

Pandemic Recovery Framework: Licensed Early Learning and Care Companion Document

May 24, 2021



**Early Learning Support Services (ELSS)
in collaboration with community partners**

Preface

The San Mateo County Office of Education’s Early Learning Support Services Department offers this companion document to provide guidance to licensed child care centers, preschools, and family child care homes operating in San Mateo County. This document is created to align with the San Mateo County Pandemic Recovery Framework for Schools and is not meant to be an exhaustive document.

This document is not intended to revoke or substitute any federal, state, or county regulations. Programs are responsible for staying current on these regulations as COVID-19 remains a concern in the county. Please visit the following websites for more information:

Centers for Disease Control and Prevention (CDC)- Childcare, Schools, and Youth Programs

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

California Department of Public Health

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx>

California Department of Social Services - Community Care Licensing Division

<https://www.cdss.ca.gov/inforesources/child-care-licensing>

California All Industry Guidance to Reduce Risk

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

California Department of Education’s COVID-19 Guidance for Early Learning and Care Programs

<https://www.cde.ca.gov/sp/cd/re/elcdcovid19.asp>

San Mateo County Public Health

<https://www.smchealth.org/general-information/covid-19-guidance-and-resources-clinicians-and-facilities>

Updated from January 8, 2021 Version

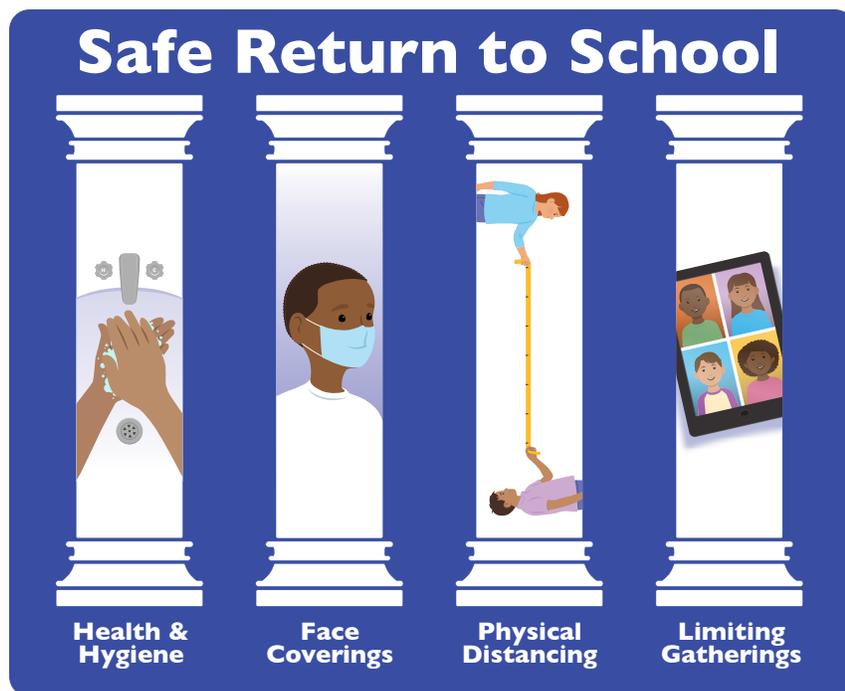
- Physical Distancing (p. 5)
- Cohorts (p. 6)
- Contact Tracing (p. 14)

Please note: As conditions and public health guidance change, the content and recommendations in this framework may change accordingly.

For any questions, please email Early Learning Support Services at elss@smcoe.org.

Health and Safety Guidance

This document takes into consideration the Four Pillars as outlined in the San Mateo County Office of Education’s Pandemic Recovery Framework. The Four Pillars include: health and hygiene, face coverings, physical distancing, and limiting gatherings.



The age of the children served and the specific type of child care facility should be considered in order to create the safest environment for children, families, and teaching staff. In order to best support young children and their families, the guidance in this document reflects the understanding that children, families, and teachers have experienced extended disruption in their lives and, as a result, may have reservations and challenges transitioning back into a child care setting.

The successful transition of children back into care settings will rely on established and appropriate protocols at the site and strong partnerships with parents and caregivers. New protocols at child care settings must be shared with families since they play a critical role in supporting the implementation of these new best practices. Parents and caregivers can reinforce similar behavior and best practices at home and can help children understand the change in their routines. Additionally, it is imperative that child care operators, teachers, and parents establish strong communication and partnerships to support children’s social, emotional, and physical health.

The following sections provide general guidance on key areas of the reopening of child care sites. Child care operators and families should refer to regulatory authorities for enforceable rules and regulations. **Follow the stricter of the guidelines if local, state, or federal authorities offer varying guidance on specific regulations.**

I. Pillar One: Health and Hygiene

Staff members are largely responsible for promoting good health and hygiene at a child care site. Best practices are outlined by the California Department of Public Health (CDPH), Community Care Licensing Division (CCLD), California Department of Education (CDE), and Centers on Disease Control and Prevention (CDC).

Daily Hygiene Routine

- Implement and enforce strict handwashing practices for all staff and children.
- Post signs in the restrooms and near sinks that illustrate proper handwashing techniques.
- Frequent handwashing is more effective than hand sanitizers. Please visit the [CDC's website on handwashing best practices](#).
- Hand sanitizers should be kept out of reach of children and should be used only under adult supervision.
- The use of hand sanitizers should be limited to older children as appropriate.
- Do not use hand sanitizers as a substitute for handwashing when:
 - Entering the classroom in the morning
 - Returning to the classroom after outdoor play
 - Beginning meal time
- Children under the age of two should not use hand sanitizers.
- Wear gloves when serving food, taking out garbage, changing diapers, or using cleaning and disinfecting products.
- Disinfectant cleaning products must be used with care and as directed by the manufacturer. Be sure to read the labels of cleaning products as not all cleaning products are safe for children.¹

1 <https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html>

- Cleaning, sanitizing, and disinfecting products should not be used in close proximity to children, and adequate ventilation should be maintained. Develop a plan to do thorough cleaning when children are not present.²
- All cleaning materials should be kept secure and out of reach of children.
- Tooth brushing on site is no longer recommended due to the possible contamination from bodily fluids such as saliva. Remind parents to enforce teeth brushing at home.
- Teachers should remind families to practice the same health and hygiene procedures at home so that children form healthy habits.

Health Screening

- At the beginning of each day, conduct a health screening for children and staff before allowing individuals to enter the facility.
 - Ask all individuals about any symptoms – primarily fever, cough, difficulty breathing, or other signs of illness within the last 24 hours – that they, or someone in their homes, might have experienced.
 - For additional guidelines on screening questions, see [SMC COVID-19 General Information and Resources](#). Ask if anyone in the household is currently waiting for COVID-19 test results.
 - Ask families and caregivers if they were exposed to another individual with a suspected or confirmed case of COVID-19.
- Take the temperature of staff and children daily. Anyone who has a temperature of 100.4°F/38°C or higher **must** be excluded from the facility.
- Consider no-touch thermometers. Thermometers that touch a person during screening should be cleaned between use.
- Family child care homes should conduct health screenings of all individuals who live at the facility.
- Encourage parents to be on the alert for signs of illness in their children and to keep them home when they are sick.
- Staff should be trained on screening procedures for all staff and children.

2 <https://cchp.ucsf.edu/content/step-step-sanitizing-child-care-programs>

- Monitor staff and children throughout the day for any signs of possible illness.
- If a child exhibits signs of illness at the facility, follow the facility procedures for isolation to a separate room and notify the caregiver immediately to pick up the child.
- Follow [SMCH guidelines](#) for schools and child care facilities on reporting and contact tracing procedures.
- Document and track incidents of possible exposure and immediately follow your program’s exposure notice procedures for COVID-19 while maintaining confidentiality.

Preparing Your Environment

- Design and implement procedures to frequently clean, sanitize and disinfect frequently touched surfaces, both indoors and outdoors, including toilet and training potties. Designate a staff member to do this work, if possible.
- Follow guidance from [NAEYC](#) for regular cleaning and disinfecting of environment.
- Have multiple toys and manipulatives accessible that are easy to clean and sanitize throughout the day.
- Limit the amount of sharing in all aspects of care and play.
- Offer more opportunities for individual play and activities (i.e., drawing, coloring, cutting, puzzles, and other manipulatives). Consider having a set of supplies for each child in order to avoid sharing.
- Plan activities that do not require close physical contact between multiple children.
- Toys that cannot be cleaned, sanitized, and disinfected properly, such as stuffed animals, should not be used.³
- Designate a tub for toys that need to be cleaned and disinfected after use.
- Stagger indoor and outdoor play and adjust schedules to reduce the number of children in the same area.
- Bedding and cots used for nap time need extra care to be stored separately

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

on site and used for the same child until proper cleaning and disinfecting has taken place.

- Centers should consider designating toilets/bathrooms for specific groupings of children.
- Family child care homes should consider designating specific bathrooms for the use of the child care program and a separate one for other individuals of the residence, if possible.

Indoor Ventilation

- Maximizing outside airflow is the simplest and most efficient way to maintain a healthy classroom environment.
- If the child care facility is equipped with an HVAC system, begin each program year by installing new air filters.
- Open doors and/or windows when outside climate allows, but keep doors in a locked position to quickly close and secure in the event of a security alert. Cross ventilation of outside air helps maintain a healthy environment.
- Consider using supplemental mounted fans or portable air filters in classrooms to maintain healthy airflow and air quality.
- Use air conditioning to keep rooms comfortable. Settings should be on outside air, not recirculate.
- If opening windows poses a safety or health risk (e.g., allowing pollen in or exacerbating asthma symptoms) to persons using the facility, consider alternatives. For example, maximize central air filtration for HVAC systems (targeted filter rating of at least MERV 13).

When Outdoor Air Quality is Poor

- If outside air quality is poor, doors and windows should be shut. Programs operating outside should be relocated inside.
- If the HVAC filter was upgraded (HEPA or MERV-13 or higher is recommended), set the central system's circulating fan to operate continuously (set to "ON" rather than "AUTO"). HVAC, air conditioning wall units, and fans without upgraded filters should be turned off.

- Consider use of a portable air cleaner in one or more rooms. Portable air cleaners work best when run continuously with doors and windows closed.
- When air quality improves, even temporarily, “air out” buildings to reduce indoor air pollution.
- Damp-mop, dust, and clean with a high-efficiency particulate air [HEPA] filter-equipped vacuum.
- For resources and guidance on air quality visit the San Mateo County Office of Education’s [Air Quality Resources Page](#).
- See [CDPH Interim Guidance for Ventilation and Filtration](#) for additional guidance and recommendations.

II. Pillar Two: Face Coverings

People in California must wear face coverings when they are outside of the home, unless an exemption applies. In schools and preschools, masks are required for children greater than two years old. Children might find it challenging to keep their face covering on for an extended period of time, but teachers and parents need to establish habits with children to help them understand the importance of face coverings. Stories, songs, and activities can be useful tools to help children understand this new concept.

- Staff should not assume that students cannot wear face coverings, but rather model and teach students about the proper wearing of a face covering.
- Children are getting used to seeing adults and peers with face coverings. Families and teachers should talk to children about face coverings to lessen any possible anxiety and fear regarding face coverings.
- Sites should consider ways to visually show children how teachers and other children look like with and without face coverings to help children familiarize themselves with those who are on site.
- Adults should teach and demonstrate for children when and how to safely remove face coverings.
- Face covering exemptions include:
 - Persons with a medical condition, mental health condition, or disability that prevents wearing a face covering. This includes persons with a medical condition for whom wearing a face covering could obstruct

- breathing or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance.
- Persons who are hearing impaired or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication.
 - Persons for whom wearing a face covering would create a risk to the person related to their work, as determined by local, state, or federal regulators or workplace safety guidelines.
- In the following situations staff and children are exempt from wearing a face covering:
 - During nap times.
 - When working in an office or in a room alone.
 - When staff and children are actively eating or drinking, provided that they are able to maintain a distance of at least six feet away from persons who are not members of the same household or residence
 - While outdoors and maintaining at least six feet of physical distancing from others not in their household. (Staff and children must have a face covering with them at all times and must put it on if they are within six feet of others).
 - When children are obtaining a service involving the nose or face for which temporary removal of the face covering is necessary to perform the service.
 - Families and caregivers picking up and dropping off children must wear face coverings.
 - Face coverings need to be worn and cleaned properly. When not in use, children’s face coverings should be stored in a well-marked individual container.⁴
 - In family child care homes, all individuals in close proximity to children should wear face coverings.

4 <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx>

III. Pillar Three: Physical Distancing

Physical distancing practices for child care sites will vary based upon the child care setting, the age of the children, and the ratio of children to adults. Children may have a hard time understanding the reason behind physical distancing from their peers, but gentle reminders from adults can help to reinforce this new expectation.

- Consider ways to explain and demonstrate physical distancing to children. Use the environmental set-up as a tool to guide children and explain the new set-up during virtual orientation or the first day of returning to the classroom.
- Rearrange furniture and play spaces to maintain six-foot separation, when possible.
- Consider Title 22 indoor space square footage requirement of 35 sq. ft. per child, in combination of physical distancing requirements when determining group size, which may look different depending each facility.
- Consider the use of markings or designated seating on site to help children with distancing.
- Physical distancing in the environment and during activities should be balanced with meeting the developmental and social-emotional needs of young children.
- Place sleeping cots at least six feet apart, head to toe to avoid exposure to droplets from coughing and sneezing.⁵ If six feet of distance is not feasible due to space limitations, please contact your licensing analyst for guidance.
- Serve food in individual portions instead of family style and utilize more tables to ensure adequate spacing of children.
- Utilize outdoor spaces as much as possible.
- Arrange developmentally appropriate activities for smaller group activities.
- Offer children other ways to show affection so that they can adhere to physical distancing.

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

Group Size and Staffing for a Stable Environment

A **cohort** is a stable group with fixed membership that stays together for all activities (e.g., lunch, recess, etc.) and avoids contact with other persons or cohorts.

For operations in the Purple Tier (Widespread,) programs must follow the [CDPH Small Cohort Guidance](#).

For operations in all other tiers, please follow the [COVID-19 Child Care Industry guidance for group size](#).

Cohort Considerations

- Children should remain in groups as small as possible that do not exceed adult/child ratios and adhere to physical distancing requirements.⁶
- It is important to keep the same children and teacher or staff with each group.
- Children from the same family should be included in the same cohort, to the greatest extent possible.
- Prevent interactions between cohorts, including interactions between staff assigned to different cohorts.
- Avoid moving children and youth from one cohort to another, unless needed for a child's overall safety and wellness.
- Cohorts must be kept at least six feet separate from one another for special activities such as art, music, and exercise. Stagger playground time and other activities so that no two cohorts are in the same place at the same time.
- The requirement to prevent interaction between cohorts can be met either by having each cohort in a separate room or space created by partitions.
- One-to-one specialized services can be provided to a child or youth by a support service provider that is not part of the child or youth's cohort.
- Specialized services include but are not limited to occupational therapy services, speech and language services, and other medical, behavioral services, or educational support services as part of a targeted intervention strategy.

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

Staffing Considerations to Maintain Stable Environments

- 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 two 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.
- Meetings among the staff from different cohorts must be conducted remotely, outdoors, or in a large room in which all providers wear cloth face coverings and maintain at least six feet distance from other providers. Outdoor meetings and meetings in large rooms with the windows open are preferred over meetings in small rooms with windows closed.

IV. Limiting Gatherings

In addition to adherence to physical distancing guidelines provided by the Community Care Licensing Division (CCLD), child care sites should consider the limitation of group gatherings on site.

- Consider staggered drop-offs and pick-ups to avoid large groups arriving at the same time.
- Limit visitors to the facility whenever possible.
- When appropriate, consider the use of technology to support activities usually done in groups.
- Staff should avoid congregating during break times.

In all areas of operation, child care operators should follow the stricter guidance if presented with different guidelines from local, state, and federal agencies.

For more specific guidance programs should follow the [CDPH Guidance on Gatherings](#).

V. Contact Tracing

Case, Close Contact, Indirect Contact

To understand the continuum of health concern for members of the public regarding the contracting of COVID-19, the Pandemic Recovery Framework uses the terms **Case**, **Close Contact**, and **Indirect Contact** to mean the following within a pandemic context:

- **Case:** A Case refers to a person who tests positive.
- **Close Contact:** A Close Contact refers to a person who is within 6 feet of a confirmed case for more than 15 cumulative minutes, regardless of face covering use.
- **Indirect Contact:** Indirect Contacts are people who may have been in proximity to a Close Contact.



See [San Mateo County Health's COVID-19 Recommendations Checklist](#) for additional information and scenarios for responding to cases and close contacts.

VI. Social and Emotional Wellbeing

In addition to the Four Pillars outlined in the Framework and this companion document, child care providers and families should be mindful of the possible social and emotional effects of COVID-19 and the new operational best practices on children.

I. For Children and Families

As caregivers implement new routines in child care settings, children are learning to adapt to these new practices. The exposure to news about COVID-19 can also cause children to feel uneasy about their environment. Child care providers and families should build partnerships and regular communication protocols in order to support children as they transition back into child care settings. Regular communication between teachers and parents will support children in learning new rules and routines and will also ease concerns around the reopening of child care and school settings.

Research and treatment modalities regarding COVID-19 continue to emerge. Meanwhile, the community inevitably will feel a sense of concern and anxiety as recommendations and protocols shift. Young children, in particular, might lack the ability to

share their feelings verbally with adults around them. As child care sites reopen, parents and teachers can play a role in supporting the well-being of children as they learn to adjust to the constantly evolving realities of COVID-19. Several resources have been made available to support the social and emotional well-being of children, families, and child care providers as they return to work and their child care settings:

- [From the Office of the Surgeon General of California - California Surgeon General's Playbook: Stress Relief for Caregivers and Kids during COVID-19](#)
- [From California Health and Human Services Agency - Early Learning & Care Playbook: Caring for Children and Getting Back to Work](#)
- [From Centers for Disease Control and Prevention - Talking with Children About Coronavirus Disease 2019](#)
- [From The National Child Traumatic Stress Network - Parent/Caregiver Guide to Helping Families Cope With the Coronavirus Disease 2019 \(COVID-19\)](#)
- [From First 5 California - Resources for Children and Families](#)
- [For early childhood teachers from California Early Childhood Online](#)
- [For families – a free app designed to support parents and caregivers during the coronavirus outbreak and beyond](#)

II. For Teachers and Caregivers

In addition to children's well-being, we should also remember that it is challenging for families and teachers to return to their daily routines under these new conditions. COVID-19 has created many stressors for our communities, and it is important, now more than ever, to take time to care for ourselves. Teachers are faced with the challenging decision of whether to return to the workplace as many individual families are feeling the compounded economic pressures of losing income. These concerns should not be taken lightly, as children can also sense the emotions of those around them. The following resources are offered for adults seeking additional support:

- [California Peer Warmlines](#)
- [Star Vista](#)
- [Self-Care for teachers and operators](#)
- [California's OSHA guidance for providers to support child care workers](#)
- [Zero to Three: Self Care](#)

References

From the San Mateo County Office of Education:

- *Guidance for Child Care Programs in Response to COVID-19*

From the State of California:

- **Office of the Surgeon General of California – California Surgeon General’s Playbook: Stress Relief for Caregivers and Kids during COVID-19**
- **California Health and Human Services Agency – *Early Learning & Care Playbook: Caring for Children and Getting Back to Work***
- **Community Care Licensing**
- **California Department of Education – *COVID-19 Guidance and Resources***
- **California Department of Industrial Relations – *Safety & Health Guidance: COVID-19 Infection and Prevention in Child Care Programs***
- **Every Child California – *Opening and Reopening: A Practitioner Support Guide***

From the Centers for Disease Control and Prevention:

- *Handwashing: Clean Hands Save Lives*
- *Guidance for Child Care Programs that Remain Open*
- *Cleaning and Disinfection for Community Facilities*

From Community Partners:

- **Child Care Coordinating Council of San Mateo County**
- **First 5 California**
- **University of California San Francisco’s California Child Care Health Program**