



DIRECTIVE OF THE HEALTH OFFICER No. 2020-26c

**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: April 14, 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. C19-07v issued on April 14, 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 This Directive goes into effect immediately upon issuance, and remains in effect until suspended, superseded, or amended by the Health Officer.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-Home 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.



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- 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, 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.**



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- 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 OMG-SchoolsTeam@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 (OMG-SchoolsTeam@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.**



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- 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.

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: April 14, 2021



Interim Guidance for Out-of-School Time Programs

April 14, 2021

This guidance was developed by the San Francisco Department of Public Health (SFDPH) for local use. It will be posted at <http://www.sfdcp.org/School>.

AUDIENCE: Educational and recreational programs that provide care and supervision for children when they are not attending school or child care in-person. Out-of-school time (OST) programs include afterschool and weekend programs, youth sport programs, in-person programs to support distance learning such as learning hubs, day camps during school breaks, and other group care for children and youth not run by schools or child care programs.

Summary of Changes since the 3/23/2021 Version

Major revisions are highlighted throughout the document in blue color.

- Indoor cohorts can have up to 25 participants.
Outdoor cohorts can have up to 50 participants.
- Staff may work with more than one cohort.
- Children and youth who play high-contact indoor sports cannot participate in another OST program at the same time. Other children and youth may participate in multiple cohorts.
- Partitions are no longer required for separating cohorts in indoor spaces with good ventilation. Guidance on safely using an indoor space for more than one cohort added.
- Travel recommendations updated.
- Section on walking school buses added.
- New SFDPH email for reporting positive cases and close contacts: Cases.Schools@sfdph.org

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

BACKGROUND: Since the start of the COVID-19 epidemic, our understanding of COVID-19 and how it spreads has increased tremendously. We now know that precautions such as universal face coverings and cohorting effectively decrease the risk of COVID-19 transmission. By coordinating and layering effective interventions, OST programs can minimize the risk of infection for staff, children and youth, while continuing to meet children and youths' academic, developmental and socio-emotional needs.

The guidelines 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 as local community transmission changes.

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Key messages for programs for children and youth

- **Address adult to adult transmission and adults as sources of infection.** In many cases, staff are the source of COVID19 in settings that provide care and supervision for children and youth. Although children can be infected with COVID19 and spread it to adults, spread of infection between adults is more common.
 - **Minimize the number of staff eating together in indoor break rooms.** Eating together in break rooms is a common way that staff 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 indoor ventilation are most important in preventing the spread of COVID-19.

COVID-19 spreads from person-to-person in the air through virus-containing respiratory droplets. These droplets enter the air when a person with COVID-19 breathes, especially when they talk, sing, cough, sneeze or exercise. In poorly ventilated indoor spaces, smaller droplets can float in the air and travel more than 6 feet. The virus that causes COVID-19 must enter a person’s eyes, nose or mouth to infect them.

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.
 - Spending less time together is safer than more time; being further apart is better than being closer together.
 - Smaller groups are safer than larger ones, outdoor settings are safer than indoor ones.
 - More people using face masks is safer than fewer people using face masks.
 - Activities that produce fewer respiratory droplets are safer than those that produce many droplets (silence < quiet talking < loud talking < singing).

Prepare for opening

- Designate a COVID-19 staff liaison to be the single point of contact at each site for questions or concerns around practices, protocols, or potential exposure. This person will also serve as a liaison to SFPD.
- Establish health and safety protocols to prevent COVID-19 transmission.
 - Train staff and teach children and youth about health and safety practices.
 - Create a health and safety plan outlining what the program will do to implement the requirements in this guidance and any relevant Health Officer directives or orders. Share this plan with staff, families, and other members of your program's community.
- During the two weeks before the program re-opens and while the program is open, avoid in-person staff development, meetings, or team-building activities that bring together staff who will be working with different cohorts.
- Establish protocols for staff, children and youth with symptoms of COVID-19 and for communication with staff, families, children and youth, and families after COVID-19 exposure or a confirmed COVID-19 case in the program.

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.

- Offer options that reduce exposure risk to 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 children).
- Avoid assigning staff at higher risk for severe COVID-19 to screen people for symptoms or monitor/care for sick children waiting to be picked up.
- Consider the use of face shields, to be used with face coverings, for staff whose duties make it difficult to maintain physical distancing.

