



Interim Guidance for Child Care Programs

March 23, 2021

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

AUDIENCE: Child care programs. For the purposes of this guidance, child care programs refers to all group care facilities for children who are not yet in elementary school. This includes child care centers; child development facilities; family child care homes; and preschools, transitional kindergarten, pre-kindergartens and kindergarten programs that are not part of an elementary school.

Summary of Major Changes since the 2/24/2021 Version

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

- Travel advisory and recommendations for quarantine after travel updated.
- Limits on cohort size have been removed.
- Staff may work with more than one cohort.
- Children may participate in up to 2 extracurricular cohorts in addition to childcare.
- Children who play an indoor moderate- or high-contact sports outside of childcare can only participate in that extracurricular activity.
- Children should remain at least 3 feet apart when participating in independent activities.
- Sports, singing, and related activities
- Outdoor field trips are allowed as long as shared vehicles and public transportation are not used. Childcares may not go to public playgrounds when the playground is open to the public.

PURPOSE: To help child care 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 know much more about how to keep COVID-19 from spreading in child care programs. Some behaviors, like physical distancing, can be difficult for young children. However by coordinating and layering effective interventions, child care programs can minimize the risk of infection for staff and children, while continuing to meet children's developmental and socio-emotional needs.

The guidelines below are based are subject to change as new knowledge emerges about COVID-19 and as local community transmission changes.

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Key messages for child care programs

- **Address adult-to-adult transmission, and adults as sources of infection.** In many cases, staff are the source of COVID-19 in a program. Although children can be infected with COVID-19 and can spread it to 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 frequent cleaning and disinfection.** COVID-19 mostly spreads from person-to-person in the air through virus-containing droplets in the breath of someone with COVID-19.
 - These respiratory droplets enter the air when a person breathes, especially when they talk, sing, cough, sneeze or exercise. In poorly ventilated indoor spaces, smaller droplets from a person’s breath can stay floating 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. People are infected when they breathe in virus-containing droplets, or when the virus lands 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 (also known as a fomite), but this is rare.

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

Any shift toward providing a more typical childcare experience should not put staff at greater risk. Recommendations for physical distancing and face coverings should prioritize staff safety.

Establishing procedures and protocols

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

Staff Considerations

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

- Offer options that limit exposure risk to staff who are in groups at higher risk for severe COVID-19 illness (e.g., telework, reassignment, or modified job duties).

- 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 for them to stay 6 feet apart from others.
- 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

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

Required Signs

Programs must post the following signs:

- **Take a Break Safely** (new)
Post in staff break rooms. Online at <https://sf.gov/file/covid-break-room>.
- **Ventilation Checklists** (indoor programs only)
Post at all public entrances and in break rooms.
Online at <https://sf.gov/file/ventilation-checklist-poster>
Signs must list how the program is ventilated:
 - All available windows and doors are kept open
 - Fully operational HVAC systems
 - Portable air cleaners in each room
 - None of the above

- **Reporting unsafe conditions related to COVID-19**

Post in staff break rooms and other staff areas.

Online at <https://sf.gov/file/reporting-health-order-violations-poster-11x17>
and <https://sf.gov/sites/default/files/2020-11/YourHealthOnTheJob-8.5x11-111220.pdf>

Signs must say that staff can report violations of COVID-19 health orders and directives by calling 311 or online at <https://www.sf.gov/report-health-order-violation>. Signs must also say that the employee's identity will not be disclosed to the employer.

- **Reminder to wear a face covering, stay 6 feet apart, and stay home if ill.**

Post at all public entrances and other places where the signs will be easily noticed.

SFDPH approved signs are online at sf.gov/outreach-toolkit-coronavirus-covid-19

- **Indoor Risk of COVID-19** (indoor programs only)

Online at <https://sf.gov/file/Indoor-Risk-poster>

Signs must say that

- COVID-19 is transmitted through the air, and the risk is generally higher indoors.
- Seniors and those with health risks should avoid indoor settings with crowds.

Strategies to prevent spread of COVID-19 in child care settings

Prevent COVID-19 from entering the program

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

- Both outdoor and indoor programs must screen all staff, children and others entering the program.
- Screen all people for COVID-19 symptoms and exposure before letting them enter the program. This includes staff, children, parents/caregivers, visitors, contractors, and government officials. Emergency personnel responding to a 9-1-1 call do not need to be screened.
- Consider having staff and children complete their screening each day before leaving home, instead of screening on-site. This lowers the exposure risk for staff who would otherwise review the questions with each person who arrives.
- Programs that choose home screening should give staff and families a screening form to review before leaving home each day. Instruct them that staff and children must stay home and should get tested if they have COVID-19 symptoms or exposure (close contact). Programs may require staff and families to send screening responses to the program by app, email, on paper, or by other means.
- Screen all other persons upon arrival for COVID-19 symptoms and exposure.
- If people answer “yes” to any of the screening and exposure questions, do not let them enter the program.



- Programs may choose to check temperatures of people entering the program, either at home or on-site when they arrive. SFPDH does not require temperature checks.
 - Per CCLD/CDSS, only programs with a “non-touch” (infrared) thermometer should routinely check temperatures when children and/or staff arrive. Thermometers that touch the child (under the tongue or arm, forehead, etc.) should only be used if staff suspect fever or illness. SFPDH also recommends “non-touch” thermometers when checking temperatures of people entering a program.
- For more information on screening and temperature checks, see sfcdcp.org/screen and [COVID-19 Health Checks at Programs for Children and Youth](#) (children)

Staff and children 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 <https://sfcdcp.org/CovidSchoolsChildcare>.
- 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 more than 120 miles from their home, as advised by CDPH. In addition, people arriving in or returning to San Francisco from other states or countries should quarantine for 10 days. For more information, 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.
- Discourage parents and other family members from entering the building.
- Therapists who are not childcare employees but work with children on-site, such as ABA therapists, occupational therapists and physical therapists, are considered essential staff and should be allowed to provide services.
- Cancel special events that involve parents and families, such as festivals, holiday events, and performances.
- Tours and open houses must meet CDPH and SFPDH requirements for gatherings. For more information, see <https://www.sfdph.org/dph/alerts/covid-guidance/Gatherings-Tips.pdf>. Do not hold tours and open houses when children are present. Keep a log of all persons present, in case a person at a tour or open house later tests positive for COVID-19.

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

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

Limit cohort size

- CCLD and SFDPH no longer limit the number of children and staff in a cohort. Keep cohorts as small as feasible.
For more information, see the CCLD Provider Information Notice released 3/19/2021
<https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2020/CCP/PIN-20-22-CCP.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.
- Avoid moving staff from one cohort to another when possible.
- Staff should stay with each cohort for at least 3 weeks, except for substitute providers who are covering for short term staff absences.
- Newly enrolled children and youth may join a cohort at any time, but they must enroll for a period of at least 3 weeks. Do not allow children to attend for shorter periods.
- **Children can participate in no more than 2 in-person extracurricular cohorts, in addition to childcare, at the same time.** This is true even if the programs are on different days of the week. For example, a child may not attend a music program on Monday, a dance class on Thursday, and a Saturday language program.
 - **Children who play indoor moderate- or high-contact sports in a program outside of their childcare may NOT participate in a 2nd extracurricular program at the same time.** Indoor high-contact 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 is not allowed to participate in any other extracurricular activities. However, they may continue to participate in sports, dance and exercise activities at their childcare.

For more information on sports for children and youth, see Health Directive 2021-01 (<https://www.sfdph.org/dph/alerts/files/Directive-2021-01-Sports-Youth-and-Adult.pdf>)
For a list of moderate- and 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 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.
- Keep children who live together or carpool together in the same cohort, if possible and consistent with age and developmental needs.
- Avoid moving children from one cohort to another, unless needed for a child's overall safety and wellness.

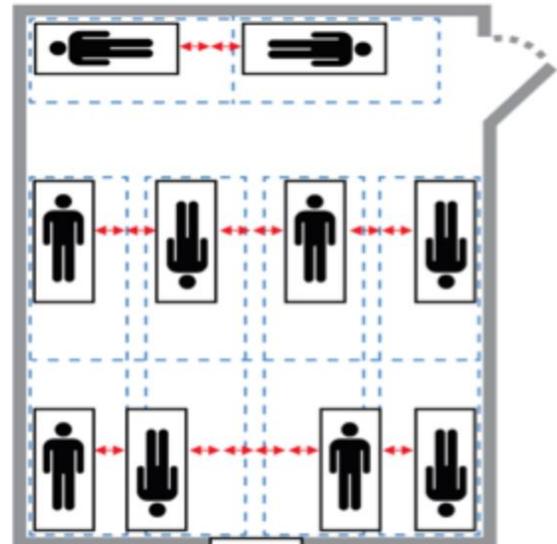
Partition large indoor spaces to prevent direct air flow between cohorts.

- A room divider or partition may be used to allow more than one cohort to use a large indoor space if the following requirements are met.
 - All cohorts are from the same child care program.
 - Staff and children can access bathrooms, kitchens, and other common areas or exits without entering another cohort's space. If one cohort must pass through another cohort's space is required to pass through to another space, the time spent must be as brief as possible. It is preferable to use partitions to separate the pass-through space from both cohorts.
 - The room divider must prevent direct air flow between cohorts.
 - Best Practice: Solid, non-permeable, cleanable partitions extending from the floor to as close to the ceiling as practical to reduce direct and indirect air flow between cohorts.
 - Minimum Requirement: Solid non-permeable, cleanable partitions extending from the floor and at least 8 feet high.
 - The room divider must not:
 - Interfere with ventilation of each space (e.g. windows must be present on either side of the partition, or if mechanical ventilation is used, supply and return diffusers must be present on each side of the partition)
 - Obstruct sprinkler systems, access to emergency exits and other fire and building codes.
 - If smoke detectors are required and/or are in use in the building, separate smoke detectors may be required on each side of the room divider. Seek consultation as needed for each facility.

Physical distancing

Physical distancing decreases the risk of COVID-19 from respiratory droplets. Maintain physical distancing between adults as much as possible. Physical distancing between young children should be balanced with developmental and socio-emotional needs of this age group.

- Adults should stay 6 feet from other adults, including staff in the same cohort, as much as possible.
 - 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 for parent-teacher meetings and staff meetings, even when all staff are present in the facility.
- Stay 6 feet away from children as much as possible while meeting their developmental and learning needs.
- During individual activities, keep children **3 feet apart** as much as possible, subject to state requirements.
- Rearrange furniture and play spaces to prevent crowding and promote physical distancing between children who are not playing together.
- Offer more individual activities, such as painting or crafts. Choose group activities that do not involve close contact between children.
- At naptime, place children's mats or cribs as far apart as possible, so that their heads are at least 6 feet apart. Have children lie on their mats so that they are head-to-toe (see diagram).
- During group activities, playtime and recess, physical distancing may be relaxed for young children, especially if outside and wearing face masks.
- Prioritize preventing interactions between cohorts over physical distancing within a cohort in shared spaces like outdoor areas, hallways and bathrooms.
- Limit the number of people allowed in shared spaces like bathrooms, elevators and staff rooms, to allow 6 feet of distancing. Adjacent bathroom stalls may be used. Post signs with occupancy limits.
- At places where people congregate or wait in line, mark spots 6 feet apart to indicate where to stand.



Face masks and cloth face coverings

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

For this guidance, “face masks” includes cloth face coverings that cover the mouth and nose.

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

Prioritize consistent face mask use during the following times:

- When In hallways, bathrooms, yards or other shared spaces where children may encounter staff and children from other cohorts.
- During times where physical distancing is relaxed.
- When in public spaces, for example, when walking to a nearby park or outside the program at drop-off. CDPH requires face masks for children ages 2 and up in public.
- When a child is ill and waiting to be picked up (and is not asleep).
- Face masks must be removed for naps.
- Avoid excluding children from childcare or disciplining children for not wearing a facemask. Continue to encourage and remind them to wear their face covering. A child who refuses to wear face mask at home may be more willing to wear a face mask in a setting where all staff and other children are consistently wearing them.

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 with documented medical or behavioral contraindications to face masks are exempt. This includes children who are unable to tolerate face masks due to autism or sensory sensitivity, and children unable to remove a face mask independently due to developmental delay or disability.
- Staff 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 as effective as a face mask in preventing spread of infection.
- Asthma, claustrophobia, and anxiety are not generally considered to be contraindications to face masks.
- 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), and
 - Other people are not likely to enter the space during the next few days

Staff working alone in a room 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 if they can reasonably expect others to enter their office to ask questions or to meet.

- Staff working with children 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 must wear a face mask at other times, for example, in staff-only areas.
- Do not use face shields in place of face masks in other situations. Face shields have not been shown to keep the wearer from infecting others.
- Consider using a face shield in addition to a face mask. Face shields provide additional eye protection for the wearer. When used with a mask, a cloth drape is not needed.

For more information, see

<https://www.sfdph.org/dph/alerts/files/Order-C19-12-Face-Coverings.pdf>

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

Hand hygiene

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

- Develop routines and schedules for staff and children to wash or sanitize their hands frequently, including:
 - Immediately after arriving,
 - Before and after eating,
 - Before naptime (*pay special attention to handwashing before and after naptime for children who suck their thumbs*),
 - After going to the bathroom or diapering, and
 - After wiping noses, coughing or sneezing.

- Post signs to remind staff and children of hand hygiene.
- Hand hygiene signs for adults in multiple languages are at: <http://eziz.org/assets/docs/IMM-825.pdf>
- Hand hygiene posters for children in multiple languages are at: <https://www.cdc.gov/handwashing/posters.html>
- Educate children and staff about basic measures to prevent the spread of infection, including covering one's coughs and sneezes and washing hands frequently.
- Keep hand sanitizer out of the reach of young children, and supervise use.
 - The California Department of Public Health (CDPH) does not recommend hand sanitizer for children under 24 months old.
 - Call Poison Control if hand sanitizer is consumed at 1-800-222-1222.

Ventilation and outdoor spaces

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

Outdoor spaces

- Do as many activities outside as possible, especially snacks/meals and exercise,
- Stagger use of outdoor spaces to keep cohorts from mixing. If the outdoor space is large enough, consider designating separate spaces for each cohort.

Outdoor spaces may be covered (e.g. by a tent, canopy, or other shelter), as long as the shelter complies with: (1) CDPH's November 25, 2020 guidance regarding “Use of Temporary Structures for Outdoor Business Operations” (online at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Use-of-Temporary-Structures-for-Outdoor-Business-Operations.aspx>); and (2) SFDPH's guidance on “Safer Ways to Use New Outdoor Shared Spaces for Allowed Activities During COVID-19” (online at <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 spaces. When hand hygiene is emphasized, cleaning and disinfection of outdoor play structures is not required between cohorts.

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 the building is not being used, if you can. If your HVAC system has a timer, set it to run, at a minimum, from 1-2 hours before the building opens until 2-3 hours after everyone has left the building, including custodial staff.
- Consider installing portable air cleaners (“HEPA filters”).
 - If your program uses fans, adjust the direction of fans to 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

Cleaning and disinfection

Routine cleaning and disinfection should continue, but more frequent or increased disinfection to prevent COVID-19 is no longer recommended for childcares. 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 cohorts. Routine cleaning focuses on frequently touched surfaces like door handles, shared desks and tables, light switches, sink handles, and keyboards.
 - Toys that may be put in a child’s mouth should be cleaned and sanitized.
 - Remove toys that are difficult to clean (e.g. soft toys, “loveys”), or make sure that they are used only by one child and not shared.
 - Books and paper do not need to be cleaned.
 - For detailed guidance, see <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#CleanDisinfect>
- After a confirmed case of COVID-19, clean and disinfect the areas where the person with COVID-19 spent a large proportion of their time (classroom, or an administrator’s office). Take the following steps:
 - Open windows and use fans to air out the areas to be cleaned.
 - Wait 24 hours, or as long as practical, before cleaning and disinfection.
 - Clean and disinfect all surfaces in the areas used by the ill person, including electronic equipment. Vacuum the space if needed.
 - Refer to [EPA’s List N](#) for EPA-approved disinfectants effective against COVID-19. Many household disinfectants are effective.
 - For details about cleaning after a [known](#) COVID-19 case, refer to CDC guidelines on “Cleaning and Disinfecting Your Facility” at <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

Specific Situations

Carpooling

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

- Advise staff and families to carpool with the same stable group of people. Open windows and turn up the fan to ventilate the vehicle with outdoor air as much as possible... Everyone in the vehicle must wear a face covering.

Drop-off and pick-up

Limit staff contact with families at drop-off and pick-up

- Staff should stay 6 feet away from parents and caregivers.
- Stagger arrival and dismissal times to minimize contact, using different entrances/exits for each cohort.
- Consider curbside drop-off and pick-up, where staff come outside the facility to pick up the children as they arrive, and bring children outside to be picked up.
- Mark spaces 6 feet apart for children waiting to enter at drop-off and for adults waiting to pick up children.
- Post signs to remind family members to stay 6 feet away from people from other households when dropping off or picking up their child.

Caring for infants and toddlers

Washing, Feeding, or Holding a Young Child

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

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

Diapering

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

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

Meals and snacks

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

- Try not to eat with other staff, especially indoors. This is a common way that staff are exposed to COVID-19 at work.
- Eating outdoors is safer than eating indoors. Outdoor eating areas may be covered (e.g. with an awning).
- Use individually plated or bagged meals instead of family-style meals.
- Consider staggering snack and lunch times so more people can eat outdoors without mixing cohorts.
- Space children as far apart as possible when eating, and try to seat them so they do not sit face-to-face. Physical distancing is especially important when eating, since face coverings cannot be worn.
- Make sure that children 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 face coverings are off.
- Stay 6 feet away from children when their face coverings are off as much as possible, especially when indoors.
- Clean tables and chairs between different cohorts.

Staff spaces: offices, break rooms and work rooms

Break rooms are a common source of COVID-19 exposure in all work settings. Staff often do not view themselves and colleagues as sources of infection, and 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.
 - Programs must notify staff that they should not eat indoors when possible.
 - Programs must provide an outdoor break area, if feasible, for staff to eat.
- Discourage staff from gathering in break rooms and other indoor staff spaces.
- Limit the number of people in indoor break rooms and other staff spaces to the lesser of
 - a) 25% of the maximum occupancy or
 - b) The number of people allowed by 6 feet distancing.
- Post the maximum occupancy for break rooms and other staff areas.
- Post required signs in break rooms, including signs reminding staff to stay 6 feet apart, keep their facemasks on unless eating, and wash their hands before and after eating
- Open windows and doors to increase ventilation, when feasible, especially if staff are eating or if the room is near maximum occupancy.

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

Sports, dance, exercise and activities involving singing, chanting, shouting, cheering, and wind instruments are higher risk for COVID-19 because people breathe more air during these activities and breathe out more forcefully. The risk is higher indoors than outdoors, and higher without face-coverings than with face-coverings. If childcares hold these activities, they should take all possible steps to protect against those risks.

Sports, Dance and Exercise

- See SFDPH Health Directive 2021-01 (<https://www.sfdph.org/dph/alerts/files/Directive-2021-01-Sports-Youth-and-Adult.pdf>) for sports and dance activities currently allowed in San Francisco. The Directive includes information about required health and safety practices for permitted sports, dance and group exercise.

Wind Instruments, Singing, and Related Activities

The following table summarizes health and safety requirements for singing, chanting, shouting, cheering, and wind instruments, such as recorders.

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

Setting	Outdoors	Indoors
Risk Profile	Lower Risk	Higher Risk (activity is discouraged, but permitted)
Minimum required physical distancing from other performers	At least 6 feet	At least 12 feet
Face coverings and covers for wind instruments*	Encouraged at all distances, and required if less than 12 feet apart	Required at all times
Maximum group size	25 students	16 (children and staff), but 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
Audience	Allowed; must use face coverings; stay 12 feet from performers; stay 6 feet apart from other non-household audience members	No general audience allowed; as needed age-appropriate supervision only; must use face covering; stay 12 feet apart from each other and performers
Ventilation	Not applicable	Optimize ventilation. See https://www.sfdcp.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.

Field trips

- Outdoor field trips are allowed as long as they do not require shared vehicles or public transportation. For example, field trips that involve walking to a nearby park are allowed.
- Do not let children mix with people outside their cohort on field trips. Specifically, programs cannot go to a public playground during times when the playground is open to the public, per SFPD playground guidance. However, if the playground operator permits, a program may reserve a time for the exclusive use of the playground.

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 Cases at Schools, Childcares, and Programs for Children and Youth” at <https://sfcdcp.org/CovidSchoolsChildcare> for the following summary charts:

- Steps to take when staff or children have COVID-19 symptoms, 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 children with symptoms of COVID-19

- Staff who become ill while at work must notify their supervisor and leave work as soon as they can.
- Send children with symptoms home. Keep ill children who are waiting to be picked up in a separate area, away from other children. Make sure that they keep their face masks on.
- When a parent or guardian arrives to pick up a child, walk the child 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 the following steps. All documents listed below are online at sfcdcp.org/COVIDSchoolsChildcare.

1. Use the [Exposure and Investigation Tool](#) to collect the important details about the case BEFORE contacting the SFPD Schools and Childcare Hub.
2. If possible, obtain a copy of the lab report and attach it to *Exposure and Investigation tool*. If you do 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 SFPD Schools and Childcare Hub by emailing schools-childcaresites@sfdph.org (please put SECURE: in the subject line) OR by calling (628) 217-7499. An on-call public health professional will get back to you as soon as possible.
4. The Schools and Childcare Hub 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 schools-childcaresites@sfdph.org **within 24 hours**. Please put SECURE: in the subject line of the email.
7. Communicate to staff and families in your program **within one business day** as indicated in the [Quick Guide](#).

SFDPH has developed standard notification letters for child care programs. Translations are at sfcdcp.org/CovidSchoolsChildcare.

- [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 child or staff in quarantine for exposure to COVID-19](#)

Clean and disinfect areas where the person with COVID-19 spent significant time.

- Open windows in areas used by the sick person to maximize outdoor air circulation.
- Clean and disinfect areas where the person spent significant time. This does not have to be done until children and staff have left for the day.

Deciding if your program should close due to COVID-19

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

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

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

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

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

25% or more of the cohorts in the program have had 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 children are infected.

Investigation of an outbreak by SFPDH suggests ongoing COVID-19 transmission in the program.

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

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

Resources

San Francisco Department of Public Health (SFPDH)

- **SFPDH Schools and Childcare Hub** for COVID-19 consultation and guidance (628) 217-7499 or email Schools-childcaresites@sfdph.org
- COVID-19 guidance for the public at <https://sfcdcp.org/covid19>
- COVID-19 guidance for child care programs at <https://sfcdcp.org/CovidSchoolsChildcare>
 - [“Quick Guide for Suspected or Confirmed COVID-19 at Schools, Childcares, and Programs for Children and Youth”](#)
 - [“Parent and Caregiver Handout: COVID-19 Health Checks/If Your Child has Symptoms”](#)
Instructions for parents on health screenings and returning to childcare after symptoms.
- 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>
- [“Interim Guidance: Ventilation for Non-Healthcare Organizations During the COVID-19 Pandemic”](#) at <https://www.sfcdcp.org/COVID-ventilation>

California Department of Public Health (CDPH)

- “COVID-19 Update Guidance: Child Care Programs and Providers” issued 7/17/2020 <https://files.covid19.ca.gov/pdf/guidance-childcare--en.pdf>

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

- “COVID-19 Case and Contact Management Within Child Care Facilities” issued 8/25/2020
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/contact-management-childcare-facilities.aspx>

Centers for Disease Control and Prevention (CDC)

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