City and County of San Francisco

Department of Public Health
Health Officer Directive

DIRECTIVE OF THE HEALTH OFFICER No. 2020-26d

DIRECTIVE OF THE HEALTH OFFICER OF THE CITY AND COUNTY OF SAN FRANCISCO REGARDING REQUIRED BEST PRACTICES FOR SPECIALIZED TARGETED SUPPORT SERVICES

(PUBLIC HEALTH DIRECTIVE)
DATE OF DIRECTIVE: May 6, 2021

By this Directive, the Health Officer of the City and County of San Francisco (the "Health Officer") issues industry-specific direction that schools offering specialized targeted support services as described below must follow as part of the local response to the Coronavirus Disease 2019 ("COVID-19") pandemic. This Directive constitutes industry-specific guidance as provided under Section 4.e of Health Officer Order No. C19-07w, issued on May 6, 2021 (the "Stay-Safer-At-Home Order") and, unless otherwise defined below, initially capitalized terms used in this Directive have the same meaning given them in that order. This Directive goes into effect immediately upon issuance, and remains in effect until suspended, superseded, or amended by the Health Officer. This Directive has support in the bases and justifications set forth in the Stay-Safer-At-Home Order. As further provided below, this Directive automatically incorporates any revisions to the Stay-Safer-At-Home Order or other future orders issued by the Health Officer that supersede that order or reference this Directive. This Directive is intended to promote best practices as to Social Distancing Requirements and sanitation measures, helping prevent the transmission of COVID-19 and safeguard the health of workers, children, their families, and the community.

UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040, 101085, AND 120175, THE HEALTH OFFICER DIRECTS AS FOLLOWS:

1. **Section 5.a.3 of the Stay-Safer-At-Home Order allows transitional kindergarten (TK)-12 schools to operate to provide in-person specialized and targeted support services to vulnerable children and youth. This Directive applies to TK-12 schools that choose to offer such services at locations within the City and County of San Francisco.**

2. **For purposes of the Stay-Safer-At-Homer Order and this directive,**

    a. **Specialized and targeted support services includes any of the following:**
        - **Occupational and physical therapy services;**
        - **Speech and language services;**
        - **Behavioral services, including ABA therapy or individual counseling if part of an individualized educational program (IEP) or individual family support plan (IFSP);**
        - **Educational support services as part of a targeted intervention strategy; and**
        - **assessments such as, but not limited to, those related to English learner status, IEPs, and other student support plans.**

b. Vulnerable children and youth includes:

- **Children and youth with disabilities who receive or are being considered for special education services or other specialized support services (these students should be given highest priority);**
- **Children and youth who are clients of Family and Children's Services (FCS) or are at risk of abuse, neglect, or exploitation;**
- **Children and youth experiencing homelessness;**
- **Foster children;**
- **Children of domestic violence survivors;**
- **English learners; and**
- **Children and youth from families experiencing housing or food insecurity.**

3. All schools offering specialized and targeted support services must comply with all applicable requirements of the San Francisco Department of Public Health's guidance for Out of School Time Programs, contained in the "Programs for Children and Youth: Childcare, Out-of-School Time Programs, and Day Camps," which is attached as Exhibit A.

4. Each school offering specialized and targeted support services must create, adopt, and implement a written health and safety plan (a "Health and Safety Plan"). The Health and Safety Plan must be substantially in the form attached to this Directive as Exhibit B.

5. Each school offering specialized and targeted support services must (a) make the Health and Safety Plan available upon request to all Personnel working on site and to the parent(s) or guardian(s) of each child it serves, (b) provide a summary of the plan to all Personnel working on site or otherwise in the City in relation to its operations, and (c) post the plan at the entrance to any other physical location that at which the school is offering specialized and targeted support services within the City. Also, each school offering specialized and targeted support services must provide a copy of the Health and Safety Plan and evidence of its implementation to any authority enforcing this Directive or the Stay-Safer-At-Home Order upon demand.

6. One-to-one specialized services can be provided to a child or youth by a support service provider who is not part of the child or youth's cohort. These additional services must be done individually and cannot be done with other students. Staff who are providing one-to-one specialized services should be assigned to work with students in as few cohorts as possible. Although staff who are providing one-to-one specialized services are not required to maintain physical distance from children and youth (to the extent necessary to provide the service), they must observe appropriate precautions to prevent transmission, including wearing appropriate personal protective equipment (PPE).

7. Specialized and targeted support services that are provided in groups must last for no fewer than 3 weeks.

8. **Schools offering specialized and targeted support services subject to this Directive must provide items such as Face Coverings (as provided in Health Order No. C19-12, and any future amendment to that order), hand sanitizer or handwashing stations, or both, and disinfectant and related supplies to any of that OST Program's Personnel. If any OST Program is unable to provide these required items to Personnel or otherwise fails to comply with required Guidance, then it must cease operating until it can fully comply and demonstrate its strict compliance. Further, as to any non-compliant operation, any such OST Program is subject to immediate closure and the fines and other legal remedies described below, as a violation of the Stay-Safer-At-Home Order.**

9. **Schools offering specialized and targeted support services subject to this Directive must cooperate with the San Francisco Department of Public Health (SFDPH) by working and collaborating with SFDPH, and otherwise following the direction of SFDPH, in relation to the OST Program and the subject matter of this Directive. Such cooperation includes, but is not limited to, all of the following:**

    - **Immediately (within one hour of learning of the result) reporting any COVID-19 diagnosis or positive or inconclusive test result received by any child, teacher, or other Personnel to SFDPH Schools and Childcare Hub: call 628-217-7499 or email Cases.Schools@sfdph.org (please put "SECURE" in the subject line);**
    - **Submitting a "List of Close Contacts of a Positive Covid-19 Case" (available at http:\www.sfdph.org\dph\files\ig\TEMPLATE-School-Contact-Tracing.docx) to the SFDPH Schools and Childcare Hub via email (Cases.Schools@sfdph.org) *within 24 hours* of learning of a positive COVID-19 case;**
    - **Promptly taking and responding to telephone calls, emails, and other inquiries and requests by representatives of SFDPH;**
    - **Allowing SFDPH personnel on-site without advance notice;**
    - **Responding to all SFDPH requests for information in a timely manner;**
    - **Communicating with Personnel, students, and their parent(s) or guardian(s) as directed by SFDPH; and**
    - **Taking immediate action as required by SFDPH in the event of an outbreak or other time-sensitive situation that poses a risk to the health and safety of youth, Personnel, or the community.**

10. **For purposes of this Directive, "Personnel" includes all of the following people who provide goods or services associated with the Host in the City: employees; contractors and sub-contractors (such as those who sell goods or perform services onsite or who deliver goods for the business); vendors who are permitted to sell goods onsite (such as farmers or others who sell at stalls in farmers' markets); volunteers; and other individuals who regularly provide services onsite at the**

request of the Host. "Personnel" includes "gig workers" who perform work via the business's app or other online interface, if any.