- Keep staff in different stable cohorts from mixing. During the two weeks before the program opens, do not hold in-person staff development, meetings, or team-building activities that bring together staff who will be working with different stable cohorts.
- Implement sick leave policies that support staff in staying home when ill.
- Plan for staff absences of 10-14 days due to COVID 19 infection or exposure. Cross train staff and have a roster of back up 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

- 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
 - Foster children
 - 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.
- Do not exclude children and youth because of medical conditions that may increase their risk of getting very sick from COVID-19. Allow the child’s medical team and family to determine whether in-person attendance is safe.

Required signs

Programs must post the following signs:

- **Reminder to wear a face covering, maintain physical distancing, and stay home if ill**
Post at all public entrances and other places where the signs will be easily noticed.
SFDPH-approved signs are 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 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 at all public entrances and in staff break rooms.
<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. <https://sf.gov/file/covid-break-room>
- **Indoor Risk of COVID-19** (indoor programs only)
<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

Screen everyone entering the program for COVID-19 for symptoms and exposure.

- Give staff and families of participants a screening form to review at home each day. Instruct staff and participants to stay home and get tested if they have COVID-19 symptoms or exposure (close contact). Programs may ask staff and families to submit screening responses by app, email, on paper, or by other means.
- Both outdoor and indoor programs must screen all children, staff, and others entering the program.
- Ask all other persons about COVID-19 symptoms and exposures when they arrive – including parents/caregivers, visitors, contractors, and government officials. Emergency personnel responding to a 911 call do not need to be screened.
- If people answer “yes” to any of the screening and exposure questions, do not let them enter.
- If children or youth arrive with symptoms, send them home. Keep children and youth who are waiting to be picked up in a designated isolation room.
- Programs may choose to require temperature checks of people entering the school, either at home or upon arrival. SFDPH does not require temperature checks at schools.



For more information about screening and temperature checks, see sfcdcp.org/screen.

Staff, children and youth who are sick must stay home.

- Remind families to keep children home when ill. A parent/guardian handout, “COVID-19 Health Checks/If Your Child has Symptoms” is available at sfcdcp.org/School
- 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.

Encourage staff and children to stay home for 10 days after traveling.

- Students and staff should avoid non-essential travel outside California. People who have not been fully vaccinated for COVID-19 should quarantine for 10 days after arriving in or returning to San Francisco from other states or countries. For more information, see <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Travel-Advisory.aspx>

Restrict non-essential visitors.

- Allow only volunteers who are essential to the program operations.
- Discourage parents and other family members from entering the building.
- Therapists who are not OST program employees but work with children and youth on-site, such as ABA therapists, occupational therapists and physical therapists, are considered essential staff and should be allowed to provide services.
- Cancel or move to virtual platforms for special events that involve parents and families, such as festivals, holiday events, and performances.

Keep staff, children and youth in small, stable groups (“cohorts”).

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

Limit cohort size

- 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.
- 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 Tu/Th (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).
 - When determining the number of staff in a cohort, do not count people who provide one-to-one services to individual children in the cohort. This includes but is not limited to

occupational therapists, physical therapists, speech and language therapists, and ABA providers. See the San Francisco Health Directive on Specialized Support Services at <https://www.sfdph.org/dph/alerts/files/Directive-2020-26-Specialized-Support.pdf>.

- Staff may work with more than one cohort. Try to assign staff to as few cohorts as feasible, to limit staff exposure and prevent the spread of COVID-19 across cohorts.
- Staff should stay with each cohort for at least 3 weeks, except for substitute providers who are covering for short-term staff absences.
- Children and youth must enroll in a cohort for a period of at least 3 weeks. Do not allow children to attend for shorter periods.
- Children and youth who participate in outdoor sports or indoor low-to-moderate contact sports are urged—but not required—to limit their participation to only two sports programs in any three-week period.
- **Children and youth who participate in a high-contact indoor sport may NOT participate in another out-of-school-time program at the same time.** Indoor activities involving heavy breathing sports like basketball and hockey are higher risk for spread of COVID-19, and have been associated with outbreaks in children and youth.

For example, a child who plays indoor basketball on their school team is not allowed to participate in any other extracurricular activities.

For a list of high-contact sports, see

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/outdoor-indoor-recreational-sports.aspx>

Keep cohorts from mixing.

- Each cohort must be in a separate room or space.
- Minimize interactions between cohorts, including interactions between staff in different cohorts.
 - 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.
 - Staff 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 to the same cohort, if possible and consistent with age and developmental needs.
- Avoid moving children and youth from one cohort to another, unless needed for a child’s or youth’s overall safety and wellness.

Using an a large indoor space for more than one cohort

Cohorts must be clearly separated at all time. If cohorts in a space are allowed to intermingle, all cohorts may need to quarantine if even one person has a positive test result for COVID-19.

- Cohorts must stay at least 6 feet apart from each other, 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 the 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) to separate indoor spaces 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, if used, must be made from solid non permeable, cleanable materials extending from the floor and at least 8 feet high.
 - Pay special attention to entrances, bathrooms, water fountains, and other places where cohorts could accidentally mix.
 - 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 activities that involve increased breathing (such as exercise, singing, drama or band), use large spaces with higher ceilings and good ventilation, such as school gyms.
 - Refer to [SFPDH Ventilation Guidance](#) for specific recommendations
 - If the room cannot be ventilated using strategies described in the SFPDH Ventilation Guidance, do not use the space for more than one cohort.
- Avoid having cohorts remove their masks in a shared indoor space. If cohorts 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.

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 from children in classroom settings when masks are worn. However, staff are more likely than children to infect other staff and children in classroom settings. For this reason, staff should continue to stay 6 feet away from children and from each other.

Physical distancing for staff

- Stay at least 6 feet from other adults, including staff 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 staff meetings and parent-staff discussions, instead of meeting in-person.
- Stay 6 feet away from children and youth as much as possible while meeting their learning needs.
- If it is not possible to stay 6 feet apart, keep the interaction short, make sure to wear face coverings, and consider wearing a face shield in addition to a face covering.

Physical distancing between children and youth

- In settings where children are typically seated at desks or tables, children and youth must be seated as far apart as possible, and at least 3 feet apart for individual activities.
- 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.
- Have children sit in the same seats each day, if possible.
- Offer more opportunities for individual activities, such as reading, painting or crafts. Choose group activities that do not involve close contact between children.
- During group activities, such as playtime, physical distancing may be relaxed for younger children who have difficulty staying apart, especially if outside and wearing facemasks.
- Prioritize preventing interactions between cohorts over physical distancing within a cohort in shared spaces like outdoor areas, hallways and bathrooms.
- Limit occupancy of bathrooms, elevators, staff rooms and similar shared spaces to allow 6 feet of distancing. Adjacent bathroom stalls may be used. Post signs with occupancy limits.
- At places where people congregate or wait in line, mark spots on the floor or the walls 6 feet apart to indicate where to stand.

Face masks and cloth face coverings

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 mouth and nose and do not have an exhalation valve.

- All adults and children 2 years of age and older must wear face masks over both their nose and mouth. This includes family members and caregivers dropping off or picking up children.
- 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 children who forget to bring their face mask to the program. 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 will 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 children in wearing face masks.
- Do not exclude children from in-person participation if they have an approved medical exemption to face masks. For children and youth with documented medical exemptions to face masks 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 children and youth who have difficulty keeping their face masks on at all times, prioritize consistent face mask use in the following situations:
 - In hallways, bathrooms and other spaces where they may encounter staff and students from other classrooms.
 - For younger children, during times where physical distancing is relaxed.
 - When a child or youth is ill and waiting to be picked up (and is not asleep).
 - When in public and within 6 feet of others, for example, while walking to a nearby park or outside the program at drop-off. CDPH requires face masks for children ages 2 and up in public. Wearing face masks at drop off also protects staff who are screening children and youth for COVID 19.
- Avoid excluding children from the program or disciplining them if they initially have difficulty wearing a face mask. Continue to encourage and remind them to wear their mask.
- Seat children and youth who are cannot wear a face mask at least 6 feet away from others, if possible to do so without stigmatizing the child or youth.

Exemptions to cloth face coverings; use of face shields

- Children 0--1 year 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 children and youth unable to remove a face mask independently due to developmental delay or disability.
- Adults with a medical contraindication documented by a medical provider to a face covering may be allowed to wear a face shield with a cloth drape on the bottom tucked into the top of their shirt. However, this is not thought to be as effective as a face mask in preventing spread of infection.
- Asthma, claustrophobia, and anxiety are not usually considered to be contraindications to face masks.
- Staff working alone in a private indoor space do not have to wear a face mask if
 - The space is completely enclosed (i.e. a private office, not a cubicle), and
 - Other people are not likely to enter the space at any time in the following few days

Staff working alone in a classroom that will be used later by others are not exempt, and must wear a mask. Similarly, administrators in a private office must wear a mask, even when alone, if they can reasonably expect others to enter their office to ask questions or to meet.
- Staff working with children and youth who are hard-of-hearing may use a clear mask (a disposable or cloth face mask with a clear window). If this is not feasible, a face shield with a cloth drape tucked into the shirt may also be used. Staff must wear a face mask at other times, for example, in staff-only areas.
- Do not use face shields 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 protection for the wearer. When used with a face 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>

Hand hygiene

Frequent handwashing for at least 20 seconds 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, children and youth to wash or sanitize their hands at staggered intervals, especially immediately after arriving, before and after eating, upon entering/re-entering a space, and before and after touching shared equipment such as computer keyboards.
- Every 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. A hand hygiene sign in multiple languages is available for download at <http://eziz.org/assets/docs/IMM-825.pdf>

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 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 guidelines for ventilation of 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>
- If used, outdoor playgrounds/natural play areas only need routine maintenance. Make sure that children wash or sanitize their hands before and after using these spaces. When hand hygiene is emphasized, cleaning and disinfection of outdoor structures play is not required between cohorts.
- Limit use of other shared playground equipment in favor of activities that have less contact with shared surfaces

Make sure that indoor spaces are well-ventilated.

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

Ventilation 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.
 - Do not prop or wedge open fire doors. Continue to follow fire and building safety requirements.
 - 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.



- If your program has an HVAC system (sometimes called mechanical ventilation, forced air, or central air), follow the recommendations in [SFDPH Ventilation Guidance](#). Prioritize maximizing the intake of outdoor air and minimizing recirculated air during the COVID-19 pandemic. Recommendations include:
 - 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.
 - Keep the HVAC system running even when no one is in the building. 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 using portable air cleaners (“HEPA filters”).
- If your program uses fans, adjust the direction of fans so that air does not blow from one individual’s space to another’s space.

For more information about ventilation, see www.sfdcp.org/COVID-ventilation.

Limit sharing

- [Drinking fountains may be opened if the program can ensure 6 foot 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.
- Limit sharing of art supplies, manipulatives, and other high-touch materials when possible.
- 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. Contaminated surfaces are not thought to be a significant route of transmission, and frequent disinfection can pose a health risk to children due to the strong chemicals often used.

- Clean frequently touched surfaces daily and between stable cohorts. 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* is 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 & Public Health Guidance for K-12 Schools, section on Cleaning and Disinfection at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID19-K12-Schools-InPerson-Instruction.aspx>

Specific situations

Transportation

Since vehicles are small enclosed spaces that do not allow physical distancing, it is easier for COVID-19 to spread between people in a vehicle, especially if everyone inside does not wear a mask. Biking and walking are lower risk than shared vehicles.

- Public transportation: Wear face coverings, maintain at least 6 feet of physical distancing as much as possible, and practice hand hygiene upon arrival.
- Carpools and shared rides: Advise staff and families to carpool with the same stable group of people. Open windows and maximize outdoor air circulation when feasible. Everyone in the vehicle must wear a face covering.

Walking School Buses

- Only staff and students may participate in walking school buses. Family members may not accompany the walking school buses.
 - Families should stay 6 feet away from staff and other households when dropping off their children. Establish clear drop-off procedures to ensure 6-foot distancing between families dropping off their children, and to prevent families from gathering or mingling at the drop-off site.
- Face masks are required for staff and students, as well as family members dropping off children.
- Keep children from different households as far apart as feasible and safe. **Prioritize pedestrian safety over physical distancing.**
- 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 walking to a school, childcare or program that already asks families for symptoms and exposures at home.

Drop-off and pick-up

If children, youth 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 program.

- Limit staff contact with families at drop-off and pick-up
- Stagger arrival and dismissal times to minimize contact, using different entrances/exits for each cohort when possible.
- Mark spaces at least 6 feet apart for children and youth waiting to enter the building and for adults waiting to pick up children. Post signs to remind family members to stay at least 6 feet away from people from other households when dropping off or picking up their child or youth.
- Require face masks for family members who are dropping off or picking up children and youth.

Meals and snacks

Eating together is especially high risk for COVID-19 transmission because people must remove their face masks. In addition, meals are usually considered time for talking together, which further increases risk, especially if people must speak loudly to be heard.

- Do not eat with other staff. This is a common way that staff are exposed to COVID-19 at work.
- Eating outdoors is safer than eating indoors.
- Designate an 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. with an awning)
- Space children and youth as far apart as possible, and at least 6 feet apart, when eating. Try to seat them so they do not sit face-to-face. Physical distancing is especially important when eating, since face masks cannot be worn.
- Use individually plated or bagged meals or snacks instead of family-style meals.
- Make sure that children, youth and staff wash 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 masks are off.
- Stay at least 6 feet away from children and youth when their face masks are off, especially when indoors. Be sure to wear your own face mask while others are eating.
- Clean tables and chairs between different cohorts.

Staff break rooms, work rooms and offices

Break rooms are a common source of COVID-19 exposure in all work settings. Staff often do not view their colleagues as sources of infection, and may forget to take precautions with coworkers, especially during social interactions such as breaks or lunch time, in the copy room, when checking mailboxes, etc.

- Discourage staff from gathering in break rooms and other indoor staff spaces. Strongly discourage staff from eating together, especially indoors.
 - Programs must notify staff that they should not eat indoors when possible.
 - Programs must provide an outdoor break area for staff to eat, if feasible. .
- 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 foot 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 people are eating or if the room has close to the maximum number of people allowed.

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 and youth mix with people outside their cohort on field trips. Specifically, programs cannot use a public playground during times when the playground is open to the public, per [CDPH playground guidance](#). However, if the playground operator permits, a program may reserve a time for the exclusive use of the playground.

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

Sports and activities involving singing, chanting, shouting, cheering, 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 and when face masks are not worn. Programs that offer these activities should take all possible steps to lower the risk of COVID-19.

Sports, dance and group exercise

- Follow CDPH and SFDPH health and safety requirements for sports, dance and group exercise. See the SFDPH Health Directive 2021-01 at <https://www.sfdph.org/dph/alerts/files/Directive-2021-01-Sports-Youth-and-Adult.pdf>
- Physical movement and activity in classroom settings 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, 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
<i>Risk Profile</i>	<i>Lower Risk</i>	<i>Higher Risk</i> <i>(activity is allowed but discouraged)</i>
Required physical distancing between performers	At least 6 feet	At least 12 feet
Face masks and covers for wind instruments*	Required if <12 feet apart. Encouraged at all distances,	Required at all times
Maximum group size	50 participants (excluding staff)	25 participants (excluding staff); may be further limited by (1) the number of people who can maintain physical distancing and/or (2) a 25% occupancy limit in the performance space
Ventilation	Not applicable	Optimize ventilation. See https://www.sfcddcp.org/ventilation

*Instrument covers should be made of materials similar to those required for face coverings. Review Directive on Face Coverings at <https://www.sfdph.org/directives>. To cover their nose, individuals performing with wind instruments may wear a face covering with a mouth-slit in addition to, but not in place of, an instrument cover.

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.

- Additional accommodations may be needed for children and youth to safely participate in the program. For example, a child who cannot tolerate a face covering due to a medical or developmental condition may need a desk with clear screens or privacy barriers.

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

Refer to the [Quick Guide](#) for Suspected or Confirmed COVID-19 Cases.

- First, see [“Quick Guide for Suspected or confirmed COVID-19 for Schools, Childcares, and Programs for Children and Youth”](#) at sfcdcp.org/School for the following summary charts:
 - Steps to take when staff, children or youth have symptoms of COVID-19, confirmed COVID-19, or were exposed to COVID-19 (for example, a parent or sibling has tested positive)
 - Returning to the program after COVID-19 symptoms, confirmed COVID-19, or exposure to COVID-19.

When staff or students have symptoms of COVID-19

- Staff who develop symptoms at work must notify their supervisor and leave work as soon as they can.
- Send students with symptoms home. Keep ill students who are waiting to be picked up in a separate area, away from others. Make sure that they keep their face masks on.
- When a parent or guardian arrives to pick up a child, have the student walk outside to meet them if possible instead of allowing the parent or guardian into the building. Since children with COVID-19 may have been infected by a parent or other adult in their home, the parent may also have COVID-19.

When there is a confirmed COVID-19 case

Take these steps. All documents listed below are online at sfcdcp.org/School.

1. Use the [Exposure and Investigation Tool](#) to collect the important details about the case BEFORE contacting the SFDPH [Schools and Childcare COVID-19 Response Team](#).
2. If possible, obtain a copy of the lab report and attach it to *Exposure and Investigation tool*. If your program does not have the test results yet, please note the test results are pending. Send the lab result to the School/Childcare team when you receive it.
3. Report the case **within 1 hour** to the [School and Childcare COVID-19 Response Team](#) by emailing Cases.Schools@sfdph.org (use secure email if available) OR calling (628) 217-7499. An on-call public health professional will get back to you as soon as possible.
4. The School/Childcare team may ask you to identify people who had close contact with the COVID-19 case and may have been infected. When interviewing people to determine if they had close contact, and informing them that they may have been exposed, **do not disclose the identity of the person with COVID-19**, as required by law.
5. Use the [List of Close Contacts](#) template to collect details of any close contacts.
6. Email the *List of Close Contacts* to Cases.Schools@sfdph.org **within 24 hours**. Use secure email if available.

7. Communicate to staff, families and participants in your program **within one business day** if they need to isolate or quarantine, as indicated in the [Quick Guide](#). SFPDH has developed standard notification letters for programs for children and youth. Translations are at sfcdcp.org/School.
 - [Close Contact Advisory — Children and Youth under 18](#)
 - [Close Contact Advisory — Adult](#)
 - [General Exposure Advisory — Children and Youth under 18](#)
 - [General Exposure Advisory — Adult](#)
 - [Notification of a student or staff in quarantine for exposure to COVID-19](#)

Clean and disinfect areas where the person with COVID-19 spent significant time in the last 24 hours

- Open windows in areas used by the sick person to maximize outdoor air circulation.
- Clean and disinfect the classroom and other areas where the person spend significant time (classroom, office) in [the last 24 hours](#). This does not have to be done until children, youth and staff have left for the day.
 - 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.
- If needed, find alternative locations for cohorts whose regular room is being cleaned or disinfected.

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 participants. In fact, it could lead to more COVID-19 infections if it results in staff, children and youth spending more time in settings where the risk of COVID-19 is higher than in your program.

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

This reflects the success of programs for children and youth in implementing precautions like face masks, physical distancing, 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 program should be based on COVID-19 cases in the program, not on community COVID-19 rates, which may not reflect the conditions at the program. Any decisions should be made in consultation with the SFPDH Schools/Childcare team. In general, programs with smaller, more contained cohorts are less likely to require closure.

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

- 25% or more of the cohorts in a program 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 staff and participants are infected.
- Investigation of an outbreak by SFPDH suggests ongoing COVID-19 transmission within the program.

A more common situation is that **programs that do not limit interactions between staff assigned to different cohorts 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 14 days, and are meant to prevent further transmission within the program as well as to better understand how transmission in a program occurred, in order to prevent repeat outbreaks.

Resources

San Francisco Department of Public Health (SFPDH)

- **SFPDH Schools and Childcare Hub** for COVID19 consultation and guidance (628) 217-7499 or SchoolsChildcaresites@sfdph.org
- **SFPDH COVID-19 Outbreak Management for programs for children and youth** for positive COVID-19 cases. Cases.Schools@sfdph.org
- COVID-19 guidance for the public at <https://sfcdcp.org/covid19>
- COVID-19 guidance for programs for children and youth at <https://sfcdcp.org/CovidSchoolsChildcare>
 - [“Quick Guide for Suspected or Confirmed COVID-19”](#)
 - [“Parent and Caregiver Handout: COVID-19 Symptom and Exposure Check”](#)
- Outreach Toolkit for Coronavirus. Signs and flyers on physical distancing, hand hygiene, face masks, health screenings, getting tested, and other COVID-19 topics <https://sf.gov/outreach-toolkit-coronavirus-covid-19>
- “Leaving Isolation or Returning to Work for Those Who Have Confirmed or Suspected COVID-19” at <https://www.sfcdcp.org/rtw>

¹ An **outbreak** is 3 or more COVID-19 cases in a program in a 14-day period, where the transmission likely happened at the program. For example, 3 cases in 3 siblings would not constitute an outbreak. Similarly, 3 cases in participants or staff who do not have contact (or overlap in shared spaces) in the program would not be considered an outbreak.

- [“Interim Guidance: Ventilation for Non-Healthcare Organizations During the COVID-19 Pandemic”](https://www.sfcddcp.org/COVID-ventilation) at <https://www.sfcddcp.org/COVID-ventilation>

California Department of Public Health (CDPH)

- “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 3/19/2021
<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>
- Cleaning and Disinfection for Community Facilities
<https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html>

Health Officer Directive No. 2020-26c (Exhibit B) Health and Safety Plan (issued 4/14/21)

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. 2020-26c, 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 who provide services or supervision to cohorts of children are assigned to one cohort and work solely with that cohort.
- Staff providing one-to-one specialized services are assigned to work with students in as few cohorts as possible and observe appropriate precautions to prevent transmission.
- 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.

Health Officer Directive No. 2020-26c (Exhibit B)
Health and Safety Plan (issued 4/14/21)

Checklist

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

- 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.
- 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: