



DIRECTIVE OF THE HEALTH OFFICER No. 2020-26b

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

(PUBLIC HEALTH DIRECTIVE)

DATE OF DIRECTIVE: September 11, 2020

By this Directive, the Health Officer of the City and County of San Francisco (the “Health Officer”) issues industry-specific direction that schools offering specialized targeted support services as described below must follow as part of the local response to the Coronavirus Disease 2019 (“COVID-19”) pandemic. This Directive constitutes industry-specific guidance as provided under Section 4.e of Health Officer Order No. C19-07h issued on September 1, 2020 (the “Stay-Safer-At-Home Order”) and, unless otherwise defined below, initially capitalized terms used in this Directive have the same meaning given them in that order. This Directive goes into effect at 8:00a.m. on September 8, 2020, and remains in effect until suspended, superseded, or amended by the Health Officer. This Directive has support in the bases and justifications set forth in the Stay-Safer-At-Home Order. As further provided below, this Directive automatically incorporates any revisions to the Stay-Safer-At-Home Order or other future orders issued by the Health Officer that supersede that order or reference this Directive. This Directive is intended to promote best practices as to Social Distancing Requirements and sanitation measures, helping prevent the transmission of COVID-19 and safeguard the health of workers, children, their families, and the community.

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

1. Section 5.a.3 of the Stay-Safer-At-Home Order allows transitional kindergarten (TK)-12 schools to operate to provide in-person specialized and targeted support services to vulnerable children and youth. This Directive applies to TK-12 schools that choose to offer such services at locations within the City and County of San Francisco.
2. For purposes of the Stay-Safer-At-Home Order and this directive,
 - a. Specialized and targeted support services includes any of the following:
 - Occupational and physical therapy services;
 - Speech and language services;
 - Behavioral services, including ABA therapy or individual counseling if part of an individualized educational program (IEP) or individual family support plan (IFSP);
 - Educational support services as part of a targeted intervention strategy; and
 - assessments such as, but not limited to, those related to English learner status, IEPs, and other student support plans.



Health Officer Directive No. 2020-26b

b. Vulnerable children and youth means:

- Children and youth with disabilities who receive or are being considered for special education services or other specialized support services (these students should be given highest priority);
 - Children and youth who are clients of Family and Children’s Services (FCS) or are at risk of abuse, neglect, or exploitation;
 - Children and youth experiencing homelessness;
 - Foster children;
 - Children of domestic violence survivors;
 - English learners; and
 - Children and youth from families experiencing housing or food insecurity.
3. All schools offering specialized and targeted support services must comply with all applicable requirements of: (a) the California Department of Public Health’s Guidance for Small Cohorts/Groups of Children and Youth (available at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/small-groups-child-youth.aspx>), and (b) the San Francisco Department of Public Health’s guidance for Out of School Time Programs, which is attached as Exhibit A.
 4. Each school offering specialized and targeted support services must create, adopt, and implement a written health and safety plan (a “Health and Safety Plan”). The Health and Safety Plan must be substantially in the form attached to this Directive as Exhibit B.
 5. Each school offering specialized and targeted support services must (a) make the Health and Safety Plan available upon request to all Personnel working on site and to the parent(s) or guardian(s) of each child it serves, (b) provide a summary of the plan to all Personnel working on site or otherwise in the City in relation to its operations, and (c) post the plan at the entrance to any other physical location that at which the school is offering specialized and targeted support services within the City. Also, each school offering specialized and targeted support services must provide a copy of the Health and Safety Plan and evidence of its implementation to any authority enforcing this Directive or the Stay-Safer-At-Home Order upon demand.
 6. Each school offering specialized and targeted support services must require the parent/guardian of each child who participates in the program to sign an acknowledgement of health risks containing the following language:

The collective effort and sacrifice of San Francisco residents staying at home limited the spread of COVID-19. But community transmission of COVID-19 within San Francisco continues, including transmission by individuals who are infected and contagious, but have no symptoms. Infected persons are contagious 48 hours before developing symptoms (“pre-symptomatic”), and many are contagious without ever developing symptoms (“asymptomatic”).