11. **This Directive may be revised by the Health Officer, through revision of this Directive or another future directive or order, as conditions relating to COVID-19 require, in the discretion of the Health Officer. All OST Programs must stay updated regarding any changes to the Stay-Safer-At-Home Order and this Directive by checking the Department of Public Health website (www.sfdph.org/healthorders; www.sfdph.org/directives) regularly.**

12. **Schools offering specialized and targeted support services must prepare, post, and implement a Social Distancing Protocol substantially in the form of Appendix A to the Stay-Safer-At-Home Order, as provided under applicable provisions of Section 4.d of the Stay-Safer-At-Home Order. The OST Program must follow those Best Practices and update them as necessary for the duration of this Directive, including, without limitation, as this Directive is amended or extended in writing by the Health Officer and consistent with any extension of the Stay-Safer-At-Home Order, any other order that supersedes that order, and any Health Officer order that references this Directive**

This Directive is issued in furtherance of the purposes of the Stay-Safer-At-Home Order. Where a conflict exists between this Directive and any state, local, or federal public health order related to the COVID-19 pandemic, including, without limitation, the Social Distancing Protocol, the most restrictive provision controls. Failure to carry out this Directive is a violation of the Stay-Safer-At-Home Order, constitutes an imminent threat and menace to public health, constitutes a public nuisance, and is a misdemeanor punishable by fine, imprisonment, or both.

____

Susan Philip, MD, MPH,
Health Officer of the
City and County of San Francisco

Date: May 6, 2021

San Francisco
Department of Public Health

Guidance

Programs for Children and Youth:
Childcare, Out-of-School Time Programs, and Day Camps

May 5, 2021

This guidance was developed by the San Francisco Department of Public Health (SFDPH) for local use. It will be posted at https://sfcdcp.org/school.

AUDIENCE: Programs for children and youth, including child care programs, out-of-school time programs, and other recreational and educational programs for children outside of school. Child care includes child care centers; child development facilities; family child care homes; preschools, transitional kindergarten, pre-kindergartens and kindergarten programs that are not part of an elementary school. Out-of-school time programs includes afterschool and weekend programs; sports teams; in-person programs to support distance learning such as learning hubs; day camps; and other group activities for children and youth. Transitional kindergarten (TK) programs that are part of an elementary school and programs that are run by TK-12 schools should be refer to SFDPH guidance for TK-12 Schools.

Summary of Changes since the 3/23/2021 Version for Childcares and 4/13/2021 Version for Out-of-School Time (OST) programs

Consolidated guidance for childcare and for out-of-school time (OST) programs. Major updates are highlighted in the document in blue color.

- Symptom and exposure screening should be done at home, before leaving for school.
- People who have been fully vaccinated for COVID-19 do not need to quarantine after travel outside of California.
- Clarified that students should be 6 feet apart for meals/snacks.
- Partitions are no longer required for cohorts sharing an indoor space. Added recommendations on safely using an indoor space for more than one cohort.
- Students who play high-contact indoor sports can participate in other extracurricular activities.
- Increased indoor occupancy limits for break rooms and for singing, wind instruments and related activities to 50%.
- Section added on children who receive special services.
- Guidance for fire drills and walking school buses added.
- Drinking fountains can be used.
- Frequent disinfection is no longer recommended.
- Steps to take for a confirmed COVID-19 case moved to the Quick Guide for Suspected and Confirmed COVID-19.
- Link to SFDPH criteria to return to school added.

PURPOSE: To help programs for children and youth understand health and safety practices needed to prevent spread of COVID-19 in their programs.

The recommendations below are based on the best science available at this time and the current degree of COVID-19 transmission in San Francisco. They are subject to change as new knowledge emerges and local community transmission changes. Recommendations may also change as the percentage of staff, children and youth who are fully vaccinated for COVID-19 increases.

Contents

Key messages ... 2

Establishing procedures and protocols ... 3
Required Signs ... 5

Strategies to prevent spread of COVID-19 ... 6
Prevent COVID-19 from entering the program ... 6
Stable groups of staff, children and youth ("cohorts") ... 7
Physical distancing ... 8
Using a large indoor space for more than one cohort ... 9
Face masks ... 10
Ventilation and outdoor spaces ... 12
Hand hygiene ... 13
Cleaning and disinfection ... 14

Specific Situations ... 14
Staff break rooms and work rooms ... 14
Transportation ... 15
Drop-off and pick-up ... 15
Meals and snacks ... 16
Field trips ... 16
Fire Drills ... 17
Sports, Dance, Exercise, Wind Instruments, Singing, and Related Activities ... 17
Caring for infants and toddlers ... 19
Children and youth receiving special services ... 19

What to do when someone has COVID-19 symptoms or confirmed COVID-19 ... 20
When staff, children and youth become ill at the program ... 20
See the Quick Guide for Suspected or Confirmed COVID-19 for steps to take. ... 20
Returning to the program after COVID-19 symptoms, exposure or a positive test ... 20
Deciding if your program should close due to COVID-19 ... 20

Resources ... 21

Key messages

- **COVID-19 vaccination of staff and children who are old enough to be vaccinated** is one of the most effective ways to decrease the risk of COVID-19 in programs for children and youth.
- **Address adult-to-adult transmission,** and **adults as sources of infection**. In many cases, staff are the source of COVID-19 in a program. Although children can be infected with COVID-19 and can spread it to others, spread of infection between adults has been more common.
- Discourage unvaccinated staff from eating together in break rooms. This is a common way that people are exposed to COVID-19 in work settings.
- Preventing person-to-person transmission via respiratory droplets is more important than cleaning and disinfection. Face masks, physical distancing, and good ventilation are more important to keep COVID-19 from spreading.

COVID-19 spreads from person-to-person in the air through respiratory droplets from an infected person. These droplets enter the air when people breathe, especially when they talk, sing, cough, sneeze or exercise. People get infected when they breathe in these infectious droplets, or when infectious droplets land in their eyes, nose of mouth.

COVID-19 can also spread if a person touches their eyes, nose or mouth after touching a contaminated surface, but this is rare.

- **Exposure risk lies along a continuum.** A rule of thumb is that a person must be within 6 feet of someone who has COVID-19 for a total of 15 minutes or more, over the course of a day, to be at risk of infection.
  - Being outdoors is much safer than being indoors.
  - More people using face coverings is safer than fewer people using face coverings.
  - Smaller groups are safer than larger ones.
  - Spending less time together is safer than more time; being further apart is safer than being closer together.
  - Activities that produce fewer respiratory droplets are lower risk than those that produce many droplets (silence < quiet talking < loud talking < singing).
- **When working with children, COVID-19 prevention needs to consider children's developmental and socio-emotional needs.** The benefits of programs for children and youth are well-known, and children are at low risk for severe COVID-19 and for rare but serious complications like multisystem inflammatory syndrome in children (MIS-C).

