



DIRECTIVE OF THE HEALTH OFFICER No. 2020-33f

**DIRECTIVE OF THE HEALTH OFFICER OF
THE CITY AND COUNTY OF SAN FRANCISCO REGARDING REQUIRED BEST
PRACTICES FOR SCHOOLS**

(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 as described below must follow as part of the local response to the Coronavirus Disease 2019 (“COVID-19,” including SARS-CoV-2, the virus that causes the disease) pandemic. This Directive constitutes industry-specific guidance as provided under Section 4 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 This Directive goes into effect immediately upon issuance, and remains in effect until suspended, superseded, or amended by the Health Officer.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 to help 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. The Stay-Safer-at-Home Order allows transitional kindergarten (TK)-12 schools in the City and County of San Francisco (“Schools”) to reopen for in-person, on-site instruction with advance written approval of a comprehensive Health and Safety Plan by the Health Officer. *See* Stay-Safer-At-Home Order Section 5(a).
2. Schools are also permitted to offer specialized and targeted support services to vulnerable children as provided in Section 5(a)(3) of the Stay-Safer-At-Home Order. Such services must be offered in compliance with the requirements set forth in Health Officer Directive No. 2020-26 and with the testing and cooperation requirements set forth below.
3. Attached as Exhibit A to this Directive is guidance from the Department of Public Health regarding reopening Schools for in-person, on-site instruction (“TK-12 Guidance”). All Schools offering in-person, on-site instruction must comply with all applicable requirements listed in the Guidance, including as it may be amended in the future.
4. Each School must (a) make their approved Health and Safety Plan available online at a permanent URL and in hard copy upon request, and (b) provide a summary of the plan to parent(s) and guardian(s) of students in the School, and to all Personnel working on site or otherwise in the City in relation to its operations. Also, each School 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.



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- 5. Each School subject to this Directive must provide items such as Face Coverings (as provided in Health Officer 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 School's Personnel. If any School 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 School is subject to immediate closure and the fines and other legal remedies described below, as a violation of the Stay-Safer-At-Home Order.**
- 6. Schools must comply with the following requirements with respect to testing:**
 - a. Symptomatic Testing**
 - i. If any adults based in a School facility, including but not limited to teachers, staff, paraprofessionals, contracted janitorial staff, security, therapists, aides, essential volunteers, interns, and student teachers ("School-Based Adults") have symptoms of COVID-19, the School must send that person home in compliance with the procedures set forth in the TK-12 Guidance. The person must not be allowed to return to the School until the relevant criteria set forth in SFDPH's guidance on "Ending Isolation or Returning to Work for Those Who Have Confirmed or Suspected COVID-19" are satisfied. (The guidance is available at <https://www.sfdcp.org/rtw>.) It is strongly recommended that the person be tested as soon as possible for COVID-19. Schools must take all steps necessary to ensure the School receives the results of these tests promptly as set forth in Section 5.a.3, above. Schools must immediately (within one hour of learning of the result) report any positive or inconclusive test result to the SFDPH Schools and Childcare Hub: call 628-217-7499 or email cases.schools@sfdph.org (please put "SECURE" in the subject line).**
 - ii. If any student has symptoms of COVID-19, the School must send that student home in compliance with the procedures set forth in the TK-12 Guidance. The student must not be allowed to return to the School until the relevant criteria set forth in SFDPH's "Quick Guide for Schools, Childcares, and Programs for Children and Youth" are satisfied (available at <https://www.sfdph.org/dph/files/ig/COVID-19-QuickGuide-Suspected-Confirmed-COVID-Schools-Childcares-Programs.pdf>). It is strongly recommended that the student be tested as soon as possible for COVID-19. Schools must require parents or guardians to inform the School immediately (within one hour of learning of the test result) if their child tests positive or has an inconclusive test result and to provide documentation of the positive or inconclusive result within 48 hours. Schools must immediately (within one hour of learning of the test result) report any positive or inconclusive test**



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result to the SFDPH Schools and Childcare Hub: call 628-217-7499 and email cases.schools@sfdph.org.

