Programs for Children and Youth:  
Childcare, Out-of-School Time Programs, and Day Camps  

June 11, 2021

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

**AUDIENCE:** Programs for children and youth, including child care programs, out-of-school time programs, day camps, youth sports, community learning hubs, and other recreational and educational programs for children outside of school. Child care includes child care centers; child development facilities; family child care homes; preschools, transitional kindergarten, pre-kindergartens and kindergarten programs that are not part of an elementary school. Transitional kindergarten (TK) programs that are part of an elementary school and programs that are run by TK-12 schools should refer to [SFDPH guidance for TK-12 Schools](https://sfcdcp.org/school).

### Summary of changes since 5/20/2021

Major updates are highlighted in the document in blue color.

- Added reasons for lifting some COVID-19 precautions to the Key Messages section.
- Masks are not required outdoors, per [CDPH guidance on face coverings](https://www.cdph.ca.gov/Programs/RRI/COVID19/Documents/FaceCoverings Guidance 6-9-2021.pdf) issued 6/9/2021. Section on facemasks now refers to CDPH guidance.
- Staff can self-check for COVID-19 symptoms and exposure at home. Programs do not need to verify that staff did this each day.
- Required COVID-19 signs have been updated and reduced to only two different signs.
- Removed restrictions for the following:
  - The number of people allowed at performances, family events, tours and open houses.
  - Higher-risk activities: sports, dance, exercise, wind instruments and singing.
  - Field trips
  - Family-style meals
- Family members may join walking school buses.
- Removed section on caring for infants and toddlers. SFDPH does not require additional health and safety measures for this age group.

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

The recommendations below are based on the best science available at this time and the current degree of COVID-19 transmission in San Francisco. They are subject to change as new knowledge emerges and local community transmission changes. Recommendations may also change as the number of staff, children and youth who are fully vaccinated for COVID-19 increases.
Key messages

- Due to the low number of COVID-19 cases and high level of COVID-19 vaccination in San Francisco, some COVID-19 precautions are no longer needed at programs for children and youth. COVID-19 cases in San Francisco are at the lowest level since the start of the epidemic. As of June 9, about 70% of eligible San Franciscans are fully vaccinated. As a result, programs are less likely to have someone test positive for COVID-19. Even if someone does have COVID-19, it is less likely to spread when most people are vaccinated.

- COVID-19 vaccination is one of the most effective ways to decrease the risk of COVID-19 in programs for children and youth.

- Address adult-to-adult transmission, and adults as sources of infection. In many cases, unvaccinated staff are the source of COVID-19 in a program. Although children can be infected with COVID-19 and can spread it to others, spread of infection between adults has been more common.
• **Preventing person-to-person spread via respiratory droplets is more important than cleaning and disinfection.** Face masks, physical distancing, and good ventilation are more important to keep COVID-19 from spreading.

COVID-19 spreads from person-to-person in the air through respiratory droplets from an infected person. These droplets enter the air when people breathe, especially when they talk, sing, cough, sneeze or exercise. People get infected when they breathe in these infectious droplets, or when infectious droplets land in their eyes, nose of mouth.

COVID-19 can also spread if a person touches their eyes, nose or mouth after touching a contaminated surface, but this is rare.

• **Exposure risk lies along a continuum.** A rule of thumb is that a person must be within 6 feet of someone who has COVID-19 for a total of 15 minutes or more, over the course of a day, to be at risk of infection.
  - Being outdoors is much safer than being indoors.
  - More people using face coverings is safer than fewer people using face coverings.
  - Smaller groups are safer than larger ones.
  - Spending less time together is safer than more time; being further apart is safer than being closer together.
  - Activities that produce fewer respiratory droplets are lower risk than those that produce many droplets (silence < quiet talking < loud talking < singing).

• **When working with children, COVID-19 prevention must consider children’s developmental and socio-emotional needs.** The benefits of programs for children and youth are well-known, and children are at low risk for severe COVID-19.

### Establishing procedures and protocols

• Designate a COVID-19 staff or liaison to be the single point of contact at each site for questions, concerns, or exposures. This person will also serve as a liaison to SFDPH.

• Establish health and safety protocols to prevent spread of COVID-19.

• Establish protocols for people with symptoms of COVID-19 and for confirmed COVID-19 cases in the program.

• Create a health and safety plan describing what your program will do to follow the requirements in this guidance and any relevant Health Officer Directives or Orders.
  - Share your plan with staff, families, and other members of your community.

• Train staff and teach children about health and safety practices.
Considerations for Staff

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

- Encourage COVID-19 vaccination for staff.
- In youth settings, staff who are fully vaccinated for COVID-19 should continue to follow the same precautions as unvaccinated people for now. Exceptions include physical distancing from children and quarantine. For more information, see CDPH Guidance for Fully Vaccinated People and CDPH Guidance for the Use of Face Coverings.
- Offer options that limit exposure risk to staff who are in groups at higher risk for severe COVID-19 illness (e.g., telework, reassignment, or modified job duties).
  - Avoid assigning unvaccinated staff in groups at higher risk for severe COVID 19 to assess children and youth who feel sick or monitor/care for sick children waiting to be picked up.
- Implement sick leave policies that support people staying home when sick.
- Plan for absences of up to 10 days due to COVID-19 infection or exposure in unvaccinated staff.

Considerations for Children and Youth

- Encourage COVID-19 vaccination for children and youth who are old enough to be vaccinated.
- Do not exclude children and youth because of medical conditions that may increase their risk of severe COVID-19. Let the child’s medical team and family decide if it’s safe for them to attend.

Required Signs

Programs must post the following signs:

- **COVID-19 Prevention Best Practices**
  Post prominently at all public entrances.

- **COVID-19 vaccination information for employees**
  Post in staff break rooms and other staff areas.

Other COVID-19 signs are no longer required.

SFDPH-approved signs are online at sf.gov/outreach-toolkit-coronavirus-covid-19
Keep COVID-19 from entering your program. Asking people about symptoms when they arrive is not very effective in keeping COVID-19 out of programs for children and youth. It is more important to make sure people to stay home if they are sick.

Make sure that staff, volunteers, and families of children know the symptoms of COVID-19. Tell people to stay home when sick.

- Give the symptoms and exposure questions to staff, volunteers and families of children to review before they arrive each day. Programs do not have to verify that people were checked at home or collect responses to the questions.
  - Staff, Contractors, Volunteers: SFDPH Personnel Screening Form
  - Parents or other adult visitors: SFDPH Screening Form for Non-Personnel
  - Children and Youth: For Parents and Guardians: COVID-19 Symptom and Exposure Check, at sfcdcp.org/school

  The symptom list for children under 18 years old is shorter than for adults. Some symptoms are so common in children that they are not helpful in determining if a child has COVID-19. Other symptoms are less common in children with COVID-19 than adults.

- Staff, children and youth with COVID-19 symptoms should stay home and get tested.
- Encourage family members of children and staff to get tested promptly if they have symptoms of COVID-19. This will lower the risk of infection spreading to people in your program.
- SFDPH does not recommend temperature checks at programs for children and youth.

Encourage staff, children and youth who have not been fully vaccinated for COVID-19 to quarantine after travel.

- People who are not fully vaccinated for COVID-19 should avoid non-essential travel outside of California. They should quarantine and get tested after arriving in or returning to San Francisco from other states or countries. For more information on quarantine after travel, see https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Travel-Advisory.aspx

Restrict unvaccinated visitors

- People who are fully vaccinated for COVID-19 may volunteer on-site.
- Limit non-essential visitors and volunteers who have not been fully vaccinated for COVID-19.
- Parents and caregivers may enter the building briefly for pick-up and drop-off, even if they are not fully vaccinated for COVID-19.
- Therapists who are not employees but provide direct services to children on-site, such as ABA providers, occupational therapists, and physical therapists should be allowed to provide services. Providers should also be allowed on-site for vision, hearing, and dental screening.
- For festivals, performances and other events that involve families; tours; and open houses keep a log of all persons who attend. This be helpful if someone at an event, tour or open house later tests positive for COVID-19.
Cohorts are no longer required.

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

Cohorting is no longer required in programs for children and youth. If someone in your program tests positive for COVID-19, SFDPH will no longer assume that everyone in a class, team or group was a close contact. Only people who were within 6 feet of the person with COVID-19 for at least 15 minutes, over the course of 24 hours, will be considered close contacts.

- Staff and volunteers may work with more than one group.
- Children may participate in more than one group in their program each day.
  - For example, a child can be with a regular group for most of the day, but also attend a cooking elective and choose between arts and crafts, dance or sports activities in the afternoon.
- There is no maximum group size.
- There is no minimum duration for programs. Single-day programs and drop-in programs are allowed. Programs can add new children and youth at any time.
- Programs must record daily attendance for each activity or group, to help determine who may be a close contact if someone in the program tests positive for COVID-19.
- To reduce the number of people who may need to quarantine, consider ways to track who is within 6 feet or others each day. Examples include assigned seating or recording where who is next to each other when unmasked indoors for meals, snacks and naps.

Physical distancing

Physical distancing decreases the risk of COVID-19 from respiratory droplets. Physical distancing is most important when community transmission of COVID-19 is high, and COVID-19 vaccination rates are low. When community transmission is low and vaccination rates are high, physical distancing becomes much less important.

When community transmission is high, physical distancing of 3 feet, combined with face masks, effectively prevents spread of COVID-19 from unvaccinated children. Adults who have not been fully vaccinated for COVID-19 are more likely than children to infect others and should continue to stay 6 feet away from children and from each other.

Physical distancing for adults

- Staff should follow Cal-OSHA Emergency Temporary Standards for physical distancing.
- Adults who have been fully vaccinated for COVID-19 do not need distance themselves from children and youth in the program.
- Staff who are not fully vaccinated for COVID-19 can be closer than 6 feet to children when needed to meet developmental and learning needs.
Physical distancing for children and youth

Physical distancing between younger children should be balanced with developmental and socio-emotional needs of this age group.

- Children and youth who have been fully vaccinated for COVID-19 do not need to distance themselves from each other.
- In child care programs, physical distancing is not required when children are wearing face masks. Physical distancing is still required when children are not wearing masks, for example, during meals and naps.
- In programs for school-aged children where children typically sit at desks or tables, seat children and youth who are not fully vaccinated for COVID-19 at least 3 feet apart for individual activities, when space permits. Prioritize full enrollment over physical distancing, given the low community transmission at this time.
- Children and youth may move about the room to obtain supplies or to go to another part of the room, even if they pass within 3 feet of another while moving from one place to another. For example, children may leave their seats to be part of a reading group on a classroom rug.
- During group activities, playtime and recess, physical distancing may be relaxed for school-aged children, especially if outside.
- When eating, children and youth who are not fully vaccinated for COVID-19 should be 6 feet away from others indoors, 3 feet away outdoors.
- If children nap at the program, place their mats or cribs as far apart as possible, so that their heads are at least 6 feet apart. Have children lie on their mats so that they are head-to-toe (see diagram).
- Examples of additional strategies in the classroom include:
  - Rearrange furniture and work/play spaces to prevent crowding and promote distancing between children who are not playing together.
  - Arrange desks and workstations facing in the same direction, so that children do not sit facing each other.
- In shared spaces like bathrooms and elevators, limit the number of people to allow 3 feet of distancing. Adjacent bathroom stalls may be used. Post signs with occupancy limits.
- At places where people wait in line, mark spots 3 feet apart to indicate where to stand.
Face masks

*Face masks and other cloth face coverings can keep people from spreading infection, by trapping respiratory droplets before they can travel through the air. In programs where physical distancing can be challenging and children are too young to be vaccinated for COVID-19, face coverings are an important measure to prevent COVID-19.*

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

  - When outdoors, face masks are not required.
  - When indoors, all adults and children 24 months and older must wear face masks over both their nose and mouth, except when eating or sleeping. This includes people who have been fully vaccinated for COVID-19.
  - For exemptions to this requirement, see [CDPH guidance](https).
- Staff must also follow [Cal-OSHA Emergency Temporary Standards](https://www.sfdph.org/dph/files/ig/Guidance-Shared-Outdoor-Spaces.pdf) on face masks.

Ventilation and outdoor spaces

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

Outdoor spaces

- Do as many activities outside as possible, especially snacks/meals and exercise.
- Outdoor playgrounds/natural play areas only need routine maintenance. Make sure that children and youth wash or sanitize their hands before and after using these spaces. When hand hygiene is emphasized, cleaning and disinfection is not needed between groups.
**Indoor spaces**

*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.*


General recommendations include:

- Open windows to increase natural ventilation with outdoor air when health and safety allow. When possible, consider also leaving room doors slightly open to promote flow of outdoor air through the indoor space.
- If open windows pose a risk of falls for children, use window locks to keep windows from opening more than 4 inches, or other safety devices to prevent falls.
- Do not prop or wedge open fire doors. Continue to follow fire and building safety requirements.
- If your building has an HVAC system (sometimes called mechanical ventilation, forced air, or central air),
  - 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.
  - If your HVAC system has a timer, set it to run at least 1-2 hours before the building opens until 2-3 hours after everyone has left the building, including custodial staff.
- Consider portable air cleaners ("HEPA filters").
- If your program uses fans, adjust the direction of fans to so that air does not blow from one person’s space to another’s space.

For more information, see

- [www.sfcdcp.org/COVID-ventilation](https://www.sfcdcp.org/COVID-ventilation)
Hand hygiene

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

- Develop routines for staff and children to wash or sanitize their hands regularly.
- Keep hand sanitizer out of the reach of young children, and supervise use.
  - The California Department of Public Health (CDPH) does not recommend hand sanitizer for children under 24 months old.
  - Call Poison Control at 1-800-222-1222 if hand sanitizer is consumed.

Sharing

- Drinking fountains can be used. Ensure physical distancing from the person removing their mask to drink from the water fountain. Encourage the use of reusable water bottles. Water bottle filling stations, or “hydration stations,” can be used.
- Children and youth may use shared supplies and equipment such as computers, books, games, play areas, and area rugs.

Cleaning and disinfection

Routine disinfection to prevent COVID-19 is no longer recommended for programs for children and youth. Contaminated surfaces are not thought to be a significant route of transmission.

- Clean frequently touched surfaces daily. Routine cleaning focuses on frequently touched surfaces like door handles, shared desks and tables, light switches, sink handles, and keyboards.
  - Toys that are put in a child’s mouth should be cleaned and sanitized.
  - Paper-based materials like books, magazines and envelopes do not need routine cleaning between uses.
- Cleaning and disinfection are only needed in areas where a person with COVID-19 spent a large proportion of their time (classroom, or an administrator’s office) within the last 24 hours.
  - If more than 24 hours have passed since the person who is sick or diagnosed with COVID-19 has been in the space, cleaning is enough.
  - If more than 3 days have passed since the person who is sick or diagnosed with COVID-19 has been in the space, no additional cleaning is needed.

For more information, see
https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html and
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID19-K12-Schools-InPerson-Instruction.aspx#Cleaning%20and%20Disinfection
Specific Situations

Staff break rooms and work rooms
Break rooms have been a common source of COVID-19 exposure in work settings. Staff often do not view themselves and colleagues as sources of infection. They may forget to take precautions with co-workers, especially during social interactions like breaks or lunch time.

- Discourage staff and volunteers who are not fully vaccinated for COVID-19 from eating together, especially indoors.
- Consider providing an outdoor break area for staff to eat.
- Open windows and doors to increase ventilation, when feasible, especially if staff are eating or if the room is near the maximum number of people allowed.

Transportation
Since vehicles are small enclosed spaces that do not allow physical distancing, they can be settings with higher risk of COVID-19 transmission. Biking and walking are lower risk than shared vehicles.

- Carpools and shared rides
  - Tell staff and families to try to carpool with the same stable group of people.
  - Open windows and turn the fan on high, set to outdoor air.
  - Treat the vehicle as an indoor space: everyone in the vehicle should wear a face mask.

- Program Buses and Vans
  - Face masks are required for everyone riding the bus, including drivers. Bus drivers should carry a supply of face coverings in case a child or youth forgets theirs.
  - Maximize space between people from different households who have not been vaccinated for COVID-19.
  - Keep vehicle windows open when weather and safety permit.
  - Disinfection for COVID-19 not needed unless someone with COVID-19 has used the bus within the last 24 hours.
  - Symptom and exposure screening is not required if the school or program already asks families to check for symptoms and exposures at home.

- Walking School Buses
  - Prioritize pedestrian safety over physical distancing.
  - Keep a record of staff and children on the walking school bus each day.
  - Outdoor equipment such as walking ropes do not need additional cleaning. Instead, have children and staff wash or sanitize their hands before touching the equipment.

- Public transit
  - CDPH requires everyone to wear face masks while riding public transit or in transit stations (train stations, subway stations), even if people are fully vaccinated.
Drop-off and pick-up

If families from different households mingle at drop-off and pick-up, this creates an opportunity for COVID-19 to spread in your program’s community.

Examples of strategies to minimize crowding at drop-off and pick-up include:
- Staggering arrival and dismissal times
- Assigning different entrances/exits for ages or groups
- Curbside drop-off and pick-up.
- Marking spaces for children and youth to stand while waiting to enter and for adults waiting to pick up children.

Meals and snacks

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

Children and youth who have not been fully vaccinated for COVID-19 should stay at least 6 feet apart when masks are off to eat indoors; 3 feet apart outdoors. Staff who have not been fully vaccinated for COVID-19 should be especially vigilant about staying 6 feet away from children when their face masks are off.

- Eating outdoors is safer than eating indoors.
  - If possible, designate an outdoor eating area for each group, and mark places to sit at least 3 feet apart. Without marked spaces, children and youth may sit more closely.
  - Outdoor eating areas may be covered (e.g., by a tent, canopy, or other shelter), as long as the shelter complies with both CDPH and SFDPH guidance, at https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Use-of-Temporary-Structures-for-Outdoor-Business-Operations.aspx and https://www.sfdph.org/dph/files/ig/Guidance-Shared-Outdoor-Spaces.pdf.
- Consider staggering snack and lunch times so more people can eat outdoors.
- When indoors, children and youth who have not been fully vaccinated for COVID-19 may need to change where they sit during snacks or meals, so that they are at least 6 feet apart while eating. Alternatives include staggering meals such that half the group participates in an activity outside the room (such as recess) while the other half eats in the room.
- Family-style meals are allowed. Meals do not need to be individually plated or bagged.
- Make sure that everyone washes their hands or use hand sanitizer immediately before and after eating. Pay special attention to children who like to suck/lick food off their hands.
- Consider starting lunch with silent eating time, followed by conversation time, to discourage talking while face coverings are off.
- Toothbrushing in childcares and other programs for children is allowed. Staff who are not fully vaccinated should not be involved in brushing teeth.
Field trips

- All restrictions on field trips have been removed. You can go on field trips to outdoor or indoor destinations. You may use shared vehicles or public transportation.

Fire Drills

- Designate an exit for each group, and the order in which groups will exit. Stagger exits to prevent crowding in hallways.
- Designate areas for each group outside, with enough space that people can be at least 3 feet apart.
- Pedestrian safety is more important than physical distancing when walking to/from the designated waiting area.
- Create a written exit plan for children and youth with medical conditions that increase their risk of exposing others or being exposed to respiratory droplets (ex. unable to wear a mask, tracheostomy or on a ventilator). Decide when and in what order those children will exit. Pay special attention to physical distancing for these children and youth.

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

Sports, dance, exercise and activities involving singing, chanting, shouting, and playing wind instruments are higher risk for COVID-19 because people breathe more air and breathe out more forcefully when doing these activities. The risk is much higher indoors than outdoors, and higher without face masks.

- Follow CDPH guidance on face masks at https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx
- SFDPH has lifted local restrictions on sports, dance and exercise. Continue to follow any CDPH guidance on sports, that remains in effect after June 15.

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. Provide supervision for children who need additional support maintaining physical distancing, wearing a face covering, or handwashing.
What to do when someone has COVID-19 symptoms or confirmed COVID-19

When staff, children and youth become ill at the program

- Staff who become ill at work must notify their supervisor and leave work as soon as they can.
- Send ill children and youth home. Keep children who are waiting to be picked up in a designated isolation space. Make sure that they keep their face masks on.
- When a parent or guardian arrives to pick up a child, have the child walk outside to meet them, if possible, instead of allowing the parent or guardian into the building. The parent may also have COVID-19, since children are most often infected by an unvaccinated adult in their home.

See the Quick Guide for Suspected or Confirmed COVID-19 for steps to take. The Quick Guide has a summary chart of what to do when staff, children and youth have COVID-19 symptoms, have had close contact to someone with COVID-19 (for example, a parent or sibling), or test positive for COVID-19. It also lists steps to take if your program has a confirmed case of COVID-19.

Translations of the Quick Guide are at https://sfcdcp.org/school

Returning to the program after COVID-19 symptoms, exposure or a positive test
See SFDPH criteria for children and youth to return to their program at https://sfdpd.org/dph/COVID-19/Schools-Returning.asp

Deciding if your program should close due to COVID-19

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

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

The decision to close a program should be based on COVID-19 cases in your program, not on community COVID-19 rates, which may not reflect the conditions at your program. Any decisions should be made in consultation with the SFDPH Schools Response Team.

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

- 25% or more of the program’s classes or groups have had outbreaks in the last 14 days.

---

1 An outbreak is 3 or more COVID-19 cases in a child care program in a 14-day period, where people were likely infected at the program. For example, 3 cases in 3 siblings would not be considered an outbreak, nor would 3 cases in children who also play on a sports team already being investigated for an outbreak. Similarly, 3 cases in children or staff who happen to have COVID-19 at the same time, but were infected outside of the childcare, would not be considered an outbreak.
• At least three outbreaks have occurred in the last 14 days AND more than 5% of the staff and children are infected.

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

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

Resources

San Francisco Department of Public Health (SFDPH)

• SFDPH Schools and Childcare Hub for COVID-19 consultation and guidance (628) 217-7499 or email Cases.schools@sfdph.org

• COVID-19 guidance for the public, including employers: https://sfcdcp.org/covid19

• COVID-19 guidance for programs for children and youth: https://sfcdcp.org/school
  o “Quick Guide for Suspected or Confirmed COVID-19”
  o “Parent and Caregiver Handout: COVID-19 Symptom and Exposure Check/Returning to School after Symptoms”

California Department of Public Health (CDPH)


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


Centers for Disease Control and Prevention (CDC)

