



## **Interim Guidance for Out-of-School Time Programs**

**January 4, 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/CovidSchoolsChildcare>.

**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 10/16/2020 Version**

- **Face masks required for children 2 years and up** and for staff when working alone in spaces where others may enter or use later.
- Programs must post [Ventilation Checklist signs](#) at building entrances, as well as other signs. Section on required signs added.
- Outdoor programs must follow [CDPH guidance on outdoor structures](#).
- Clarification on program closure due to COVID-19 added.
- Information on required quarantine after travel added.
- Ventilation section updated. Fire doors should not be propped or wedged open.
- Recommendations for plexiglass barriers updated.
- Recommendation to promote flu vaccination during flu season added.

**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 also know much more about how to keep COVID-19 from spreading in programs for children and youth. By coordinating and layering effective interventions, OST programs can minimize the risk of infection for staff and students, while continuing to meet students' 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 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.
- **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 less common.

- **Face coverings, physical distancing, and indoor ventilation** are most important in preventing the spread of COVID-19.
- **Exposure risk lies along a continuum.** A rule of thumb is that a person 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.
  - Spending less time together is safer than more time; being further apart is safer than being closer together.
  - Smaller groups are safer than larger ones. Being outdoors is safer than being indoors.
  - More people using face coverings is better than fewer people using face coverings.
  - Activities that produce fewer respiratory droplets are lower risk than those that produce many droplets (silence < quiet talking < loud talking < singing).
- **Adult staff are at higher risk of severe COVID-19 than children.** Recommendations for face coverings and physical distancing should prioritize staff safety.

## 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 SFPDPH.
- 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.
- Work with SFPDPH to develop a strategy to regularly test all OST staff for COVID-19, even if they do not have COVID-19 symptoms or exposure ("surveillance testing").
- 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 higher risk of severe COVID-19 illness. See [sfcdcp.org/vulnerable](https://sfcdcp.org/vulnerable) for a list of groups at higher risk for severe COVID-19.*

- Avoid assigning staff at higher risk for severe COVID-19 illness to screen people for symptoms or monitor/care for sick children waiting to be picked up.

- Consider the use of a portable plexiglass, a clear window, or other barrier for staff who must interact with large numbers of people within 6 feet, and those who must screen for COVID-19 symptoms (persons entering the program, children who feel sick).
- 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 ahead for staff absences of 10-14 days due to COVID-19 infection or exposure, as community transmission of COVID-19 increases. Cross-train staff and have a roster of back-up staff experienced in working with children and youth. **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, under [San Francisco Health Order C19-070](#).

- **Reporting unsafe conditions related to COVID-19**  
Post in staff break rooms and other staff areas.  
Online at <https://sf.gov/file/reporting-health-order-violations-poster-11x17>  
and <https://sf.gov/sites/default/files/2020-11/YourHealthOnTheJob-8.5x11-111220.pdf>  
Signs must say that personnel can report violations of COVID-19 health orders and directives by calling 311 or online at <https://www.sf.gov/report-health-order-violation>, and that the employee’s identity will not be disclosed to the employer.
- **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](https://sf.gov/outreach-toolkit-coronavirus-covid-19)

- **Ventilation Checklists** (indoor programs only)  
Post at all public entrances. Online at <https://sf.gov/file/ventilation-checklist-poster>  
Signs must list how the program is ventilated:
  - All available windows and doors are kept open
  - Fully operational HVAC systems
  - Appropriately sized portable air cleaners in each room
  - None of the above
- **Indoor Risk of COVID-19** (indoor programs only)  
Online at <https://sf.gov/file/Indoor-Risk-poster>  
Signs must say that
  - COVID-19 is transmitted through the air, and the risk is generally higher indoors.
  - Seniors and those with health risks should avoid indoor settings with crowds.

## Strategies to Prevent Spread of COVID-19

### Prevent COVID-19 from entering the program

Screen everyone entering the program for COVID-19.

- Ask all persons entering the program about symptoms of COVID-19 and exposure to COVID-19 – including staff, children, parents/caregivers, visitors, contractors, and government officials. Emergency personnel responding to a 9-1-1 call do not need to be screened.
- Both outdoor and indoor programs must screen all participants, staff, and others entering the program.
- Do not allow people who answer “yes” to any of the screening questions to enter the program. Keep children and youth who are waiting to be picked up in a designated isolation room or area, separate from other children and youth.
- Programs may also choose to require temperature checks of people entering the program, done either on-site or by parents at home. SFPDH does not require temperature checks.
- For detailed information on COVID-19 screening, see [sfcdcp.org/screen](https://sfcdcp.org/screen) and [COVID-19 Health Checks at Programs for Children and Youth](https://sfcdcp.org/COVID-19%20Health%20Checks%20at%20Programs%20for%20Children%20and%20Youth) (children)



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

- Remind families to keep students home when ill. A parent/guardian handout, “COVID-19 Health Checks/If Your Child has Symptoms” is available at [sfcdcp.org/CovidSchoolsChildcare](https://sfcdcp.org/CovidSchoolsChildcare).
- Encourage family members of students and staff to get tested promptly if they have symptoms of COVID-19, to lower the risk of spreading infection to students and staff.