Health Officer Directive No. 2020-26b

Pre-symptomatic and asymptomatic people are likely unaware that they have COVID-19.

The decision by the Health Officer to allow schools to offer in-person specialized and targeted support services at facilities that follow required safety rules, does not mean that attending such programs is free of risk. Enrolling a child in such a program could increase the risk of the child becoming infected with COVID-19. While the majority of children who become infected do well, there is still much more to learn about coronavirus in children, including from recent reports of Multisystem Inflammatory Syndrome in Children (MIS-C).

Each parent or guardian must determine for themselves if they are willing to take the risk of enrolling their child in school provided in-person specialized and targeted support services, including whether they need to take additional precautions to protect the health of their child and others in the household. They should particularly consider the risks to household members who are adults 60 years or older, or anyone who has an underlying medical condition. Parents and guardians may want to discuss these risks and their concerns with their pediatrician or other health care provider.

More information about COVID-19, MIS-C, and those at higher risk for serious illness is available on the Centers for Disease Control and Prevention website at <https://www.cdc.gov/coronavirus/2019-ncov/>.

I understand the risks associated with enrolling my child in in-person specialized and targeted support services, and agree to assume the risks to my child and my household. I also agree to follow all safety requirements that the school imposes as a condition of enrolling my child.

- 7. Schools offering specialized and targeted support services in groups must limit the group size (“cohort”) to a maximum of 14 children or youth and no more than two supervising adults, or a configuration of no more than 16 individuals total (children and youth or adults) per room or space, or the maximum number of children or youth able to maintain at least six feet of social distancing, whichever is lower. To minimize the risk of transmission, cohorts should be limited to the smallest size possible.**
- 8. One-to-one specialized services can be provided to a child or youth by a support service provider who is not part of the child or youth’s cohort. These additional services must be done individually and cannot be done with other students. Staff who are providing one-to-one specialized services should be assigned to work with students in as few cohorts as possible. Although staff who are providing one-to-one specialized services are not required to maintain physical distance from children and youth (to the extent necessary to provide the service), they must observe appropriate precautions to prevent transmission, including wearing appropriate personal protective equipment (PPE).**
- 9. Specialized and targeted support services that are provided in groups must last for no fewer than 3 weeks.**



Health Officer Directive No. 2020-26b

10. Schools offering specialized and targeted support services subject to this Directive must provide items such as Face Coverings (as provided in Health Order No. C19-12c issued on July 22, 2020, and any future amendment to that order), hand sanitizer or handwashing stations, or both, and disinfectant and related supplies to any of that OST Program's Personnel. If any OST Program is unable to provide these required items to Personnel or otherwise fails to comply with required Guidance, then it must cease operating until it can fully comply and demonstrate its strict compliance. Further, as to any non-compliant operation, any such OST Program is subject to immediate closure and the fines and other legal remedies described below, as a violation of the Stay-Safer-At-Home Order.
11. For purposes of this Directive, "Personnel" includes all of the following people who provide goods or services associated with the Host in the City: employees; contractors and sub-contractors (such as those who sell goods or perform services onsite or who deliver goods for the business); vendors who are permitted to sell goods onsite (such as farmers or others who sell at stalls in farmers' markets); volunteers; and other individuals who regularly provide services onsite at the request of the Host. "Personnel" includes "gig workers" who perform work via the business's app or other online interface, if any.
12. This Directive may be revised by the Health Officer, through revision of this Directive or another future directive or order, as conditions relating to COVID-19 require, in the discretion of the Health Officer. All OST Programs must stay updated regarding any changes to the Stay-Safer-At-Home Order and this Directive by checking the Department of Public Health website (www.sfdph.org/healthorders; www.sfdph.org/directives) regularly.
13. Schools offering specialized and targeted support services must prepare, post, and implement a Social Distancing Protocol substantially in the form of Appendix A to the Stay-Safer-At-Home Order, as provided under applicable provisions of Section 4.d of the Stay-Safer-At-Home Order. The OST Program must follow those Best Practices and update them as necessary for the duration of this Directive, including, without limitation, as this Directive is amended or extended in writing by the Health Officer and consistent with any extension of the Stay-Safer-At-Home Order, any other order that supersedes that order, and any Health Officer order that references this Directive