b. General Requirements

- i. The School must share information about testing with SFDPH as required by this Directive and as requested by SFDPH at any time while this Directive is in effect. Such information may include and is not limited to information about attendance, contact information, health information, employment information (for School-Based Adults), and any other information related to this Directive required by SFDPH. The disclosure of any confidential information under this subsection is limited to the minimum necessary for public health purposes as determined by SFDPH, and any such information that is confidential must be protected by SFDPH as required by law.**
- ii. All Testing must be done using tests that are authorized by the United States Food and Drug Administration or by the California Department of Public Health.**
- iii. Testing results, including but not limited to the Testing Log, are considered confidential health information of staff and students, and must be handled accordingly. For example, Schools can consider the following measures:**
 - If test results are to be faxed to the School, the fax machine must be placed in a private, secure area;**
 - Hard copy documentation must be kept in a secure location, such as a locked file cabinet behind a locked door, and must not be left unsecured while unattended;**
 - Electronic information must be stored on password-protected computers; and**
 - Any electronically-stored information must not be maintained in a cloud-based system that is located outside the United States.**
- iv. The School must maintain the confidentiality of information about testing results of School-Based Adults and students, and may only share such information as allowed or required by law.**
- v. In relation to reporting test results for School-Based Adults or students, the School must provide all information requested by SFDPH.**
- vi. The School must comply with SFDPH requirements regarding reporting of metrics as stated in “SFDPH Reporting Metrics” (available at <https://www.sfdph.org/dph/covid-19/schools-education.asp>).**



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- 7. Each School must cooperate with SFDPH by working and collaborating with SFDPH, and otherwise following the direction of SFDPH, in relation to the School and the subject matter of this Directive. Such cooperation includes, but is not limited to, all of the following:**
 - **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 School-Based Adults, 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 students, School-Based Adults, or the community.**
- 8. Schools must advise all students and School-Based Adults that, unless they meet criteria set forth in SFDPH’s “Quick Guide for Schools, Childcares, and Programs for Children and Youth” to be exempted from quarantine, they must notify the school and stay home if any household member or other close contact has a positive or inconclusive COVID-19 test or was otherwise diagnosed with COVID-19 by a healthcare provider. School-Based Adults and students may return to school when the relevant criteria set forth in SFDPH’s “Quick Guide for Schools, Childcares, and Programs for Children and Youth” are satisfied (available at <https://www.sfdph.org/dph/files/ig/COVID-19-QuickGuide-Suspected-Confirmed-COVID-Schools-Childcares-Programs.pdf>). It is strongly recommended that unvaccinated individuals get tested for COVID-19 six days after their last close contact with the person with COVID-19.**
- 9. 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.**
- 10. 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 Schools 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);**



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www.sfdph.org/directives) regularly.

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, 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.

A handwritten signature in black ink, appearing to read "Susan Philip".

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

Date: May 6, 2021



**Reopening TK-12 Schools for In-Person, On-Site Instruction:
Interim Guidance for School Year 2020-2021**

May 4, 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>

Summary of Changes since the 3/21/2021 Version

Major revisions are highlighted throughout the document in **blue color**.

- Routine testing of asymptomatic staff and students, especially those who have been fully vaccinated for COVID-19, is not recommended.
- 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 stable groups sharing an indoor space. New recommendations added on safely using an indoor space for more than one stable group.
- 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%.
- Drinking fountains can be used.
- Frequent disinfection is no longer recommended. Additional disinfection is needed only if someone with confirmed COVID-19 used the space within the last 24 hours.
- Added section on walking school buses under Transportation.
- Added section on fire drills.
- Steps to take for a confirmed COVID-19 case moved to the [Quick Guide for Suspected and Confirmed COVID-19](#).
- Link to SFDPH [Return to School](#) criteria added
- New email address for positive COVID-19 cases: cases.schools@sfdph.org

AUDIENCE: Public, private and parochial TK-12 schools in San Francisco. Transitional kindergarten (TK) programs that are not part of an elementary school should refer to SFDPH guidance for programs for children and youth.

PURPOSE: To help TK-12 schools understand COVID-19 health and safety practices needed for in-person instruction.

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 and students who are fully vaccinated for COVID-19 increases.](#)

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Key messages

- **COVID-19 vaccination of staff and students who are old enough to be vaccinated is one of the most effective ways to decrease the risk of COVID-19 in schools.**
- **Address staff-to-staff transmission and staff as sources of infection.** In schools that have had outbreaks, staff were significantly more likely to spread COVID-19 than students.
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 spread of COVID-19 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 or 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 spend a total of 15 minutes in 24 hours within 6 feet of someone with COVID-19 to be at risk of infection.
 - Being outdoors is much safer than being indoors.
 - More people using face masks is safer than fewer people using face masks.
 - 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).

Prepare for reopening

Apply to reopen

Schools must submit an application and be approved by SFDPH to reopen.

- When San Francisco's adjusted COVID-19 case rate is less than 25 per 100,000 population per day, all schools whose applications have been approved by SFDPH may reopen. See the [CDPH Reopening Framework](#) for details.
- Submit an application to SFDPH. Your school will also need a facility review and site assessment to be approved to re-open for in-person instruction. For the application process, see <https://www.sfdph.org/dph/COVID-19/Schools-Education.asp>

Establish COVID-19 health and safety protocols

- Designate a COVID-19 staff liaison to be the single point of contact at each school for COVID-19 practices, protocols, or exposures. This person will also serve as a liaison to SFDPH.
- Establish health and safety protocols to prevent spread of COVID-19, as required by SFDPH Health Orders.
- Establish protocols for staff and students with symptoms of COVID-19 and for communication with staff, students and families after a confirmed COVID-19 case at school.
- Identify isolation rooms for students with symptoms of COVID-19 who are waiting to be picked up. Isolation rooms should be in an area where others do not enter or pass through.
- Train staff and students on health and safety practices.
 - Cal/OSHA requires that employee training include specific COVID-19 information. See <https://www.dir.ca.gov/dosh/coronavirus/COVID19FAQs.html>
- Share your health and safety plan with staff, families, students and community members.

Staff considerations

Protect staff, especially those at high risk of severe COVID-19 illness. 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 www.sfcdcp.org/quarantineaftervaccination
- Offer options that reduce exposure risk to [unvaccinated](#) staff who are in groups at higher risk for severe COVID-19 (e.g. telework, reassignment, or modified job duties that limit direct interaction with staff and students).
 - Avoid assigning non-medical staff in groups at higher risk for severe COVID-19 to assess students who feel sick or monitor/care for sick students 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 stable groups from mixing. During the two weeks before school opens, do not hold in-person staff development, meetings, or team-building activities that bring together staff who will be working with different stable groups.
- Implement sick leave policies that support staff in staying home when ill.
- Monitor staff absenteeism. Plan for staff absences of 10 days due to COVID-19 infection or exposure. Have a roster of trained back-up staff.
 - **Avoid combining stable groups when staff are absent**, as this increases the risk of infection spreading in your school.
 - Be prepared to offer distance learning to students whose teachers must stay home due to COVID-19 infection or exposure, and no other teacher is available.

Student considerations

- Encourage COVID-19 vaccination for students who are old enough to be vaccinated.
- Prioritize students who are likely to experience the greatest negative impacts from not being able to attend school in-person, keeping equity in mind.
- Ensure that students, including students with disabilities, have access to instruction [and services](#) required by federal and state law.
- Offer distance learning to students for whom in-person attendance would pose a health risk to the student or their family/household. For a list of groups at higher risk of severe COVID-19, see sfcdcp.org/vulnerable.
- Do not exclude students from in-person attendance solely because of medical conditions that put them at higher risk of severe COVID-19. Allow the child's medical team and family to determine whether in-person attendance is safe.

Required signs

Schools that are open must post these 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 seen.
SFPDPH-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 personnel can report violations of COVID-19 health orders and directives by calling 311 or online at <https://www.sf.gov/report-health-order-violation>, and that the employee's identity will not be disclosed to the employer.
- **Ventilation Checklists** (indoor programs only)
Post in staff 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
 - Appropriately sized portable air cleaners in each room
 - None of the above
- **Take a Break Safely**
Post in staff break rooms. Online at <https://sf.gov/file/covid-break-room>

Strategies to prevent the spread of COVID-19

Prevent COVID-19 from entering the school

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

Tell staff and students to check for COVID-19 symptoms and exposure before they arrive.

- Give staff and families of students the symptoms and exposure questions to review before they arrive at each day. Schools do not have to confirm that the students were checked or collect the responses to the questions.
 - Staff, Contractors, Volunteers: [SFPDPH Personnel Screening Form](#)
 - Parents or other adult visitors: [SFPDPH Screening Form for Non-Personnel](#)
 - Students: [For Parents and Guardians: Daily COVID-19 Symptom and Exposure Check](#), at sfcdcp.org/school
- The symptom list for checking students is shorter than for adults. This because some symptoms are so common in children that they are not helpful in determining if a child likely to have COVID-19. Other symptoms are much less common in children with COVID-19 than adults.
- SFPDPH does not recommend temperature checks at schools.

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

Staff and students who are sick must stay home.

- Staff and students 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, to lower the risk of spreading infection to children and staff.
- If staff and students develop symptoms after they arrive, send them home. Keep students who are waiting to be picked up in a designated isolation room.

Encourage staff and students 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 school. Avoid allowing family members into classrooms and other student areas.
- School tours and open houses must meet CDPH and SFPDH requirements for gatherings. For more information, see <https://sfcdcp.org/gatheringtips>. Do not hold tours and open houses when students are present. Keep a log of all persons present, in case someone at the tour or open house later tests positive for COVID-19.

Stable groups of staff and students

A stable group has the same staff and students each day, stays together for all activities (e.g., lunch, recess, etc.) and avoids contact with people outside the group. Keeping teachers and students in the same group lowers their exposure risk by decreasing the number of people they interact with each day. Keeping groups as small as feasible further reduces exposure risk.

- Elementary schools must keep students in stable classroom groups, no larger than the standard class size for each grade level, with the same teacher(s) for the entire day.
- Middle schools and high schools may have larger groups with students from more than one classroom. Keep stable groups as small as possible, while ensuring that groups are not segregated by race/ethnicity or socioeconomic class.
 - Limit cross-over of students and teachers as much as possible. Cross-over of students between groups is permitted to meet students' educational needs.
 - Consider block schedules or other schedules with longer classes and fewer subjects per day, to decrease the number of students that teachers interact with each day. This will also decrease opportunities for students to mix in hallways during class changes. If a block schedule is used, groups should change no more often than every 3-4 weeks.
- School staff should document visits to classrooms that are not part of their group. Consider a sign-in sheet/log on the classroom door.

Limit mixing of stable groups, including staff assigned to different groups.

- Stagger schedules for arrival/dismissal, recess and lunch to prevent mixing of groups.
- Designate specific routes to enter and exit the school for each group, using as many entrances/exits as feasible.
- Minimize movement of students through hallways
Examples of strategies to keep hallways clear:
 - Have a small, stable set of teachers rotate into the classroom for different subjects while students remain in the classroom.
 - Stagger class change times so that only one group is in the hallway at any given time.
 - Consider creating one-way hallways to minimize congestion. Place physical guides, like tape, on floors and sidewalks to mark one-way routes.
 - Assign adjacent classrooms to teachers in the same group to minimize the distance that students travel between classes.
- Gatherings of more than one stable group are currently prohibited (i.e., school assemblies, performances, morning circle).

Physical distancing

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

Physical distancing for staff

- Staff must stay at least 6 feet from other adults, including staff in the same group, whenever possible.
 - Set up workspaces so that staff do not work or sit within 6 feet of each other.
 - Consider virtual meetings using video conferencing apps for parent-teacher meetings and staff meetings, even if all staff are on campus.
- When staff do not need to be closer to students to meet their developmental and learning needs, they should try to stay at least 6 feet away from students.

Physical distancing between students

- Elementary school: During group activities, playtime and recess, physical distancing may be relaxed for younger students in a classroom who are wearing face masks. When outside or in shared spaces, prioritize preventing interactions between stable groups over distancing of students within a group.
- Middle and high school: Physical distancing of students becomes more important when stable groups are larger than a single class, or if there is cross-over between stable groups.

In the classroom

- Staff seats must be at least 6 feet away from student seats, regardless of space limitations.
- Students must be seated at least 3 feet apart.

- If students eat in the classroom, they should be at least 6 feet apart when they remove their masks to eat. See [Meals and Snacks](#) for more information.
- Consider using alternative spaces like cafeterias and auditoriums for instruction to allow more space between students.
- Have students sit in the same seats each day if feasible. Avoid changing seat assignments more often than every 3-4 weeks, unless needed for student safety or well-being. If groups change classrooms for different subjects, try to keep the same seating arrangements across classes.
- Students may move about the classroom to get supplies, turn in work, or to go to another part of the classroom, even if they pass within 3 feet of another student while moving from one place to another. For example, students may leave their desks to join a reading group on a classroom rug.

Outside the classroom

- Limit the number of people allowed in bathrooms, elevators, locker rooms, staff rooms, and other shared spaces to prevent crowding. Adjacent bathroom stalls may be used. Post signs with occupancy limits.
- At places where students congregate or wait in line, mark spots on the floor or the walls to indicate where to stand.
- Consider eliminating use of lockers in hallways and other shared spaces.
Example: Assign lockers so that students in the same stable group are given lockers at least 3 feet apart, and stagger times for locker access between groups.
- Consider suspending uniform requirements for PE, so that students do not need to use the locker room to change.

Using a large indoor space for more than one stable group

Stable groups must stay clearly separated at all times. If groups in a space mingle, all groups may need to quarantine if a person in any groups tests positive for COVID-19.

- Groups 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 room divider. 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 groups from mixing in common areas like entrances, bathrooms, water fountains, and other places where groups could mix. For example, schools can
 - Assign separate entrances and exits to each group, if possible
 - Stagger schedules and bathroom breaks so groups do not mix
- Make sure that the shared space is well-ventilated.
 - For exercise, band, singing, drama, and other higher-risk activities where students 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 face coverings keep people from spreading the infection to others, by trapping respiratory droplets before they can travel through the air. They also help protect the person wearing the face covering from infection.

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

- All adults and students must wear face masks over both their nose and mouth while on campus. This includes family members and caregivers dropping-off or picking-up students outside the building.
- People may not enter the building unless they are wearing a face mask or have documentation of a medical contraindication to face masks.
- Provide face masks to students who forget to bring their face mask to school. 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.
- CDPH requires schools to exclude students from in-person attendance if the student refuses to wear a face mask and does not have a medical exemption.
- Some students will need additional support to consistently wear face masks. Schools should take into account equity and each student’s individual circumstances when deciding how to best support students in wearing face masks.
- Do not exclude students from in-person learning if they have an approved medical exemption to face masks. For students whose exemptions are 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.

For these students and others who have difficulty wearing face masks at all times, prioritize consistent face mask use in the following situations:

- In hallways, bathrooms and other shared spaces where students may encounter staff and students from other stable groups.
- For younger students, during times when physical distancing is relaxed.
- When off-campus in public spaces, for example, when walking to a nearby park or outside the building at drop-off or pick-up.
- When a student is ill and waiting to be picked up (and is not asleep).
- Exclusion from in-person learning should be done only after exhausting efforts to support students in consistently wearing a face mask. Offer alternative educational opportunities for students who must be excluded from campus.

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

- Students with documented medical or behavioral contraindications to face masks are exempt. This includes students who cannot tolerate face masks due to autism or developmental delay and students cannot independently remove face masks due to disability. Seat students who cannot wear face masks at least 6 feet away from other students, if possible to do so without stigmatizing the student.
- School districts' or independent schools' health teams must confirm student exemptions. Students with exemptions must wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, if their condition permits it.
- 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).
- Staff working with students 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. Staff should wear a face mask at other times.
- 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 a face shield is 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

Being outside is much lower risk than being inside. When indoors, increasing outdoor air circulation lowers the risk of infection by “diluting” any infectious respiratory virus in the air with fresh outdoor air.

Outdoor spaces

- Do as many activities outside as possible, especially higher-risk activities like snacks/meals and exercise.
- Stagger use of outdoor spaces to keep groups from mixing. If the outdoor space is large enough, consider designating separate spaces for each group.
- 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 wash or sanitize their hands before and after using these areas. When hand hygiene is emphasized, cleaning of outdoor play structures is not needed between groups.

Indoor spaces

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

SFDPH reviews ventilation as part of all schools’ applications to reopen for in-person instruction. Schools must make any ventilation improvements required by SFDPH.

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 program has an HVAC system (sometimes called mechanical ventilation, forced air, or central air), maximize the intake of outdoor air and minimizing recirculated air.
- Consider portable air cleaners (“HEPA filters”).
- If the school uses fans, adjust the direction of fans to so that air does not blow from one person’s space to another’s space.



For detailed guidance, see <https://www.sfdcp.org/ventilation> and <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/ventilation.html>

Testing staff and students

When community rates are low and people are very unlikely to have COVID-19, positive tests can be false positives, meaning that the person does not actually have COVID-19. This may happen for many reasons. For example, a person's test could have been accidentally contaminated in with someone else's test. False positives are very rare, but when community rates of COVID-19 are low, the chance of a false positive can be greater than person's chance of being infected.

Testing in San Francisco schools have shown very low rates of COVID-19 in staff and students with no symptoms or known exposures at this time. For this reason, **SFDPH does not recommend routine testing of fully vaccinated individuals, or of school staff and students in Yellow or Orange Tier.**

SFDPH does not recommend routine testing of people in the following groups:

- Staff and students who are fully vaccinated for COVID-19 and have no symptoms
- Staff or students who have had COVID-19 in the last 3 months, confirmed by a lab test.
- Staff without COVID-19 symptoms or known exposures, in Yellow or Orange Tiers.
- Students without COVID-19 symptoms or known exposures, in any tier

SFDPH continues to recommend testing for the following groups

- People with symptoms of COVID-19
- Close contacts to COVID-19, if they have not had COVID-19 in the last 3 months
- People who play or coach sports where testing is required, per [SFDPH Sports Guidance](#)
- Staff when community rates are high, as listed in the chart below

Recommended COVID-19 Testing for Schools:

	Yellow/Orange	Red/Purple	Deep Purple when Adjusted Case Rate >14
Asymptomatic staff with no known exposures	Not recommended.	Staff who are not fully vaccinated for COVID-19, PCR every 2 weeks	Staff who are not fully vaccinated for COVID-19, weekly PCR or twice weekly antigen testing

- If a person without symptoms has a positive rapid antigen test, the result should be confirmed with a PCR test. If the PCR is negative, the person is considered NOT to have COVID-19. See <https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html#evaluating-test-results>
- For detailed information about required testing for schools, see Health Officer Directive No. 2020-33 at <https://www.sfdph.org/directives>

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 for staff and students in all grades to wash or sanitize their hands, especially before and after eating, when entering a room, and before and after using shared equipment.

- Every classroom/instructional space and common area (staff work rooms, eating areas) must have hand sanitizer or a place to wash hands upon entering.
- Establish procedures to ensure that sinks and handwashing stations do not run out of soap or paper towels, and that hand sanitizer does not run out.
- Post signs encouraging hand hygiene. Hand hygiene signs in multiple languages is available at <http://eziz.org/assets/docs/IMM-825.pdf> <https://www.cdc.gov/handwashing/posters.html>
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Limit sharing

- Drinking fountains may be opened if the school 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,” can be used.
- Students may use shared supplies and equipment such as computers, books, games, play areas, and area rugs. Have students wash or sanitize their hands before and after using shared supplies and equipment.

Cleaning and disinfection

Routine cleaning should continue, but routine disinfection is no longer recommended in schools by CDPH. Contaminated surfaces are not thought to be a significant route of transmission, and frequent disinfection can pose a health risk to students due to the strong chemicals often used.

- Clean frequently touched surfaces daily and between stable groups. Routine cleaning focuses on frequently touched surfaces like door handles, shared desks and tables, light switches, sink handles, and keyboards.
 - Desks and chairs that are only used by one person do not need to be cleaned daily.
 - 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 CDC guidelines on “Cleaning and Disinfecting Your Facility” at https://www.cdc.gov/coronavirus/2019_ncov/community/disinfecting_building_facility.html and CDPH COVID-19 and Reopening In-Person Instruction Framework, section on Cleaning and Disinfection at <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 or colleagues as sources of infection. They may forget to take precautions with co-workers, especially during social interactions such as breaks or lunch time.

- Strongly discourage staff from eating together, especially indoors.
 - Schools must notify staff that they should not eat indoors when possible.
 - Schools 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 maximize ventilation, when feasible, especially if staff are eating or if the room is near 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 maximize outdoor air circulation. Everyone in the vehicle should wear a face mask.
- School Buses
 - Face masks are required for staff and students. Bus drivers should carry a supply of face coverings in case a student forgets theirs.
 - Students must sit at least 6 feet away from the driver.
 - Maximize space between students 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 students 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 their children.
- Face masks are required for staff and students, 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 already asks families for to check for symptoms and exposures at home.

Arrival and dismissal

If students and parents/caregivers from different households gather and interact with each other during arrival and dismissal, this creates an opportunity for COVID-19 to spread in the school community.

- Stagger arrival and dismissal times to minimize contact, using different entrances/exits for each group.
- Mark spaces 6 feet apart for students waiting to enter the building and for adults waiting to pick up students. Post signs to remind family members to stay 6 feet away from people from other households when dropping off or picking up their student.
- 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 masks to eat and drink. People often touch their mouths with their hands when eating. In addition, meals are usually considered time for talking together, which further increases risk, especially if students must speak loudly to be heard.

- Students should stay at least 6 feet apart when masks are off to eat. Staff should be especially vigilant about staying 6 feet away from students during meal times.
- Eating outdoors is much safer than eating indoors.
 - Designate an outdoor eating area for each class, and mark places 6 feet apart for students to sit. Without marked spaces, most students will 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>.
- If using shared indoor spaces such as cafeterias or gymnasiums, stagger meal times to prevent mixing of groups, and maximize ventilation. Clean shared eating areas between different classes.
- If students eat in the classroom, some students may need to move during snacks or meals, so that students are at least 6 feet apart while eating. Alternatives include staggering in-class

meals such that half the class participates in an out-of-classroom activity (such as recess) while the other half eats in the room.

- Use individually plated or bagged meals, when possible.
- Consider having meals delivered to the eating area instead of having students go to the cafeteria for meals.
- Everyone should wash their hands or use hand sanitizer immediately before and after eating. Pay special attention to younger students who are more likely to eat with their hands or suck/lick their hands clean.
- Consider starting lunch with silent eating time, followed by conversation time, to discourage talking while masks 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 students mix with people outside their stable group on field trips.

Sports, dance, wind instruments, singing, and related activities

Sports, dance 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 group exercise

- For what's currently allowed [refer to SFDPH guidance on sports, dance at fitness](https://www.sfdph.org/dph/COVID-19/Sports-COVID.asp) 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>)
- 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

- Follow CDPH and SFDPH guidelines for low-contact youth recreational activities. See the 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, and performing with wind (woodwind or brass) instruments. These requirements apply to band, orchestra, chamber music, theater, drama, chorus, smaller singing groups, and 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 a 6 foot distancing and/or (2) a 50% occupancy limit
Ventilation	Not applicable	Optimize ventilation. See https://www.sfdcp.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.

Fire drills

- Designate an exit for each stable group, and the order in which groups will exit. Stagger exits of each group so that groups are at least 6 feet apart. Physical distancing between stable groups is more important than distancing between students in the same group when exiting the building.
- Designate areas for each stable group outside, with enough space that groups can be at least 3 feet apart, and students and staff at least 3 feet apart
- Pedestrian safety is more important than physical distancing when walking to/from the cohort's designated waiting area.
- Create a written exit plan for students 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 students will exit. Pay special attention to physical distancing for these students.

Students receiving special services

- Provide accommodations and related services for special education, learning disabilities and medical conditions, even if it creates cross-over between stable groups.
- Additional accommodations may be needed for students to safely attend class. For example, a student who cannot tolerate a face covering due to a medical or developmental condition may need a desk with a partition or clear screen. Other students may need additional supervision and support around physical distancing, wearing a face covering, or handwashing.
- Nurses and therapists who are not school employees but work with students in schools, such as occupational therapists and physical therapists, are considered essential staff and should be allowed on campus to provide services.
- When students are unable to attend school due to COVID-19 infection or exposure, consider remote video sessions for therapy.

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

When staff or students become ill at school

- Staff who become ill at school must notify their supervisor and leave work as soon as they can.
- Send ill students home. Keep students who are waiting to be picked up in a designated isolation room. Make sure that students keep their face masks on.
- When a parent or guardian arrives to pick up a student, have the student 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](#) outlines what to do when staff and students have COVID-19 symptoms, exposures (for example, a parent or sibling tested positive), or test positive for COVID-19. Translations of the Quick Guide are at <https://sfcdcp.org/school>

[Returning to school after COVID-19 symptoms, exposure or a positive test](#)

See SFPD criteria for returning to school at <https://sfdph.org/dph/COVID-19/Schools-Returning.asp>

Deciding if your school should close due to COVID-19

Schools 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 students. In fact, it could lead to more COVID-19 infections if it results in staff and students spending more time in settings where the risk of becoming infected is higher than in school.

Even when COVID-19 is widespread in the general community, spread of COVID-19 in schools has remained rare. Almost all cases of COVID-19 in schools in San Francisco have been in staff and students who were infected outside of the school. Routine testing of elementary school staff and students has also provided reassuring evidence of the low risk of transmission in schools.

This reflects the success of schools 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 protecting people from COVID-19. 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 school should be based on COVID-19 cases within the school, not on community COVID-19 rates, which may not reflect the conditions at the school. Any decisions should be made in consultation with SFDPH. In general, schools with smaller, more contained stable groups are less likely to require closure.

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

- 25% or more of the stable groups in a school have had outbreaks¹ in the last 14 days.
- At least three outbreaks have occurred in the last 14 days AND more than 5% of the school population is infected.
- Investigation of an outbreak by SFDPH suggests ongoing COVID-19 transmission within the school.

A more common situation is that **schools that do not limit interactions between staff assigned to different groups may be forced to close due to staff shortages after a staff member tests positive**, if a number of other staff were exposed and must quarantine.

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

¹ An outbreak is 3 or more COVID-19 cases in a school in a 14-day period, where the transmission likely happened at school. For example, 3 cases in 3 siblings would not constitute an outbreak, nor would 3 cases in students who also play on a sports team already being investigated for an outbreak. Similarly, 3 cases in students or staff who do not have contact (or overlap in shared spaces) in the school would not be considered an outbreak.

Resources

San Francisco Department of Public Health (SFDPH)

- **SFDPH Schools and Childcare Hub** for COVID-19 consultation and guidance (628) 217-7499 or cases.schools@sfdph.org
- COVID-19 guidance for the public, including employers <https://www.sfdcp.org/covid19>
- COVID-19 guidance for schools at <https://sfdcp.org/school>
 - [“Quick Guide for Suspected or Confirmed COVID-19”](#)
 - [“Parent Handout: Symptom and Exposure Check/Returning to School after Symptoms”](#)
- Outreach Toolkit for Coronavirus. <https://sf.gov/outreach-toolkit-coronavirus-COVID-19>

California Department of Public Health (CDPH)

- “COVID-19 and Reopening In-Person Instruction Framework & Public Health Guidance for K-12 Schools in California, 2020-2021 School Year” updated 3/20/2021 <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID19-K12-Schools-InPerson-Instruction.aspx>
- State of California Safe Schools for All <https://schools.covid19.ca.gov/>
 - Evidence Summary: TK-6 Schools and COVID-19 Transmission <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Safe-Schools-for-All-Plan-Science.aspx>
- Guidance Related to Cohorts <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/small-groups-child-youth.aspx>
- Guidance for the Use of Face Coverings <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx>

Centers for Disease Control and Prevention (CDC)

- Schools and Child Care Programs <https://www.cdc.gov/coronavirus/2019ncov/community/schoolschildcare/index.html>
- Operational Strategy for K-12 Schools through Phased Mitigation <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html>

American Academy of Pediatrics

- “COVID-19 Planning Considerations: Guidance for School Re-entry” <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>