Staff and students must stay home for 10 days after travel outside the Bay Area.

- SFDPH requires that travelers quarantine at home for 10 days after non-essential travel outside the Bay Area, effective 12/18/2020. For more information, see:  
<https://www.sfdph.org/dph/alerts/covid-guidance/COVID-Travel-Advisory.pdf>
- CDPH also recommends quarantine after travel outside of California.  
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Travel-Advisory.aspx>

In addition, the State of California does not allow non-essential travel under the Regional Stay Home Order, which currently applies to the Bay Area as well as most of California.

<https://covid19.ca.gov/stay-home-except-for-essential-needs/#regional-stay-home-order>.

Restrict non-essential visitors.

- Allow only volunteers who are essential to the program operations.
- Discourage parents and other family members from entering the program. Avoid allowing family members in classrooms and other areas used by children and youth.
- 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 special events that involve parents and families, such as festivals, holiday events, and performances.

Promote flu vaccination during influenza season

*Preventing influenza is especially important during the COVID-19 epidemic, because people who have flu and COVID-19 at the same time are more than twice as likely to die. Flu vaccination also can help reduce absences of staff and students due to possible COVID-19 symptoms.*

- Strongly encourage all personnel and students to a flu vaccine this year. Consider posting signs to encourage flu vaccination.

## 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 (e.g., snacks, recess, etc.), and avoids contact with people outside the group. Keeping staff, children and youth in the same small cohort each day lowers their exposure risk by limiting the number of people they interact with.*

### Limit cohort size

- Limit cohorts to no more than 14 children and youth and no more than two supervising adults, or no more than 16 individuals total (children, youth and adults).
- San Francisco requires that each cohort be supervised by no more than 4 staff, including volunteers and interns.
- 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,
  - A cohort may not include 2 staff, 6 children who attend full-time, 6 children on Mon/Wed/Fri, and 6 children on Tu/Th (total of 20).
  - A cohort may not include 2 staff, 8 children who attend for the entire day, 4 who attend mornings only, and 4 who attend afternoons only (total of 18).
  - A cohort may not include 14 children, a teacher, one parent-volunteer on MWF, and a 2nd-parent volunteer on Tu/Th (total of 17).
- 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 and youth must only participate in one OST program at a time, even if the programs occur on different days of the week. For example, a child may not attend both a learning hub M-F and a Saturday youth sports program.
- Staff who work with children over 5 years of age must be assigned to only one cohort and work only with that cohort. Staff may not work with more than one cohort of children or youth. For example,
  - Staff working with children over 5 may not work with one cohort on Mon/Wed/Fri and another cohort on Tu/Th.
  - Staff working with children over 5 may not work with 1 cohort in the mornings, and another in the afternoons.
- Staff who work only with children 0-5 years of age may be assigned to two cohorts. Programs where staff work with two cohorts must place staff in groups of up to 4 staff members. Everyone in a staff group must work with the same two cohorts. Staff must work only with other staff in their staff group, and can only be in 1 staff group. For example:
  - Allowed: (3 staff members in a group working with 2 cohorts)  
Staff A and B work with one cohort of children on Mon/Wed/Fri.  
Staff B and C work with a different cohort of children on Tu/Th.
  - Not allowed (5 staff members working with 2 cohorts) :  
Staff A, B and C work with one cohort of children on Mon/Wed/Fri.  
Staff C, D and E work with another cohort of children on Tu/Th.

- Not allowed: (4 staff members working with 3 cohorts)  
Staff A and B work with cohort 1 on Mon/Wed/Fri.  
Staff A and C work with cohort 2 on Tu/Th mornings.  
Staff B and D work with cohort 3 on Tu/Th afternoons.
- Substitute providers who are covering for short-term staff absences are allowed, but must only work with only one cohort of children per day.
- “Floaters,” who provide brief coverage for providers throughout the day, must work with only one cohort of children per day.
- When determining the number of staff in a cohort, do not count people who provide one-to-one services to individual children but do not interact with the entire 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 for more information at <https://www.sfdph.org/dph/alerts/files/Directive-2020-26-Specialized-Support.pdf>
- Avoid moving staff from one cohort to another if possible

#### 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. Limit staff movement between cohorts as much as possible.
  - Staff must document visits that are not part of their cohort. Consider using a sign-in sheet/log to keep track of when staff have worked with different cohorts, to help determine which students and staff were exposed to COVID-19 after 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.



## 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 program.
  - Staff, children and youth 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 to access common areas or exits, 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.*

- Stay at least 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 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.
- During individual activities, space children and youth at least 6 feet apart.
- Rearrange furniture and work/play spaces to prevent crowding and promote physical distancing between children who are not playing together.
- 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 students who have difficulty staying 6 feet apart, especially if outside and wearing facemasks.
- 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 cloth face coverings keep people from spreading the infection to others, by trapping respiratory droplets before they can travel through the air. They are one of the most important measures to protect staff and children from COVID-19.*

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

- All adults and children 2 years and older must wear face masks or cloth face coverings over both their nose and mouth.
  - Do not allow adults or children over 2 year old 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 a child or youth
- Provide face masks to children and youth who forget to bring their face mask. Reusable cloth face masks are recommended over disposable masks, and can be sent home with families to be laundered.
- Keep a supply of face masks for other individuals who have forgotten to bring one.
- Some children and youth 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 or youth in wearing 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 covering. Continue to encourage and remind them to wear their face covering. A child who refuses to wear face coverings at home may be more willing to wear a face covering in a setting where all staff and other children are 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 and youth with documented medical or behavioral contraindications to face masks are exempt. This includes children and youth who are unable to tolerate face masks due to autism or sensory sensitivity, or children and youth unable to remove a face mask independently due to developmental delay or disability. Seat children and youth who are not wearing face masks at least 6 feet away from others, if possible to do so without stigmatizing the child or youth.
- 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 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 (e.g. with a canopy). Outdoor tents, canopies and shelters must follow CDPH guidelines at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Use-of-Temporary-Structures-for-Outdoor-Business-Operations.aspx> as well as any additional guidance from SFPDH.
- 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 [SFPDH 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 SFPDH’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.sfcdcp.org/COVID-ventilation...](http://www.sfcdcp.org/COVID-ventilation...)

## Limit sharing

- Consider suspending or modifying use of drinking fountains. Encourage the use of reusable water bottles instead.
- Limit sharing of art supplies, school supplies, manipulatives, and other high-touch materials as much as possible. If feasible, have a separate set of supplies for each child and youth.
- Avoid sharing electronic devices, sports equipment, clothing, books, games and learning aids when feasible. Clean and disinfect shared supplies and equipment between uses.
- Keep each child’s or youth’s supplies and belongings in separate, individually labeled boxes or cubbies.

## Cleaning and disinfection

*Many household disinfectants are effective against COVID-19. Refer to [EPA’s List N](#) for EPA-approved disinfectants effective against COVID-19.*

- Clean and disinfect frequently touched surfaces at least daily. Routine cleaning for COVID-19 focuses on frequently touched surfaces like door handles, desks, countertops, phones, keyboards, light switches, handles, toilets and faucets.

- Cleaning after a suspected or known case of COVID-19 **uses the same cleaning agents and disinfectants** as for routine cleaning, but includes the following steps:
  - Open windows and use fans to increase outdoor air circulation in 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 like tablets, touch screens, keyboards, and remote controls. Vacuum the space if needed.
- For details, refer to CDC guidelines on “Cleaning and Disinfecting Your Facility” at <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html> and CDC guidelines for cleaning schools and community facilities at <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html#Cleaning>
- Note that the term “deep cleaning” can be misleading, and the CDC does not use the term.

## 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.

### 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 coverings 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 to eat and drink. Children often eat with their hands, and people 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 they 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 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 and disinfect tables and chairs between different cohorts. If eating outdoors, sidewalks and asphalt do not have to be disinfected.

## Staff break rooms, work rooms and offices

*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.*

- Discourage staff from eating with other staff, especially indoors.
- Post the maximum occupancy for break rooms and other staff spaces, based on 6 foot distancing. If needed, mark places on the floor 6 feet apart for staff to sit or stand.
- Post signs reminding staff to stay 6 feet apart, keep their face coverings on unless eating, wash their hands before and after eating, and wipe down their area after using it.
- Open windows and doors to maximize ventilation in staff spaces.
- Consider creating a private outdoor area for staff to eat and take breaks.

## Activities to avoid: Group singing, wind instruments, and field trips

- Avoid group singing and playing wind instruments (woodwinds and brass instruments). These activities produce large numbers of respiratory droplets, increasing the risk of COVID-19. Piano, percussion and string instruments are allowed.
- Field trips are not allowed at this time.

## Higher-risk activities: Group sports, dance and exercise

*Sports, dance, and exercise, especially indoors, are higher risk for COVID-19 transmission, and have been linked to numerous outbreaks. In other parts of the US, youth sports have been a major source of COVID-19 spread between youth.*

*Sports, dance and other exercise are higher-risk for COVID-19 due to heavier breathing, as well as close contact in some sports. When exercising, the amount of air that a person breathes increases dramatically, from 10 liters per minute at rest to over 100 liters per minute with vigorous exercise.*

*During exercise, a person with COVID-19 will breathe many more infectious droplets into the air. The infectious droplets in their breath will travel further because they are breathing harder. People without COVID-19 also are more likely to be infected during exercise because they breathe more air. This is especially true in poorly ventilated indoor spaces where the virus can remain floating in the air.*

Sports, dance and exercise must follow the following guidelines to prevent the spread of COVID-19:

- All sports, dance and exercise must occur outside.
- Participants must stay at least 6 feet apart at all times. Sports that require closer contact are not permitted. Physical conditioning and individual training for such sports (e.g., individual drills and running) is permitted as long participants stay 6 feet apart at all times.
- Face masks or other cloth face coverings must be worn by all participants at all times. Participants may need to limit vigorous exercise while wearing face coverings.
- Limit sharing of equipment within a cohort. Clean shared equipment frequently. Do not share equipment between cohorts unless it has been cleaned and disinfected.
- Youth from different cohorts are not allowed to play against or with each other.
- Tournaments, events, and competitions between programs are not permitted.
- For state guidance on Youth Sports, see <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Youth-Sports-FAQ.aspx> and <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/outdoor-indoor-recreational-sports.aspx>

## 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 [“When someone has suspected or confirmed COVID-19: Quick Guide for Schools, Childcares, and Programs for Children and Youth”](#) at <https://sfcdcp.org/CovidSchoolsChildcare> for the following summary charts:

- Steps to take when staff, children or youth 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 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.
- Open windows in areas used by the sick person to air out those spaces and bring in outdoor air. Close off those areas as soon as you can, until they can be cleaned and disinfected.

### When there is a confirmed COVID-19 case, take these steps

All documents listed below are online at [sfcdcp.org/COVIDSchoolsChildcare](https://sfcdcp.org/COVIDSchoolsChildcare).

1. Use the [Exposure and Investigation Tool](#) to collect the important details about the case BEFORE contacting the SFPDH Schools and Childcare Hub.
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.
3. Report the case to the SFPDH Schools and Childcare Hub by emailing [schools-childcaresites@sfdph.org](mailto:schools-childcaresites@sfdph.org) (please put SECURE: in the subject line) OR 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. For more information, see the [FAQ for schools on contact tracing](#).
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](mailto:schools-childcaresites@sfdph.org) **within 24 hours**. Please put SECURE: in the subject line of the email.
7. Communicate to staff, families and participants in your program as indicated in the [Quick Guide](#).

SFDPH has developed standard notification letters for programs for children and youth. Translations will be posted at [sfcdcp.org/CovidSchoolsChildcare](https://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 student or staff in quarantine for exposure to COVID-19](#)

Close the areas used by the ill person.

- Open windows in areas used by the sick person to maximize outdoor air circulation. Close off those areas as soon as feasible, until they can be cleaned and disinfected.
- Find alternative locations for cohorts whose regular rooms are 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, and in fact may lead to more COVID-19 infections due to staff, youth and children spending more time in settings where the risk of transmission is higher than in your program.

Even when COVID-19 is widespread in the general community, COVID-19 transmission in schools and programs for children and youth has remained rare. Almost all cases of COVID-19 in programs for children and youth in San Francisco have been in staff and students 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, 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 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 SFDPH Schools and Childcare Hub. In general,

- Programs with smaller, more contained cohorts are less likely to require program-wide closure.
- Programs with multiple cases in multiple cohorts or cases affecting a significant portion of students and staff are more likely to require program-wide closure.

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 (SFDPH)

- **SFDPH Schools and Childcare Hub** for COVID-19 consultation and guidance (628) 217-7499 or email [Schools-childcaresites@sfdph.org](mailto: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>
  - [“What to do when someone has suspected or confirmed COVID-19: Quick Guide for 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.
  - [“Frequently Asked Questions \(FAQ\): COVID 19 Contact Tracing At Schools, Childcares, and Programs for Children and Youth”](#)
- 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)

- “Guidance for Small Cohorts/Groups of Children and Youth” issued 9/4/2020 <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/small-groups-child-youth.aspx>
- “Youth Sports Questions and Answers” issued 8/3/2020, updated 12/14/2020 <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Youth-Sports-FAQ.aspx>
- “Outdoor and Indoor Youth and Recreational Adult Sports” issued 12/14/2020 <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/outdoor-indoor-recreational-sports.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>