Establishing procedures and protocols

- Designate a COVID-19 staff or adult liaison to be the single point of contact at each site for questions, concerns, or exposures. This person will also serve as a liaison to SFDPH.
- Establish health and safety protocols to prevent COVID-19 transmission.
- Establish protocols for staff, adults or children with symptoms of COVID-19 and for communication with staff, families and children after COVID-19 exposure or a confirmed COVID-19 case in the program.
- Create a health and safety plan describing what your program will do to follow the requirements in this guidance and any relevant Health Officer Directives or Orders.
  - Share your plan with staff or adults, families, and other members of the childcare community.
- Train staff or adults and teach children about health and safety practices.

Considerations for Staff

Protect staff and adults, especially those at higher risk of severe COVID-19. See sfcdcp.org/vulnerable *for a list of groups at higher risk for severe COVID-19.*

- Encourage COVID-19 vaccination for staff.
- Staff who are fully vaccinated for COVID-19 should continue to follow the same precautions as unvaccinated people for now. Exceptions include testing and quarantine after travel.
  For more information, see See www.sfcdcp.org/quarantineaftervaccination

- Offer options that limit exposure risk to unvaccinated staff who are in groups at higher risk for severe COVID-19 illness (e.g., telework, reassignment, or modified job duties).
  - Avoid assigning staff in groups at higher risk for severe COVID 19 to assess children and youth who feel sick or monitor/care for sick children waiting to be picked up.
  - Consider the use of face shields, to be used with face masks, for staff whose duties make it difficult to maintain physical distancing.
- Keep staff in different cohorts from mixing. During the two weeks before the prorgam opens, do not hold in-person staff development, meetings, or team-building activities that bring together staff who will be working with different cohorts.
- Implement sick leave policies that support people staying home when sick.
- Plan for absences of 10-14 days due to COVID-19 infection or exposure. Cross-train staff and adults, and have a back-up roster of staff experienced in working with children
  - **Avoid combining cohorts when staff are absent**, as this increases the risk of infection spreading in your program.

Considerations for Children and Youth

- Encourage COVID-19 vaccination for children and youth who are old enough to be vaccinated.
- Prioritize enrollment of the following groups:
  - At-risk children and youth, including:
    - Children and youth who are clients of Family and Children's Services (FCS) or are at risk of abuse, neglect, or exploitation
    - Children eligible through the Emergency Childcare Bridge Program for Foster Children
    - Children and youth experiencing homelessness
    - Children of domestic violence survivors
    - Children and youth with disabilities or special health care needs whose individualized education programs (IEP) and/or individual family support plans (IFSP) include ELC services
    - Children and youth from low-income families, including those who receive or are eligible for free or reduced school lunch, Medi-Cal, SNAP (food stamps), WIC, Head Start, CalWorks and other public assistance programs.
  - Children and youth of essential workers, followed by people who work in other businesses and organizations that are allowed to open under San Francisco Health Orders.
- Do not exclude children and youth because of medical conditions that may increase their risk of severe COVID-19. Let the child's medical team and family decide if it's safe for them to attend.

Required Signs

Programs must post the following signs:

- **Reminder to wear a face covering, stay 6 feet apart, and stay home if ill.**
  Post at all public entrances and other places where the signs will be easily noticed.
  SFDPH approved signs are online at sf.gov/outreach-toolkit-coronavirus-covid-19
- **Reporting unsafe conditions related to COVID-19**
  Post in staff break rooms and other staff areas.
  Online at https://sf.gov/file/reporting-health-order-violations-poster-11x17
  and https://sf.gov/sites/default/files/2020-11/YourHealthOnTheJob-8.5x11-111220.pdf

  Signs must say that staff can report violations of COVID-19 health orders and directives by calling 311 or at https://www.sf.gov/report-health-order-violation. Signs must also say that the employee's identity will not be disclosed to the employer.
- **Ventilation Checklists** (indoor programs only)
  Post at all public entrances and in break rooms.
  Online at https://sf.gov/file/ventilation-checklist-poster
  Signs must list how the program is ventilated:
  - All available windows and doors are kept open
  - Fully operational HVAC systems
  - Portable air cleaners in each room
  - None of the above
- **Take a Break Safely** (new)
  Post in staff break rooms. Online at https://sf.gov/file/covid-break-room.
- **Indoor Risk of COVID-19** (indoor programs only)
  Online at https://sf.gov/file/Indoor-Risk-poster
  Signs must say that
  - COVID-19 is transmitted through the air, and the risk is generally higher indoors.
  - Seniors and those with health risks should avoid indoor settings with crowds.

Strategies to prevent spread of COVID-19

Prevent COVID-19 from entering the program

Because many people with COVID-19 don't have any symptoms, asking people about symptoms when they arrive is not very effective in keeping COVID-19 out of programs for children and youth. It is more important to instruct people to stay home if they are sick.

Tell staff to check themselves and families to check children for COVID-19 symptoms and exposure before they arrive.

- Give the symptoms and exposure questions to staff and families of children to review before they arrive at each day. Programs do not have to verify that children were checked or collect families' responses to the questions.
  - Staff, Contractors, Volunteers: SFDPH Personnel Screening Form
  - Parents or other adult visitors: SFDPH Screening Form for Non-Personnel
  - Children and Youth: For Parents and Guardians: COVID-19 Symptom and Exposure Check, at sfcdcp.org/school

  The symptom list for checking children and youth under 18 years old is shorter than for adults. This because some symptoms are so common in children that they are not helpful in determining if a child has COVID-19. Other symptoms are much less common in children with COVID-19 than adults.
- SFDPH does not recommend temperature checks at programs for children and youth. .

For more information on symptom screening and adult screening forms, see sfcdcp.org/screen

Staff and children who are sick must stay home.

- Staff, children and youth with COVID-19 symptoms should stay home and get tested.
- Encourage family members of children and staff to get tested promptly if they have symptoms of COVID-19. This will lower the risk of infection spreading to people in the program.

Encourage staff, children and youth who have not been fully vaccinated for COVID-19 to quarantine after travel.

- People who are not fully vaccinated for COVID-19 should avoid non-essential travel outside of California. They should quarantine and get tested after arriving in or returning to San Francisco from other states or countries. For more information on quarantine after travel, see https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Travel-Advisory.aspx

Restrict non-essential visitors

- Limit non-essential visitors, including volunteers, especially those who have not been fully vaccinated for COVID-19.
- Discourage parents and other family members from entering the building. Avoid allowing family members into classrooms and other areas used by children and youth.

- Therapists who are not employees or program volunteers but work with children on-site, such as ABA therapists, occupational therapists, and physical therapists are considered essential staff and should be allowed to provide services. Providers should also be allowed on-site to conduct vision, hearing, and dental screening.
- Special events that involve parents and families, such as festivals, holiday events, and performances must follow CDPH and SFDPH rules for gatherings. See https://www.sfdph.org/dph/alerts/covid-guidance/Gatherings-Tips.pdf.
- Tours and open houses must also meet CDPH and SFDPH rules for gatherings. Do not hold tours and open houses when children are present. Keep a log of all persons present, in case someone at a tour or open house later tests positive for COVID-19.

Stable groups of staff, children and youth ("cohorts").

A cohort is a stable group that has the same group of people each day, stays together for all activities (lunch, recess, etc.), and avoids contact with people outside the group. Keeping people in the same small cohort lowers their exposure risk by limiting the number of people they interact with.

Limit cohort size

- Keep cohorts as small as feasible.
- SFDPH allows the following cohort sizes. Programs may be further limited by state regulations on group size. Childcare providers should refer to the Community Care Licensing Division (CCLD) Provider Information Notice 21-08-CCP from 3/19/2021and follow state regulations.
  - Cohorts that are entirely indoors, can have up to 25 participants. This includes cohorts that involve higher-risk activities like sports, singing and wind instruments. Staff are not included in the size limit.
  - Cohorts that are entirely outdoors can cohorts can have up to 50 participants.
  - Cohorts that are both indoors and outdoors can have up to 25 participants
- Staff and volunteers may work with more than one cohort. They should be assigned to as few cohorts as feasible, to limit exposure and prevent the spread of COVID-19 across cohorts.
- Staff should stay with their assigned cohorts for at least 3 weeks, except for substitute providers who are covering for short term staff absences.
- Newly enrolled children and youth may join a cohort at any time, but they must enroll for a period of at least 3 weeks. Do not allow children to attend for shorter periods.
- The maximum cohort size applies to all children and youth in the cohort, even if not all children attend the program at the same time. For example, for indoor programs,
  - An indoor cohort may not include 10 children who attend full-time, 10 children on Mon/Wed/Fri, and 10 children on Tue/Thu (total of 30).
  - A cohort may not include 15 children who attend for the entire day, 6 who attend mornings only, and 6 who attend afternoons only (total of 27).
- Children and youth who are not vaccinated for COVID-19 are encouraged, but not required, to limit the number of programs they participate in within any 3 week period.

Keep cohorts from mixing including staff assigned to different cohorts.

- Each cohort must be in a separate room or designated space.
- Stagger playground time and other activities so that no two cohorts are in the same place at the same time.
- Do not hold activities that bring different cohorts together, even if outdoors wearing face coverings.
- For specialist activities such as art and music, staff may cross between cohorts to meet children's educational and enrichment needs.
- Programs must document visits that are not part of their cohort. Consider using a sign in sheet/log to keep track of when staff worked with different cohorts, to help determine who is exposed if a COVID-19 case occurs in the program.
- Assign children and youth who live together or carpool together in the same cohort, if consistent with age and developmental needs.
- Avoid moving children from one cohort to another, unless needed for a child's overall safety and wellness.

Physical distancing

Physical distancing decreases the risk of COVID-19 from respiratory droplets. Recent studies have found that physical distancing of 3 feet is effective at preventing transmission between children when face masks are worn, even when COVID-19 transmission in the community is high. However, adults are much more likely than children to infect others. For this reason, staff should continue to stay 6 feet away from children and from each other.

Physical distancing for adults

- Staff must stay at least 6 feet from other adults, including those in the same cohort.
  - Set up offices and staff rooms so that staff do not work or sit within 6 feet of each other.
  - Encourage virtual meetings using video conferencing apps for meetings and discussions with parents, instead of meeting in-person.
- When staff do not need to be closer to children to meet their developmental and learning needs, they should try to stay at least 6 feet away.

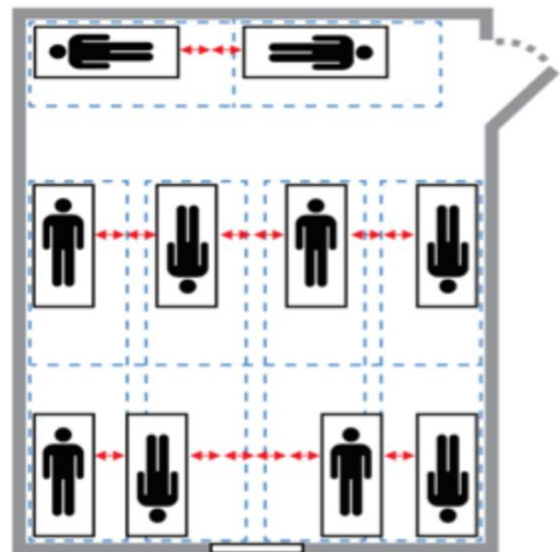
Physical distancing between children and youth

Physical distancing between young children should be balanced with developmental and socio-emotional needs of this age group.

- In settings where children are typically seated at desks or tables, children and youth must be seated at least 3 feet apart for individual activities.

  Children and youth may move about the room to obtain supplies or to go to another part of the room, even if they pass within 3 feet of another while moving from one place to another. For example, children may leave their seats to be part of a reading group on a classroom rug.
- If children and youth eat inside, they should be at least 6 feet apart when they remove their masks to eat. See Meals and Snacks for more information.
- Have children and youth sit in the same seats each day, if possible.

- Rearrange furniture and work/play spaces to prevent crowding and promote physical distancing between children who are not playing together.
- Minimizing face-to-face contact may help reduce transmission. For example, programs can arrange desks, workstations, or computers facing in the same direction, so that children do not sit facing each other.
- Offer individual activities, such as painting or crafts. Choose group activities that do not involve close contact between children.
- If children nap at the program, place their mats or cribs as far apart as possible, so that their heads are at least 6 feet apart. Have children lie on their mats so that they are head-to-toe (see diagram).



- During group activities, playtime and recess, physical distancing may be relaxed for young children, especially if outside and wearing face masks.
- Prioritize preventing interactions between cohorts over physical distancing within a cohort in shared spaces like outdoor areas, hallways and bathrooms.
- Limit the number of people allowed in shared spaces like bathrooms, elevators and staff rooms, to allow 6 feet of distancing. Adjacent bathroom stalls may be used. Post signs with occupancy limits.
- At places where people gather or wait in line, mark spots 6 feet apart to indicate where to stand.

Using a large indoor space for more than one cohort

Keep cohorts clearly separated at all times. If cohorts in a space mingle, all cohorts may need to quarantine if a person in any cohort tests positive for COVID-19.

- Cohorts that share a space must stay at least 6 feet apart, and at least 12 feet apart for activities that involve increased breathing, such as singing, sports and exercise.
- Designate and clearly mark the boundaries of each cohort's space.
    - Boundaries may include tape on the floor, a row of empty chairs/desks to serve as a border, or other barriers. Do not block access to emergency exits.
    - Temporary walls, also known as room dividers or partitions, can be used to separate indoor spaces. They must comply with the following:
        - Partitions must not interfere with ventilation of each space, obstruct sprinkler systems, or access to emergency exits.
        - Separate smoke detectors may be required on each side of the partition. Consult professionals as needed to ensure good ventilation and compliance with building codes.

        - Partitions must be made from solid non permeable, cleanable materials extending from the floor and at least 8 feet high.

- Keep cohorts from mixing in common areas like entrances, bathrooms, and at water fountains. For example, programs can
  - Assign separate entrances and exits to each cohort, if possible
  - Stagger schedules and bathroom breaks so cohorts do not mix
- Make sure that the shared space is well-ventilated.
  - For exercise, band, singing, drama, and other higher-risk activities where people breathe harder or project their voices, use larger spaces with higher ceilings and good ventilation.
  - If the room cannot be ventilated using strategies described in the SFDPH Ventilation Guidance, do not use the space for more than one group.
- Avoid having groups remove their masks in a shared indoor space. If groups must remove their masks, for example, for snacks or meals,
  - Stagger schedules so that only one cohort has their masks off at a time to eat inside and
  - Maximize the ventilation of the indoor space while masks are off. For example, open all windows and doors completely.

Face masks

Face masks and other cloth face coverings keep people from spreading infection, by trapping respiratory droplets before they can travel through the air. In programs where physical distancing can be challenging and children are too young to be vaccinated for COVID-19, face coverings are the one of the most important measures to prevent COVID-19.

For this guidance, "face masks" includes cloth face coverings that cover the mouth and nose. Face masks must not have an exhalation valve.

- All adults and children 24 months and older must wear face masks over both their nose and mouth, except when eating or sleeping. This includes family members and caregivers dropping off or picking up children at a program.
- Adults and children over 24 months old may not enter the program unless they are wearing a face mask or have documentation of a medical contraindication to face masks.
- Provide face masks to children and youth who forget to bring their face mask. Reusable cloth face masks are recommended over disposable masks, and can be sent home with families to be laundered.
- Keep a supply of face masks for other individuals who have forgotten to bring one.
- Some children and youth need additional support to consistently wear face masks. Programs should take into account equity and each child's individual circumstances when deciding how to best support a child in wearing face masks.
- Do not exclude children if they have a documented medical exemption to face masks. For children with medical exemptions due to developmental delay, autism or other conditions that limit their ability to tolerate face masks, encourage and remind them to wear their face mask as much as possible.

Prioritize consistent face mask use during the following times:

- When In hallways, bathrooms, yards or other shared spaces where children may encounter staff and children from other cohorts.
- During times where physical distancing is relaxed.
- When in public spaces, for example, when walking to a nearby park or outside the program at drop-off.
- When a child is ill and waiting to be picked up (and is not asleep).

- Face masks must be removed for naps.
- Avoid excluding children and youth or disciplining them for not wearing a facemask. Continue to encourage and remind them to wear their face covering. A child who refuses to wear face mask at home may be more willing to wear a face mask in a setting where others are consistently wearing them.

Exemptions to face masks and cloth face coverings; use of face shields

- Children under 24 months old must not wear face coverings due to the risk of suffocation.
- People who are unconscious, asleep, or unable to remove a face mask independently.
- Children and youth with documented medical or behavioral contraindications to face masks are exempt. This includes children and youth who cannot tolerate face masks due to autism or sensory sensitivity, and those unable to remove a face mask independently due to developmental delay or disability.
- Asthma, claustrophobia, and anxiety are not generally considered to be contraindications to face masks.
- Staff with a medical contraindication to a face mask whose job involves regular contact with others must wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it.
- Staff not wearing a face covering, face shield with a drape or other effective alternative, for any reason, should stay at least six feet apart from all other persons.
- Staff working alone in a private indoor space do not need to wear a face mask if the space is completely enclosed (i.e. a private office, not a cubicle).
- Adults working with children and youth who are hard-of-hearing may use a clear mask (a disposable or cloth face mask with a clear inset). If this is not feasible, a face shield with a cloth drape tucked into the shirt may also be used. Adults must wear a face mask at other times, for example, in staff-only areas.
- Do not use face shields in place of face masks in other situations. Face shields have not been shown to keep the wearer from infecting others.
- Consider using a face shield in addition to a face mask. Face shields provide additional eye protection for the wearer. When used with a mask, a cloth drape is not needed.

For more information, see
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx

Ventilation and outdoor spaces

Increasing outdoor air circulation lowers the risk of infection by "diluting" any infectious respiratory droplets with outdoor air. Being outside is even lower risk.

Outdoor spaces

- Do as many activities outside as possible, especially snacks/meals and exercise.
- Stagger use of outdoor spaces to keep cohorts from mixing. If the outdoor space is large enough, consider designating separate spaces for each cohort.
- Outdoor spaces may be covered with a tent, canopy, or other shelter, as long as the shelter complies with CDPH and SFDPH ventilation guidelines for outdoor structures, at https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Use-of-Temporary-Structures-for-Outdoor-Business-Operations.aspx); and https://www.sfdph.org/dph/files/ig/Guidance-Shared-Outdoor-Spaces.pdf).
- Outdoor playgrounds/natural play areas only need routine maintenance. Make sure that children and youth wash or sanitize their hands before and after using these spaces. When hand hygiene is emphasized, cleaning and disinfection is not needed between cohorts.

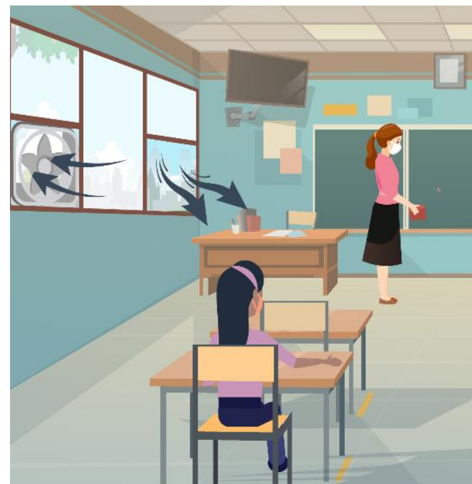
Indoor spaces

Ventilation systems can decrease the number of respiratory droplets and infectious particles in the air by replacing indoor air with fresh, uncontaminated air and/or filtering infectious droplets out of the air.

- Review SFDPH Ventilation Guidance. Make as many improvements as feasible. Note which improvements you made, and keep a copy of your notes.

  You can also use ventilation guidance from the Centers for Disease Control (CDC), CDPH, or the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) instead.

General recommendations include:



- Open windows to increase natural ventilation with outdoor air when health and safety allow. When possible, consider also leaving room doors slightly open to promote flow of outdoor air through the indoor space.
- If open windows pose a risk of falls for children, use window locks to keep windows from opening more than 4 inches, or other safety devices to prevent falls.
- Do not prop or wedge open fire doors. Continue to follow fire and building safety requirements.
- If your building has an HVAC system (sometimes called mechanical ventilation, forced air, or central air),
  - Make sure the HVAC system is checked by a professional and is working properly.
  - Open outdoor air dampers and close recirculation dampers ("economizers"). This will maximize the amount of outdoor air that the HVAC system takes in, and minimize the amount of indoor air that is recirculated.

    - If you can use higher-efficiency air filters without reducing airflow or damaging your HVAC system, use air filters rated MERV13 or better.
    - Disable "demand-control ventilation controls" so fans keep running even when a room doesn't need to be heated or cooled.
    - If your HVAC system has a timer, set it to run at least 1-2 hours before the building opens until 2-3 hours after everyone has left the building, including custodial staff.
- Consider portable air cleaners ("HEPA filters").
- If your program uses fans, adjust the direction of fans to so that air does not blow from one person's space to another's space.

For more information, see www.sfcdcp.org/COVID-ventilation and https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/ventilation.html

Hand hygiene

Frequent handwashing and hand sanitizer use removes COVID-19 germs from people's hands before they can infect themselves by touching their eyes, nose or mouth.

- Develop routines and schedules for staff and children to wash or sanitize their hands frequently, including:
    - Immediately after arriving,
    - Before and after eating,
    - Before naptime. *Pay special attention to handwashing before and after naptime to children who suck their thumbs.*
    - After going to the bathroom or diapering, and
    - After wiping noses, coughing or sneezing.
- Post signs encouraging hand hygiene. Hand hygiene signs in multiple languages are at:
  http://eziz.org/assets/docs/IMM-825.pdf
  https://www.cdc.gov/handwashing/posters.html
- Keep hand sanitizer out of the reach of young children, and supervise use.
    - The California Department of Public Health (CDPH) does not recommend hand sanitizer for children under 24 months old.
    - Call Poison Control if hand sanitizer is consumed at 1-800-222-1222.

Limit sharing

- Drinking fountains may be opened if the program can ensure 6 feet distancing from the person using the fountain, since people must remove their masks to drink from the water fountain. Encourage the use of reusable water bottles. Water bottle filling stations, or "hydration stations," may remain open.
- Children and youth may use shared supplies and equipment such as computers, books, games, play areas, and area rugs. Have children and youth wash or sanitize their hands before and after using shared supplies and equipment.

Cleaning and disinfection

Routine cleaning should continue, but additional disinfection to prevent COVID-19 is no longer recommended for programs for children and youth. Contaminated surfaces are not thought to be a significant route of transmission.

- Clean frequently touched surfaces daily and between cohorts. Routine cleaning focuses on frequently touched surfaces like door handles, shared desks and tables, light switches, sink handles, and keyboards.
  - Toys that may be put in a child's mouth should be cleaned and sanitized.
  - Remove toys that are difficult to clean (e.g. soft toys, "loveys"), or make sure that they are used only by one child and not shared.
  - Paper-based materials like books, magazines and envelopes do not need routine cleaning between uses.
- Cleaning and disinfection are only needed in areas where a person with COVID-19 spent a large proportion of their time (classroom, or an administrator's office) within the last 24 hours.
  - If more than 24 hours have passed since the person who is sick or diagnosed with COVID-19 has been in the space, cleaning is enough.
  - If more than 3 days have passed since the person who is sick or diagnosed with COVID-19 has been in the space, no additional cleaning is needed.

For more information, see https://www.cdc.gov/coronavirus/2019 ncov/community/disinfecting building facility.html and https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID19-K12-Schools-InPerson-Instruction.aspx#Cleaning%20and%20Disinfection

Specific Situations

Staff break rooms and work rooms

Break rooms are a common source of COVID-19 exposure in all work settings. Staff often do not view themselves and colleagues as sources of infection. They may forget to take precautions with co-workers, especially during social interactions like breaks or lunch time.

- Strongly discourage staff and adults from eating together, especially indoors.
  - Programs must notify staff that they should not eat indoors when possible.
  - Programs must provide an outdoor break area, if feasible, for staff to eat.
- Discourage staff from gathering in break rooms and other indoor staff spaces.
- Limit the number of people in indoor break rooms and other staff spaces to the lesser of
  a) 50% of the maximum occupancy or
  b) The number of people allowed by 6 feet distancing.
- Post the maximum number of people allowed in break rooms and other staff areas.
- Post required signs in break rooms, including signs reminding staff to stay 6 feet apart, keep their facemasks on unless eating, and wash their hands before and after eating
- Open windows and doors to increase ventilation, when feasible, especially if staff are eating or if the room is near the maximum number of people allowed.

Transportation

Since vehicles are small enclosed spaces that do not allow physical distancing, they can be settings with higher risk of COVID-19 transmission. Biking and walking are lower risk than shared vehicles.

- Carpools and shared rides
  - Tell staff and families to try to carpool with the same stable group of people.
  - Open windows and turn the fan on high, set to outdoor air.
  - Everyone in the vehicle should wear a face mask.
- Program Buses and Vans
  - Face masks are required for everyone riding the bus, including drivers. Bus drivers should carry a supply of face coverings in case a child or youth forgets theirs.
  - Children and youth must sit at least 6 feet away from the driver.
  - Maximize space between children and youth from different households.
  - Keep vehicle windows open when weather and safety permit.
  - Additional disinfection for COVID-19 is needed only if anyone with COVID-19 has used the bus within the last 24 hours.
  - Symptom and exposure screening is not required if the school or program already asks families to check for symptoms and exposures at home.
- Walking School Buses
  - Only staff and children may participate in walking school buses. Family members may not accompany walking school buses.
  - Families should stay 6 feet away from staff and other households when dropping off children.
  - Face masks are required for staff and children, as well as family members dropping off children.
  - Prioritize pedestrian safety over physical distancing. Keep children from different households as far apart as feasible and safe.
  - Keep a record of staff and children on the walking school bus each day.
  - Outdoor equipment such as walking ropes do not need additional cleaning. Instead, have children and staff wash or sanitize their hands before touching the equipment.
  - Symptom and exposure screening is not required when if the school or program already asks families for to check for symptoms and exposures at home.

Drop-off and pick-up

If families from different households mingle and interact with each other at drop-off and pick-up, this creates an opportunity for COVID-19 to spread in your program's community.

- Stagger arrival and dismissal times to minimize contact between cohorts, using different entrances/exits for each cohort.
- Consider curbside drop-off and pick-up, where program staff and volunteers come outside the facility to pick up the children and youth as they arrive, and bring them outside to be picked up.

- Mark spaces 6 feet apart for children and youth waiting to enter at drop-off and for adults waiting to pick up children. Post signs to remind family members to stay 6 feet away from people from other households when dropping off or picking up their child.
- People must wear face masks when dropping off or picking up children. Provide face masks for people who have forgotten theirs.

Meals and snacks

Eating together is especially high risk for COVID-19 transmission because people must remove their face coverings to eat and drink. Children often eat with their hands, and both children and adults often touch their mouths with their hands while eating. In addition, meals are usually considered time for talking together, which further increases risk, especially if children must speak loudly to be heard.

Children and youth should stay at least 6 feet apart when masks are off to eat. Staff should be especially vigilant about staying 6 feet away from children when their face masks are off.

- Eating outdoors is safer than eating indoors.
  - If possible, designate an outdoor eating area for each group, and mark places to sit at least 6 feet apart. Without marked spaces, children and youth may sit more closely.
  - Outdoor eating areas may be covered (e.g., by a tent, canopy, or other shelter), as long as the shelter complies with both CDPH and SFDPH guidance, at https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Use-of-Temporary-Structures-for-Outdoor-Business-Operations.aspx and https://www.sfdph.org/dph/files/ig/Guidance-Shared-Outdoor-Spaces.pdf.
- Consider staggering snack and lunch times so more people can eat outdoors without mixing cohorts.
- .If children and youth eat inside, they may need to change where they sit during snacks or meals, so that they are at least 6 feet apart while eating. Alternatives include staggering in-class meals such that half the cohort participates in an activity outside the room (such as recess) while the other half eats in the room.
- Use individually plated or bagged meals instead of family-style meals.
- Make sure that everyone washes their hands or use hand sanitizer immediately before and after eating. Pay special attention to children who like to suck/lick food off their hands.
- Consider starting lunch with silent eating time, followed by conversation time, to discourage talking while face coverings are off.

Field trips

- Outdoor field trips are allowed as long as they do not require shared vehicles or public transportation. For example, field trips that involve walking to a nearby park are allowed.
- Do not let children mix with people outside their cohort on field trips.

Fire Drills

- Designate an exit for each class, and the order in which classes will exit. Stagger exits so that cohorts are at least 6 feet apart.
- Designate areas for each cohort outside, with enough space that people in the same cohort can be at least 3 feet apart, and different ohorts can be at least 6 foot apart. Physical distancing between cohorts is more important than distancing between people in the same cohort when exiting the building.
- Pedestrian safety is more important than physical distancing when walking to/from the cohort's designated waiting area.
- Create a written exit plan for children and youth with medical conditions that increase their risk of exposing others or being exposed to respiratory droplets (ex. unable to wear a mask, tracheostomy or on a ventilator). Decide when and in what order those children will exit. Pay special attention to physical distancing for these children and youth.

Sports, Dance, Exercise, Wind Instruments, Singing, and Related Activities

Sports, dance, exercise and activities involving singing, chanting, shouting, and playing wind instruments are higher risk for COVID-19 because people breathe more air and breathe out more forcefully when doing these activities. The risk is much higher indoors than outdoors, and higher without face masks.

Sports, Dance and Exercise

- For what's currently allowed, refer to SFDPH guidance on sports, dance at fitness at https://www.sfdph.org/dph/COVID-19/Sports-COVID.asp and to Health Directive 2021-01 (https://www.sfdph.org/dph/alerts/files/Directive-2021-01-Sports-Youth-and-Adult.pdf)
- Children and youth, especially those who are unvaccinated, are encouraged, but not required, to limit their participation in multiple sports programs at the same time in any three-week period.
- Physical movement and activity in the classroom are still allowed. For example, "air writing" and other movement designed to help children learn letters, or distinguish left from right; clapping hands or stomping feet, standing, stretching, meditation, and doing the "hokey pokey" to recorded music are all acceptable activities.

Wind Instruments, Singing, and Related Activities

- Wind instruments and singing have a similar level of risk as low-contact recreational sports. Refer to SFDPH guidance on sports, dance at fitness at https://www.sfdph.org/dph/COVID-19/Sports-COVID.asp or SFDPH Health Directive 2021-01 at https://www.sfdph.org/dph/alerts/files/Directive-2021-01-Sports-Youth-and-Adult.pdf
- The following table summarizes additional health and safety requirements for singing, chanting, shouting, cheering, and performing with wind (woodwind and/or brass) instruments. These requirements apply to band, orchestra, chamber music, theater, drama, chorus, smaller singing groups, and other similar activities.

Table: Health & Safety Guidance for Wind Instruments, Singing, and Related Activities

Setting	Outdoors	Indoors
Risk Profile	*Lower Risk*	*Higher Risk (activity is allowed but discouraged)*
Required physical distance between performers	At least 6 feet	
Face masks and covers for wind instruments*	Required if < 6 feet apart. Encouraged at all distances.	Required at all times
Maximum group size	50 participants, excluding staff	25 participants, excluding staff; further limited by (1) the number of people the space can hold with 6 foot distancing and/or (2) 50% occupancy limit
Ventilation	Not applicable	Optimize ventilation. See https://www.sfcdcp.org/ventilation

* Instrument covers should be made of materials similar to those required for face masks. To cover their nose, individuals playing wind instruments may wear a face covering with a mouth-slit in addition to, but not in place of, an instrument cover.

Caring for infants and toddlers

Washing, Feeding, or Holding a Young Child

Washing, feeding or holding a child increases the risk of COVID-19 via respiratory droplets because of the close distance, especially if the child is crying. Skin contact with tears, mucus, and other secretions is much lower risk than the risk of breathing in respiratory droplets at such a close distance.

- Before holding a child aged 2 or over, the child should ideally be wearing a face covering over their mouth and nose, except when feeding. Consider wearing a face shield in addition to a face covering for added protection.
- When holding or physically comforting a crying child, try to position the child so that they are not directly facing you (sitting sideways in a lap, for example, or standing slightly behind the child while rubbing their back). Try to keep your face away from child's face while holding or comforting them. Consider taking the child outside to comfort them.
- Consider covering your regular clothes with a smock or large shirt to keep tears, mucus, saliva or secretions from touching your clothing. For details, see https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#InfantsToddlers.
- Wash your hands, as well as any skin that a child's tears, mucus or other secretions has touched, as soon as possible.
- Discontinue brushing teeth at childcares.

Diapering

Although the virus that causes COVID-19 has been found in stool, there has been no known spread of COVID-19 from stool or diapering. However, norovirus and other infections can be spread by stool.

- Follow the usual safe diapering procedures, including wearing gloves and handwashing before and after. For more information, see https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#InfantsToddlers

Children and youth receiving special services

- Therapists and other support staff are considered essential staff and should be allowed onsite to provide services.
- Accommodations and related services for special education, learning disabilities and medical conditions should be met, even if it creates cross-over between cohorts. Provide supervision for children who need additional support maintaining physical distancing, wearing a face covering, or handwashing.

What to do when someone has COVID-19 symptoms or confirmed COVID-19

When staff, children and youth become ill at the program

- Staff who become ill at work must notify their supervisor and leave work as soon as they can.
- Send ill children and youth home. Keep children who are waiting to be picked up in a designated isolation room. Make sure that they keep their face masks on.
- When a parent or guardian arrives to pick up a child, have the child walk outside to meet them if possible instead of allowing the parent or guardian into the building. The parent may also have COVID-19, since children are most often infected by an adult in their home.

See the Quick Guide for Suspected or Confirmed COVID-19 for steps to take.

The Quick Guide has a summary chart of what to do when staff, children and youth have COVID-19 symptoms, have had close contact to someone with COVID-19 (for example, a parent or sibling), or test positive for COVID-19. It also lists steps to take if your program has a confirmed case of COVID-19.

Translations of the Quick Guide are at https://sfcdcp.org/school

Returning to the program after COVID-19 symptoms, exposure or a positive test

See SFDPH criteria for children and youth to return to their program at https:/sfdph.org/dph/COVID-19/Schools-Returning.asp

Deciding if your program should close due to COVID-19

Programs should avoid unilaterally closing due to community surges in COVID-19, without direction from public health officials. Doing so may not decrease the risk to staff and children, and in fact may lead to more COVID-19 infections due to staff and children spending more time in settings where the risk of transmission is higher than in child care programs.

Even when COVID-19 is widespread in the general community, spread of COVID-19 inside childcares is rare. Almost all cases of COVID-19 in childcares in San Francisco have been in staff and children who were infected outside of the childcare. Routine testing of elementary school staff and students has also provided reassuring evidence of the lack of transmission in programs for children.

This reflects the success of child care programs in implementing precautions like face masks, physical distancing, hand hygiene, and staying home when sick. When these basic precautions are enforced, they are very effective at keeping COVID-19 from spreading, In contrast, people not following these precautions in informal or unsupervised settings has been largely responsible for community spread of COVID-19.

The decision to close a child care program should be based on COVID-19 cases in the child care, not on community COVID-19 rates, which may not reflect the conditions at the child care program. Any decisions should be made in consultation with the SFDPH Schools and Childcare Hub. In general, programs with smaller, more contained cohorts are less likely to need closure.

Situations where SFDPH may recommend closing a program may include the following:

- 25% or more of the cohorts in the program have had outbreaks[1] in the last 14 days.
- At least three outbreaks have occurred in the last 14 days AND more than 5% of the staff and children are infected.
- Investigation of an outbreak by SFDPH suggests ongoing COVID-19 transmission in the program.

Closures are generally for 10-14 days, and are meant to prevent further transmission within the program, as well as to better understand how transmission occurred, in order to prevent repeat outbreaks.

A more common situation is that **programs that do not limit contact between staff in different cohorts may have to close due to staff shortages after a staff member tests positive,** because other staff must quarantine.

Resources

San Francisco Department of Public Health (SFDPH)

- **SFDPH Schools and Childcare Hub** for COVID-19 consultation and guidance (628) 217-7499 or email Cases.schools@sfdph.org
- COVID-19 guidance for the public, including employers: https://sfcdcp.org/covid19
- COVID-19 guidance for programs for children and youth: https://sfcdcp.org/school
  - "Quick Guide for Suspected or Confirmed COVID-19"
  - "Parent and Caregiver Handout: COVID-19 Symptom and Exposure Check/Returning to School after Symptoms" I
  - Outreach Toolkit for Coronavirus. https://sf.gov/outreach-toolkit-coronavirus-covid-19

California Department of Public Health (CDPH)

- "COVID-19 Update Guidance: Child Care Programs and Providers" issued 7/17/2020 https://files.covid19.ca.gov/pdf/guidance-childcare--en.pdf
- "COVID-19 Case and Contact Management Within Child Care Facilities" issued 8/25/2020 https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/contact-management-childcare-facilities.aspx
- Updated COVID-19 Guidance for Cohorts, Group Size, and Ratios in Licensed and License-Exempt Child Care Settings https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2020/CCP/PIN-20-22-CCP.pdf

[1] An outbreak is 3 or more COVID-19 cases in a child care program in a 14-day period, where people were likely infected at the program. For example, 3 cases in 3 siblings would not be considered an outbreak, nor would 3 cases in children who also play on a sports team already being investigated for an outbreak. Similarly, 3 cases in children or staff who happen to have COVID-19 at the same time, but were infected outside of the childcare, would not be considered an outbreak.

- "Outdoor and Indoor Youth and Recreational Adult Sports" updated 4/6/2021
  https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/outdoor-indoor-recreational-sports.aspx
- "Youth Sports Questions and Answers" updated 3/22/2021
  https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Youth-Sports-FAQ.aspx

Centers for Disease Control and Prevention (CDC)

- Guidance for Schools and Childcare
  https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html
- Guidance for Child Care Programs that Remain Open
  https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-child care.html
- Cleaning and Disinfection for Community Facilities
  https://www.cdc.gov/coronavirus/2019 ncov/community/organizations/cleaning disinfection.html

HSP

Health and Safety Plan

Checklist

Health Officer Directive No. 2020-26d (Exhibit B)
Health and Safety Plan (issued 5/6/21)

Each school offering specialized and targeted support services must complete, post onsite, and follow this Health and Safety Plan.

Check off all items below that apply and list other required information.

Business/Entity name: *Contact name:*

Entity Address: *Contact telephone:*

(*You may contact the person listed above with any questions or comments about this plan.*)

- ☐ Business is familiar with and complies with all requirements set forth in Health Officer Directive No. 2020-26, available at http://www.sfdph.org/directives.
- ☐ Designate a COVID-19 staff liaison. *Liaison name:*
- ☐ Protocols have been established in the event a child or staff member has symptoms of COVID-19, has close contact with a person with COVID-19, or is diagnosed with COVID-19.
- ☐ Program is limited to children and youth with disabilities (who are given first priority), children and youth who are clients of Family and Children's Services or are at risk of abuse, neglect, or exploitation, children and youth experiencing homelessness or housing/food insecurity; foster children; children of domestic violence survivors; and English learners.
- ☐ Everyone who enters the facility is screened for COVID-19 symptoms or exposure.
- ☐ Parents are informed to keep children home when ill.
- ☐ Sick leave policies support personnel to stay home when ill.
- ☐ Limiting non-essential visitors, including volunteers, to the greatest extent possible.
- ☐ Group sessions are a minimum of three weeks long.
- ☐ Staff is assigned to as few cohorts as feasible.
- ☐ Interaction between cohorts is minimized to the greatest extent feasible.
- ☐ Physical distancing between adults is maintained as much as possible.
- ☐ Physical distancing between children is encouraged as appropriate depending on the nature and location of the activity.
- ☐ All adults and children 2 years and older wear a face covering unless eating or drinking, as needed for provision of services, or otherwise exempt.
- ☐ Protocols for frequent hand washing and/or sanitizing are in place.
- ☐ Activities are done outdoors to the greatest extent possible.
- ☐ Ventilation is maximized to the greatest extent possible through opening windows (when safe to do so) and/or adjusting mechanical ventilation to maximize fresh (outdoor) air ventilation, as appropriate.

HSP

Health and Safety Plan

Checklist

Health Officer Directive No. 2020-26d (Exhibit B)
Health and Safety Plan (issued 5/6/21)

Each school offering specialized and targeted support services must complete, post onsite, and follow this Health and Safety Plan.

☐ Frequently touched surfaces, supplies and other objects are cleaned regularly.

☐ Staff contact with families at drop-off and pick-up is limited as much as possible.

☐ Children are placed as far apart as possible during meals and snacks.

Additional Measures

Explain: