioritization of educators and the child care workforce, child care programs are encouraged to get on the communication distribution of the three Alameda County Child Care Resource and Referral Agencies.

Q26. Is there a specially designated location where child care workers can expect to be vaccinated?

It is anticipated that there will be a mixed delivery system of access to the vaccine. It remains unclear how the workforce will confirm their prioritization. These are details which are being worked out.

Q27. Una vez aprobada la vacuna podremos ponersela a nuestra familia y asistente? Once the vaccine is approved will be able to get access for our families and assistant(s).

Assistants and family members who work in your family child care home will be eligible child care workers prioritized for the vaccine. Family members who do not work in your program will be prioritized according to the vaccination plan priorities available to the general public.

Q28: Specific to the R&R (Resource & Referral) staff, we are considered essential workers, but do you know if we would get vaccinated with the child care population or in the next tier since we're not doing direct service to children and their families?

The role of R&R staff and where they fall in the prioritization remains to be determined in the local and state plan.

Q29: After being vaccinated, can you still be an asymptomatic carrier of the coronavirus? Can it be made clear what the public health guidance is for facial coverings and social distancing after vaccination, so we do not have false security?

Theoretically yes, a vaccinated individual can be an asymptomatic carrier of the coronavirus. There are conflicting epidemiological theories about the COVID-19 vaccine and the likelihood of a



vaccinated individual spreading infection. The vaccine trials were focused on creating immunity for the individual who is vaccinated. The infectiousness of the vaccinated individual was not studied but is currently being studied by Moderna and other drug developers and researchers. In the interim, it is presumed that infection may still be a risk and mask wearing will likely be a reality for some time. For information on the vaccination and contagion see <https://fortune.com/2020/12/22/covid-vaccine-infectious-face-masks-transmission/>

Q30. Will child care providers be forced to get the vaccine?

Alameda County Department of Public Health is not requiring the vaccine of any group. Even in health care settings individuals may opt-out. However, reducing the spread of COVID-19, not unlike many other viruses such as measles and smallpox, is contingent upon the widespread inoculation of the public.

Q31. Can we require our staff to get vaccinated or only ‘strongly advise’?”

There is little case law established related to COVID and employers requiring vaccination. The current thinking is that employers cannot require but may strongly advise or urge their employees to be vaccinated. This is an area where changes may occur over time. Providers should stay connected to their CC Resource and Referral Agencies who will share updates from the state and other sources.

Q32. Will children be vaccinated?

The current vaccines are planned only for children 16 and up. As previously described, the vaccination plan and implementation is fluid, and we will continue to monitor and follow the science.

Q33. Besides vaccinations, what about other treatments available for the public. I heard about Ivermectin which seems to be good in the treatment. Why there is not much said about it and how effective it is and how this medication can be made available?

Ivermectin is a treatment not a vaccine. Vaccines help the vaccinated individual develop an immunity to COVID-19. Ivermectin is a treatment for parasites in animals, which has recently been used in exploratory treatment of COVID. The science and research around the efficacy and safety are not concluded, though there is some initial hope regarding this treatment and studies are underway.

Group size and cohorts:

Q34: What are the current group size requirements?

Alameda County requirements for group size are the same as the state requirements: The group size is 16, this typically includes 2 teachers and 14 children, though licensing requirements may



dictate different ratios of teacher to child for different age groups. But the total number in the group is a maximum of 16.

Q35. Do you think that the guidelines around teachers being able to float between classes and/or mixing of children in different classes may change for the upcoming school year?

Until there is considerable reduction in infection rates it is difficult to anticipate a change in guidance regarding mixing of cohorts and/or allowability of floaters between classes.

Q36: Is the public health department planning to continue the restrictions regarding cohort sizes in September or should we assume child care providers can plan for full capacity? Admissions for the next academic year are starting now, and we need to know what to tell our prospective families.

The situation with the virus has been volatile, changing day to day and week to week. It has prevented reliably projecting the future of what will be "safe" or what will change. Consequently, the decision of providers to determine admissions for fall of 2021 must be an individual business/program decision for you and your program.

Provider Rights:

Q37: What can I do to protect my rights if my parents conceal their work status?

This question is unclear. The only restriction limiting your right to choose who to enroll is that you may not refuse enrollment based upon the child's special needs. Logically, you may also not discriminate on other legally protected status, such as race.

Q38: Under what circumstances can I ask parents and children to undergo an examination? Can I refuse to accept or dissuade children from high-risk families?

The law is somewhat silent on providers obligation to accept enrollment from children with families in "high risk" COVID employment situations. However, State and federal laws support the integration and success of all of California's diverse children, including in child care settings. Federal civil rights laws prohibit discrimination based on race, color, religion, national origin, sex, and familial status. California's [Unruh Civil Rights Act](#) is even more protective, prohibiting discrimination by all business establishments based on sex, race, color, religion, ancestry, national origin, disability, medical condition, marital status, and sexual orientation. California's "personal rights" provisions offer further, specific protections, such as protecting the right of a mother who wishes to breast feed her child at a child care facility.¹

Q39. Am I required to pay staff during quarantine?

¹ Child Care Law Center, <https://www.childcarelaw.org/what-we-do/equal-access/>



The Families First Coronavirus Response Act requires employers with fewer than 500 employees to provide paid sick leave and expanded family and medical leave. Small businesses with fewer than 50 employees may qualify for exemption from the requirement to provide leave due to school closings or child care unavailability if the leave requirements would jeopardize the viability of the business as a going concern.

- **Eligible Employees:** All employees of covered employers are eligible for two weeks of paid sick time for specified reasons related to COVID-19. Employees employed for at least 30 days are eligible for up to an additional 10 weeks of paid family leave to care for a child under certain circumstances related to COVID-19.

- **Qualifying Reason for Leave:**
 1. Under the FFCRA, an employee qualifies for paid sick time if the employee is unable to work (**or unable to telework**) due to a need for leave because the employee:
 2. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
 3. has been advised by a health care provider to self-quarantine related to COVID-19;
 4. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
 5. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
 6. is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19; or
 7. is experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.
 8. Under the FFCRA (Families First Coronavirus Relief Act), an employee qualifies for expanded family leave if the employee is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19.

- **Duration of Leave:**

For reasons (1)-(4) and (6): A full-time employee is eligible for 80 hours of leave, and a part-time employee is eligible for the number of hours of leave that the employee works on average over a two-week period.

For more information regarding paid sick leave requirements for employers see <https://www.dol.gov/agencies/whd/pandemic/ffcra-employee-paid-leave>

Additional information, including a summary chart of benefits for workers impacted by COVID-19 in California is available at:

<https://www.labor.ca.gov/coronavirus2019/#:~:text=California%20Paid%20Sick%20Leave&text=This%20may%20be%201%20hour,on%20the%20past%2090%20days>.