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

Tomás J. Aragón, MD, DrPH,
Health Officer of the
City and County of San Francisco

Date: September 11, 2020



Interim Guidance for Out-of-School Time Programs

September 11, 2020

This guidance was developed by the San Francisco Department of Public Health (SFPDH) for local use. It will be posted at <http://www.sfdcp.org/CovidSchoolsChildcare>. This guidance may change as new knowledge emerges and local community transmission changes.

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 programs, youth sport programs, in-person programs to support distance learning such as learning hubs, and other group care for children and youth not run by schools or child care programs.

Summary of Changes since the 9/1/2020 Version

Updated to align with [California Department of Public Health \(CDPH\) guidance on small cohorts/groups of children and youth](#) published on 9/4/2020.

- Cohorts may have up to 16 persons including staff, children and youth.
- Each cohort may have up to 4 staff, including trained volunteers and interns.
- Staff who work only with children 0-5 years old may work with two cohorts of children and youth. However, they must work in exclusive “staff groups” of up to 4 staff, where people in a staff group work only with each other, and all staff in a group work with the same two cohorts of children.

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

BACKGROUND: San Francisco Health Orders allow OST programs in San Francisco to open. Many OST programs support remote learning for students, and provide additional in-person support.

Certain precautions, such as wearing cloth face masks, effectively decrease the risk of COVID-19 transmission. Coordinating and layering effective interventions can greatly reduce the risk of COVID-19 for children and for adult staff, whose overall risk of COVID-19 is greater than for children and youth, and their families.

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.



Contents

Key messages for Programs for Children and Youth	3
Prepare for Opening	3
Strategies to Prevent Spread of COVID-19	5
Screen everyone entering the building for COVID-19.	5
Keep staff, children and youth in small, stable groups (“cohorts”).	6
Physical distancing.....	8
Face masks and cloth face coverings.....	9
Hand hygiene.....	10
Ventilation and outdoor spaces	10
Limit sharing	11
Cleaning and disinfection	11
Specific Situations.....	12
Transportation	12
Drop-off and pick-up	12
Meals and snacks.....	12
Staff spaces: offices, break rooms and work rooms.....	13
Sports and exercise.....	13
Students receiving special services	14
Other activities	14
What to do when someone has suspected or confirmed COVID-19.....	14
When a child and youth or staff member has symptoms of COVID-19	14
When a child and youth or staff member has a positive COVID-19 test.....	15
Resources.....	15



Key messages for Programs for Children and Youth

- **Address adult-to-adult transmission, and adults as sources of infection.** Most COVID-19 cases in childcare and day camp settings have occurred in staff, not children.
- **Preventing person-to-person transmission via respiratory transmission is more important than frequent cleaning and disinfection.** COVID-19 mainly spreads from person-to-person via respiratory droplet in the air.
 - **Coronavirus is easy to kill on surfaces compared to norovirus.** Most household cleaning products are effective. Professional deep cleaning services are generally unnecessary.
- **The use of personal protective equipment (PPE) does not eliminate the need for physical distancing, portable barriers/partitions and universal face coverings.** PPE can give people a false sense of security. Physical distancing, barriers and face coverings are important in preventing the spread of COVID-19 in OST program settings.
- **Exposure risk lies along a continuum.** A rule of thumb is that a person must spend at least 15 minutes within 6 feet of someone with COVID-19 to be at risk of infection.
 - Spending less time together is lower-risk than more time; being further apart is better than being closer together.
 - Smaller group sizes are better than larger, outdoor settings are better than indoor ones.
 - 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 distancing and face coverings should prioritize staff safety and maximal protection of staff.

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 SFDPH.
- Establish health and safety protocols to prevent COVID-19 transmission.
 - Train staff and teach children and youth about health and safety practices. Avoid having in-person staff development, meetings, or team-building during the two weeks before the OST program opens or during the program if possible.
 - 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 the your program's community.
- Work with SFDPH 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"). For example, a program might test all staff over 2 months by testing 25% of staff are tested every 2 weeks, or 50% every month. Programs may not be able to do surveillance testing during times when labs do not have enough tests, and must prioritize people with COVID-19 symptoms or exposure.



- Establish protocols for staff, children and youth with symptoms of COVID-19 and for communication with staff, children and youth, and families after COVID-19 exposure or a confirmed COVID-19 case in the facility.

Staff Considerations

Protect staff, especially those at higher risk of severe COVID-19 illness. See [sfdcp.org/covid19hcp](https://www.sfdcp.org/covid19hcp) for a list of groups at higher risk for severe COVID-19.

- Staff at higher risk for severe COVID-19 illness should not be assigned to screen children and youth for symptoms or monitor/care for sick children waiting to be picked up.
- Consider the use of a portable plexiglass barrier or other barrier, or use a clear window for staff when screening for COVID-19 symptoms (persons entering the building, children who feel sick).
- Consider the use of face shields, to be used with face coverings, for staff. If supplies of face shields are limited, prioritize them for staff who are in groups at higher-risk of severe COVID-19 illness.
- Plan ahead for staff absences in case community transmission of COVID-19 increases. Recruit people experienced caring for children and youth to ensure that you have a roster of substitute caregivers who can fill in. For more information, see SFDPH return-to-work guidelines at <https://www.sfdcp.org/rtw>.

Children and Youth Enrollment Considerations

- 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.
 - Children and youth of people who work in essential businesses or essential governmental functions, followed by people who work in other businesses and organizations that are allowed to remain open or re-open under San Francisco Health Orders.
- Do not exclude children and youth because of medical conditions such as diabetes, asthma, leukemia and other malignancies, and autoimmune diseases that may put them at higher risk of severe COVID-19. Allow the child's medical team and family to determine whether in-person attendance is safe.



Strategies to Prevent Spread of COVID-19

Screen everyone entering the building for COVID-19.

- Ask all persons entering the childcare facility about symptoms of COVID-19 and exposure to COVID-19 – including staff, children, parents/caregivers, contractors, and visitors. Emergency personnel responding to a 9-1-1 call are exempt.
- Do not allow people who answer “yes” to any of the screening questions to enter the facility.
- Programs may also choose to require temperature checks of people entering the building, either on-site or done by parents at home. SFPDH does not require temperature checks.
 - For specific guidance on conducting symptom screening and temperature checks, see [COVID-19 Health Checks at Programs for Children and Youth](#) (children) and [Asking COVID-19 Screening Questions at Any Business, Organization or Facility](#) (adults)



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

- Remind parents 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>.
- Implement sick leave policies that support staff to stay home when ill.
- Encourage family members of children and youth and staff to get tested promptly if they have symptoms of COVID-19, to lower the risk of spread to children or staff.
- Encourage children and staff to stay home for 14 days after traveling out of the San Francisco Bay Area, if their activities during their trip put them at risk for COVID-19 infection. This does not apply to staff and children who regularly commute to childcare from places outside of the San Francisco Bay Area. Higher-risk activities include:
 - Spending time within 6 feet of people outside their household when not wearing face masks, especially if indoors.
 - Travel on planes, buses, trains, or other vehicles shared with people outside their household when face coverings were not worn at all times by all passengers.

Restrict non-essential visitors.

- Allow only volunteers who are essential to the program operations. Volunteers should commit to regular, scheduled participation for at least 3 weeks duration.
- Therapists who are not OST programs employees but work with children and youth on-site at OST programs, such as ABA therapists, occupational therapists and physical therapists, are considered essential staff and should be allowed to provide services. See section titled “*Students receiving special services*”
- Discourage parents and other family members from entering the building.
- Cancel special events that involve parents and families, such as festivals, holiday events, and performances.



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

A cohort is a stable group that has the same staff, children and youth each day, stays together for all activities (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 trained 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).

Keep stable cohorts with the same staff, children and youth. Avoid changes to cohorts.

- 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 changing staff assignments if possible.

Keep cohorts from mixing.

- Each cohort must be in a separate room or space.
- Minimize interactions between cohorts, including interactions between staff assigned to different cohorts.
 - Assign children and youth who live together or carpool together to the same cohort, if possible and if consistent with age and learning concerns.
 - 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 you trace which students and staff were exposed to COVID-19 after a COVID-19 case occurs in the program.
 - Stagger playground time and other activities so that no two cohorts are in the same place at the same time.
- Avoid moving children and youth from one cohort to another, unless needed for a child 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 do not need to enter another cohort's space to access bathrooms, kitchens, other common areas or exits. If one cohort must pass through another cohort's space to access bathrooms, kitchens, exits or other common areas, 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 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. If mechanical ventilation is used, supply and return diffusers must be present on each side of the partitions
 - 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.

- During individual activities, such as when using a computer, keep children at least 6 feet apart.
- Have children sit in the same seats each day if possible.
- Rearrange furniture and work/play spaces to prevent crowding and promote physical distancing between children who are not playing together.
- Arrange desks, workstations, or computers facing in the same direction, so that children do not sit facing each other.
- Offer more opportunities for individual activities, such as reading, workbooks, painting or crafts. Choose group activities that do not involve close contact between children.
- Do not hold gatherings like sing-alongs, and other activities that bring different cohorts together, even if outdoors wearing face coverings.
- During group activities, such as playtime, physical distancing may be relaxed, especially for younger children who may have difficulty staying 6 feet apart from each other, especially if children are wearing face coverings or outside.
- Adults must stay at least 6 feet from other adults, including staff in the same cohort, whenever 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 parent-provider meetings and staff meetings, even when all staff are present.
- Adults should stay at least 6 feet away from children and youth as much as possible while meeting their developmental and learning needs.



- If it is not possible to stay 6 feet apart, keep the interaction as short as possible, make sure to wear face coverings, and consider wearing a face shield in addition to a face covering, to further provide eye protection.

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.

- All adults and children 10 years and older must wear face masks or cloth face coverings over both their nose and mouth at all times.
 - Staff, family and visitors may not enter the building unless they are wearing a face covering or have documentation of a medical contraindication to face coverings (in which case, they must wear an alternative face covering, such as a face shield with a drape on the bottom edge, unless a medical professional has provided a written exemption to this alternative face covering requirement). Keep a supply of face coverings for individuals who have forgotten to bring one.
 - Family members must wear face coverings when dropping-off or picking-up a child or youth.
- Children 2-9 years old should use face coverings as much as feasible, especially during the following times:
 - During group activities or playtime when children are not physical distancing, especially indoors.
 - In situations where children may encounter staff and children from other cohorts, for example, at drop-off and pickup, and in hallways, bathrooms and outside play areas.
 - If a child becomes ill after arriving and is waiting for pick-up.
- Reusable cloth face masks are recommended over surgical masks, which should be reserved for medical personnel, and can be sent home with families to be laundered.
- Avoid excluding children from the program or disciplining them for not 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.

The widespread use of face coverings can significantly reduce the spread of infection, even if a few children are unable to wear face coverings. Consistent face covering use by adults is very important in preventing the spread of COVID-19, since many cases of COVID-19 in youth settings so far have been adult staff who were infected in the community.

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.
- When a person is unconscious, asleep, or otherwise unable to remove the face covering independently.



- Children and youth with documented medical or behavioral contraindications to face coverings are exempt. This includes children and youth who are unable to tolerate face coverings due to autism or sensory sensitivity, or children and youth unable to independently remove face coverings 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 thought to be as effective as a face covering in preventing spread of infection. <https://covid19.ca.gov/masks-and-ppe/>
- 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 covering at other times, for example, in staff-only areas.
- Do not use face shields in place of face coverings unless absolutely required, such when working with hard of hearing children and youth. Face shields have not been shown to keep the wearer from infecting others.
- Consider using a face shield in addition to a face mask or cloth face covering. Face shields provide additional eye protection for the wearer. When used with a mask or face covering, a cloth drape is not needed.

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

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

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



- Open windows to increase ventilation with outdoor air when health and safety allow, for example, when it does not worsen individuals' allergies or asthma. When health and safety allow, also consider also leaving room doors slightly open to promote flow of outdoor air through the indoor space.
- Adjust mechanical ventilation systems to maximize fresh (outdoor) air ventilation. Minimize or eliminate return or recirculated air.
- For mechanical ventilation systems, increasing the intake of outdoor air and minimizing recirculated air should be prioritized over increasing filter efficiency during the COVID-19 pandemic.

Generally, opening windows and adjusting mechanical ventilation systems to maximize outdoor air intake will effectively increase the amount of outdoor air in a room. Although increased filter efficiency may be desirable for other reasons, such as improving indoor air quality near freeways or during wildfires, it is less important than maximizing outdoor air intake for COVID-19. Improving filter efficiency may require significant upgrades to the mechanical ventilation system. Portable air cleaners may be considered, but must be sized and positioned appropriately for the specific space.

Limit sharing

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

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. CDPH recommends waiting at least 1 hour.¹

¹ CDPH Outpatient Healthcare Facility Infection Control Recommendations for Suspect COVID-19 Patients <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/OutpatientHealthcareFacilityInfectionControlRecommendationsforSuspectCOVID19Patients.aspx>



- 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, they can be settings with higher risk of COVID-19 transmission. 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 used for these purposes must wear a face covering.

Drop-off and pick-up

Children, youth and parents/caregivers from different households should not gather and interact with each other during arrival and dismissal, as this creates an opportunity for COVID-19 to spread in the community.

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 student.
- 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 coverings to eat and drink. Children and youth 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 and youth must speak loudly to be heard.



- Eating outdoors is safer than eating indoors. Outdoor eating areas may be covered (e.g. with an awning), as long as no more than one side is closed, allowing sufficient air movement. Designate an eating area for each group, and mark places at least 6 feet apart for students to sit. Without marked spaces, children might sit more closely.
- Use individually plated or bagged meals or snacks instead of family-style meals.
- Space children and youth 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 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.
- Staff should try as much as possible to stay at least 6 feet away from children who are not wearing face coverings, especially when they are eating indoors. Staff should remember to wear face coverings if children are eating.
- Clean and disinfect tables and chairs between different cohorts. If eating outdoors, sidewalks and asphalt do not have to be disinfected.

Staff spaces: offices, break rooms and work rooms

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.

- Staff should try not to eat with other staff, especially indoors. This is a common way that staff are exposed to COVID-19 at work.
- Post signage reminding staff to stay 6 feet apart, keep their face coverings on unless eating, wash their hands before and after eating, and disinfect their area after using it.
- Consider creating a private outdoor area for staff to eat and take breaks.
- Open windows and doors to maximize ventilation in staff spaces.

Sports and exercise

Exercising is an area of higher risk for transmission due to the potential for close contact and increased breathing. Youth sports require special consideration and special precautions. Any program that involves sports or physical education, as all or part of its programming, must comply with these guidelines.

- All sports, physical conditioning, and training 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 to support such sports (e.g., running drills, practicing skills, and doing calisthenics) is permitted as long as participants can stay 6 feet apart at all times.
- Face coverings must be worn by all participants at all times (participants should avoid heavy exertion because it may make wearing face coverings more difficult).
- Limit sharing of equipment between youth in a cohort. Clean any shared equipment frequently. Do not share equipment between cohorts unless it has been cleaned and disinfected.
- Youth from different cohorts may not play against or with each other.



- Tournaments, events, and competitions are not permitted.
- Please see the state's guidance regarding Youth Sports at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Youth-Sports-FAQ.aspx>.

Students 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 students to safely attend class. For example, a student who cannot tolerate a face covering due to a medical or developmental condition may need a desk with clear screens or privacy barriers.

Other activities

- Avoid group singing. Suspend choir and wind instruments (band). These activities are higher risk for COVID-19 transmission due to the larger numbers of respiratory droplets produced. Percussion and string instruments are allowed.
- Field trips are currently not allowed due to the potential for increased transmission. Please stay updated with state and local guidance.

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

Refer to *"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 information on:

- Steps to take when staff or children and youth have COVID-19 symptoms, have been exposed (for example, a parent or sibling has tested positive), or have confirmed COVID-19.
- Returning to the program after COVID-19 symptoms, close contact, or confirmed COVID-19.

When a child and youth or staff member has symptoms of COVID-19

- Staff who develop symptoms at work must notify their supervisor and leave work as soon as feasible. For SFPDH guidance on when workers with COVID-19 symptoms may return to work, see <https://sfcdcp.org/rtw>.
- Keep ill children and youth in a separate area, away from other children and youth, until they can be picked up. Make sure that children and youth keep their face coverings on.
- When a parent or guardian arrives, consider walking the child outside to meet them instead of allowing the parent or guardian into the building. Since it is common that children with COVID-19 are infected by a parent or other adult in their home, the parent may also have COVID-19.
- Encourage family members of students and staff with symptoms of COVID-19 to get tested promptly, before they can spread infection to students and staff.



- 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.
- Children and youth with symptoms may return to the program when they have met the criteria in “When someone has suspected or confirmed COVID-19: Quick Guide for Schools, Childcares, and Programs for Children and Youth.” A parent handout, “For Parents and Guardians: COVID-19 Health Checks for Children and Youth/If Your Child Has Symptoms” is also available. Both documents are at <http://sfcdcp.org/CovidSchoolsChildcare>.

When a child and youth or staff member has a positive COVID-19 test

- Contact the SFDPH Schools and Childcare Hub for consultation and guidance at **(415) 554-2830, Press 1 for COVID-19, then press 6 for Schools**
Schools-childcaresites@sfdph.org
- **Work with SFDPH to identify staff, children and youth and other people in the program who had close contact** with the person with COVID-19. Individuals who had close contact should be notified, know how to get tested, and understand when they or their child can return to the program, usually 14 days after their last exposure. Please refer to “*Frequently Asked Questions (FAQ): COVID-19 Contact Tracing at Schools, Childcares, and Programs for Children and Youth*” at <http://sfcdcp.org/CovidSchoolsChildcare>.
- **Close the areas used by the person with COVID-19 until they can be cleaned and disinfected.**
- **Communicate with staff and families.**
Maintain the confidentiality of the child, youth family, or staff member with COVID-19 as required by the Americans with Disabilities Act, the Family Education Rights and Privacy Act, and possibly HIPAA.

Resources

San Francisco Department of Public Health (SFDPH)

- **SFDPH Schools and Childcare Hub** for COVID-19 consultation and guidance (415) 554-2830. Press 1 for COVID-19, then press 6 for Schools
Schools-childcaresites@sfdph.org
- COVID-19 guidance for the public, including schools and employers
<https://www.sfcdcp.org/covid19>
- Outreach Toolkit for Coronavirus. Posters and flyers on physical distancing, hand hygiene, face masks, health screenings, getting tested, and other COVID-19 topics at
<https://sf.gov/outreach-toolkit-coronavirus-covid-19>
- “*What to Do When Someone Has Suspected or Confirmed COVID-19: Quick Guide for Schools, Childcares, and Programs for Children and Youth*”, at <https://sfcdcp.org/CovidSchoolsChildcare>
- “*Parent and Caregiver Handout: COVID-19 Health Checks/If Your Child has Symptoms*.” Instructions for parents on health screenings and return to school guidelines if their child has COVID-19 symptoms, at <http://sfcdcp.org/CovidSchoolsChildcare>
- “*Frequently Asked Questions (FAQ): COVID-19 Contact Tracing At Schools, Childcares, and Programs for Children and Youth*”, at <https://sfcdcp.org/CovidSchoolsChildcare>



- *"What to Do if Someone at the Workplace Tested Positive for COVID-19"*
<https://www.sfcddcp.org/covid19> under Businesses and Employers.
- *"Leaving Isolation or Returning to Work for Those Who Have Confirmed or Suspected COVID-19"*
<https://www.sfcddcp.org/rtw>

California Department of Public Health (CDPH)

- *"Guidance for Small Cohorts/Groups of Children and Youth"*
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/small-groups-child-youth.aspx>
- *"Youth Sports Questions and Answers"*
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Youth-Sports-FAQ.aspx>

Centers for Disease Control and Prevention (CDC)

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

Checklist

Health Officer Directive No. 2020-26b (Exhibit B) Health and Safety Plan (issued 9/11/2020)

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

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

Business/Entity name:

Contact name:

Entity Address:

Contact telephone:

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

- Business is familiar with and complies with all requirements set forth in Health Officer Directive No. 2020-26b, available at <http://www.sfdph.org/directives>.
- Designate a COVID-19 staff liaison. *Liaison name:*
- Protocols have been established in the event a child or staff member has symptoms of COVID-19, has close contact with a person with COVID-19, or is diagnosed with COVID-19.
- Program is limited to children and youth with disabilities (who are given first priority), children and youth who are clients of Family and Children's Services or are at risk of abuse, neglect, or exploitation, children and youth experiencing homelessness or housing/food insecurity; foster children; children of domestic violence survivors; and English learners.
- Everyone who enters the facility is screened for COVID-19 symptoms or exposure.
- Parents are informed to keep children home when ill.
- Sick leave policies support personnel to stay home when ill.
- Limiting non-essential visitors, including volunteers, to the greatest extent possible.
- Cohort size is limited to 14 children and youth and no more than two supervising adults, or a configuration of no more than 16 individuals total (children and youth or adults), or the maximum number of children or youth able to maintain 6 feet of social distance, whichever is lower.
- Group sessions are a minimum of three weeks long.
- Staff who provide services or supervision to cohorts of children are assigned to one cohort and work solely with that cohort.
- Staff providing one-to-one specialized services are assigned to work with students in as few cohorts as possible and observe appropriate precautions to prevent transmission.
- Interaction between cohorts is minimized to the greatest extent feasible.
- Each cohort is in a separate room or space or a solid non-permeable, cleanable partitions extending from the floor and at least 8 feet high separates the cohorts.
- Physical distancing between adults is maintained as much as possible.

Health Officer Directive No. 2020-26b (Exhibit B) Health and Safety Plan (issued 9/11/2020)

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

- Physical distancing between children is encouraged as appropriate depending on the nature and location of the activity.
- All adults and children in third grade and up wear a face covering unless eating or drinking, as needed for provision of services, or otherwise exempt.
- Children 2 years old through second grade are encouraged to wear face coverings to the extent feasible, especially during the following times:
 - During group activities or playtime when children are not physical distancing, especially indoors;
 - Where children may encounter staff and children from other cohorts; and
 - If a child becomes ill after arriving and is waiting for pick up (and is not asleep)
- Protocols for frequent hand washing and/or sanitizing are in place.
- Activities are done outdoors to the greatest extent possible.
- Ventilation is maximized to the greatest extent possible through opening windows (when safe to do so) and/or adjusting mechanical ventilation to maximize fresh (outdoor) air ventilation, as appropriate.
- Sharing of supplies and high-touch material is limited to the extent possible.
- Frequently touched surfaces, supplies and other objects are cleaned and disinfected regularly.
- Staff contact with families at drop-off and pick-up is limited as much as possible.
- Children are placed as far apart as possible during meals and snacks.
- Sports and physical education are permitted only when at least six feet of physical distance can be maintained between all participants at all times.
- No group singing or playing wind instruments.
- No field trips.

Additional Measures

Explain: