

## San Mateo Early Learning and Care Reopening Forum

San Mateo County Office of Education hosted a forum on July 6th featuring a panel of two childcare centers and two family childcare providers who shared how they are implementing San Mateo County's [Pandemic Recovery Framework](#) guidelines. During the forum, each provider described how they are implementing guidelines for the "Four Pillars" of Safe Reopening: Health and Hygiene, Face Coverings, Physical Distancing, and Limited Gatherings. During the presentation, providers were able to present photos and videos of the new protocols and adjustments they have implemented to safely reopen their programs. While the presentation was specific to San Mateo County, most of the guidelines align with those issued by the Centers for Disease Control and California Department of Education.

- **San Mateo Pandemic Recovery Framework:** Based on international examples that have already reopened schools (Denmark, Norway, Sweden, South Korea, Japan, China, etc).
  - Also incorporates CDC Guidelines
- **Four Pillars for Safe Return to School**
  - Health and Hygiene
  - Face Coverings
    - Asking all adults and children in TK-5th to come to campus with a face covering. How they wear it within the classroom is scaffolded - youngest kids are wearing face coverings 25% of time inside the classroom. This helps children learn how to wear face covering.
    - Adults should be wearing face coverings or a face shield with a drape 100% of the time.
  - Physical Distancing
    - Discussion over meaning: 6 feet vs. 3 feet.
    - Children getting close to each other is not as much of a risk because they have low transmission rates, but the facility should be able to accommodate 6 feet of distance as much as possible.
  - Limited Gathering
    - How to organize drop-off and pickup so that there is no crowding.
    - Limit outside visitors to the facility.

### Provider Panel

### Health and Hygiene

### **Family Childcare Provider**

- Use "HiMama" app to do health screening before arrival and to sign in/sign out.



- Staff wear masks. Staff/parents wear masks at drop off.
- Hand washing before entering.
- No items from home. Child brings lunch and change of clothes.
- Clean bathrooms 3x/day: before opening in the morning, during outdoor play, and after children go home. Takes 1.5 hours extra to clean every day morning/evening.
- Removed carpets/rugs.
- Do sensory play outside with distance. Each child has their own bucket of water or sand. Sanitize buckets at the end of the day.
- Made clear “windows” using poster board so children can sit across the table from each other to talk and see each other.

### **Childcare Center 1**

- No contact greeting.
- Health screening including temperature.
- Sign in on iPad, and have parents sanitize hands before touching iPad.
- Children wash their hands when they come into the classroom.
- Six foot staggered waiting and 15 minute intervals for arrival/departure.
- Require parent orientation to go over procedures before children return to center.
- Children with fever must stay home 72 hours after fever is gone. If positive COVID test, follow public health instruction.
- Removed soft toys, dress up, pillows, and area rugs.

### **Childcare Center 2**

- Very similar to Family Childcare provider and other childcare center.
- Not allowing parents past front gate except for infants/toddlers.
- Issues - “takes a long time.”
- Really challenging with kids who are having a hard time separating from their parents. “Major meltdowns.”
- All wearing masks, aprons, and gloves.
- Ratio of 2 teachers to 10 kids. One teacher is very focused on cleaning/sanitizing, much more than before.
- When children use the bathroom, spray a bleach/water solution and have to wait 2 min for it to dry, which is very time consuming.
- Sanitize play structure in the morning and in between each of four groups.
- Bins all over the infant/toddler program to put toys that children put in their mouth. Do a lot of cleaning/sanitizing during naptime.

### **Face Coverings**

#### **Family Childcare Provider**

- Use masks during circle time.



- Have teddy bear to show how to wear mask.

### **Childcare Center**

- For staff, it is very challenging because it is hard to breath all day in masks.
- For children, it has been “so much easier than we thought.” No major issues with it. Don’t require masks for the children.

### **Physical Distancing**

- All providers now have higher staff:child ratio.

### **Family Childcare Provider**

- Removed a lot of large furniture to accommodate greater space needed for napping. Smaller group allows space to be broken into different play areas that are farther apart.
- Spend a lot of time outside.

### **Childcare Center**

- Use colored tape on the floor to help kids stay within a specific space and know what toys need to stay in that place.
- Reduced number of play areas and made them larger (nine play areas to six). Limited number of children in each area.
- Have kids bring toys to teacher when they are done playing so teacher can sanitize it.
- Much easier to do physical distancing inside than outside. “Almost impossible” for the kids to distance outside.
- Put up a wall to split the large classroom in two. One half of the classroom is outside when the other half is inside. Only all inside during lunch and nap.
- Leave doors to outside open as much as possible.
- Separated grassy area from play structure so that two classes can be out at a time (one on grass and one on play structure). Alternate times playing on grass and playing on structure.
- Switched from family style meals where children served themselves. Now teachers are pre-plating meals and bringing it to children. Children now sit spaced throughout the classroom rather than gather around one table. One of the biggest shifts. Staff is really sad to no longer sit with children during meals.
- Do book reading when kids are in their cots before naptime.
- Do physical activity (dancing, etc) as a big group with kids spread throughout the classroom.

### **Social and Emotional Wellbeing**

- Kids were so happy to be back, that it wasn’t really an issue.
- Parents modeling the rules have been very helpful: kids have seen their parents wear masks, stand on marks in the store.



- “Its redirecting all day long as far as physical distancing.”

### **Questions**

How to handle staff/families traveling?

- CDC is recommending 14 days quarantine following international travel. However, internationally, the US has the worse case load - many other countries are doing a much better job.
- No guidance around domestic/local travel.

How are they handling parent participation?

- Restricted parent participation. Not even allowing parents in the building.

What to do if a child or staff member tests positive?

- Contact the Department of Public Health and CCL and County Office of Ed for guidance.

What is the difference between a “bubble” cohort and a “stable” cohort?

- Bubble cohort: started out as a state requirement for essential workers. Children and staff did not mix at all. Even substitutes had to be specific to that group. Within the bubble, children do not need to wear masks, can interact, etc. However, CCL never made that leap to clarifying that kids can interact freely within bubble (same rules as a household.)
- Stable cohort: Reduce random mixing in the environment as much as possible. Try to reduce by half, but not a fixed number. Need to use physical distancing since people may come in/leave the bubble.