



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

July 6, 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>.

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 be refer to [SFPDH guidance for TK-12 Schools](#).

Summary of changes since 6/11/2021

Major updates are highlighted in the document in blue color.

- Updated to align with [CDPH Childcare Guidance](#), issued 6/29/2021.
- All adults and children must wear face coverings while indoors, per CDPH guidance.
- Physical distancing and cohorting are not required.
- When air quality is poor due to wildfires or other causes, programs can remain open even if they need to close windows or adjust ventilation systems to maintain indoor air quality.
- Programs may choose whether volunteers must be fully vaccinated for COVID-19.
- Added a "FAQ: What's Allowed" section to list activities that are no longer restricted.

PURPOSE: To help programs for children and youth understand health and safety practices needed to prevent spread of COVID19 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 people who are fully vaccinated for COVID-19 increases.

Contents

Key messages	2
Procedures and protocols	3
Required Signs.....	3
Strategies to prevent the spread of COVID-19	4
Promote COVID-19 vaccination.	4
Wear face masks indoors.....	4
Improve ventilation and use outdoor spaces.	4
Stay home when sick/home-based symptom checks.....	6
Hand hygiene: Follow pre-COVID protocols.	6
Cleaning and disinfection: Follow pre-COVID protocols unless there's a COVID-19 case.....	7
Cohorting is not required.....	7
Physical distancing is not required.....	8
Specific Situations	8
Transportation	8
Meals and snacks	9
Frequently asked questions: What's allowed	9
What to do when someone has COVID-19 symptoms or confirmed COVID-19.....	10
When staff, children and youth become ill at the program	10
See the Quick Guide for Suspected or Confirmed COVID-19 for steps to take.	10
Returning to the program after COVID-19 symptoms, exposure or a positive test	10
Deciding if your program should close due to COVID-19	11
Resources	11

Key messages

COVID-19 cases in San Francisco are at the lowest level since the start of the epidemic. As of July 5, about 74% of eligible San Franciscans are fully vaccinated. **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 vaccination of staff, eligible children, and household members is one of the most effective ways to decrease the risk of COVID-19 in programs for children and youth.

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.
- Create a Health and Safety Plan describing what your program will do to follow the requirements in this guidance and any relevant Health Directives or Orders.
 - Share your plan with staff, families, and other members of your community.
- Establish written protocols for what your program will do if someone in the program is exposed to COVID-19, has symptoms of COVID-19 and tests positive for COVID-19. This can be part of your Health and Safety Plan.
- Employers must follow Cal/OSHA COVID-19 Prevention Emergency Temporary Standards, at <https://www.dir.ca.gov/dosh/coronavirus/ETS.html>
- Licensed childcare providers must also follow requirements in CDSS and CCLD provider information notices.
- 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:

- [**Best practices for COVID-19 prevention**](#)
Post at all public entrances.
- [**Get Vaccinated, SF!**](#)
Post in staff break rooms and other staff areas.

These signs are available in different sizes and colors at sf.gov/outreach-toolkit-coronavirus-covid-19. The toolkit also has a variety of signs, posters and fact sheets on COVID-19.

Strategies to prevent the spread of COVID-19

Promote COVID-19 vaccination.

- Encourage COVID-19 vaccination for staff, volunteers, children old enough to be vaccinated, and family members.

Wear face masks indoors.

Face masks can keep infection from spreading, by trapping respiratory droplets before they can travel through the air.

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

- Programs must follow [CDPH Guidance for Face Coverings](#).
 - **CDPH requires face masks indoors for everyone 24 months and older, even if they have been fully vaccinated for COVID-19.**
 - Face masks are not required outdoors.
 - Make sure that children wearing face masks do not overheat in hot weather.

Exemptions to face masks

- Children under 24 months 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 must not wear masks.
- For other exemptions to this requirement, see [CDPH guidance](#).
- When there are no children on site, staff may follow [Cal/OSHA Emergency Temporary Standards \(ETS\)](#) on face masks.

Improve ventilation and use 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 structures should comply with SFDPH ventilation guidelines for outdoor structures, at <https://www.sfdph.org/dph/files/ig/Guidance-Shared-Outdoor-Spaces.pdf>.
- Outdoor playgrounds do not need cleaning and disinfection between groups.

What does it mean to be fully vaccinated for COVID-19?

A person is fully vaccinated if it's been at least 2 weeks since they got the 2nd dose of the Pfizer-BioNTech or Moderna COVID-19 vaccine, or one dose of the Johnson & Johnson vaccine.

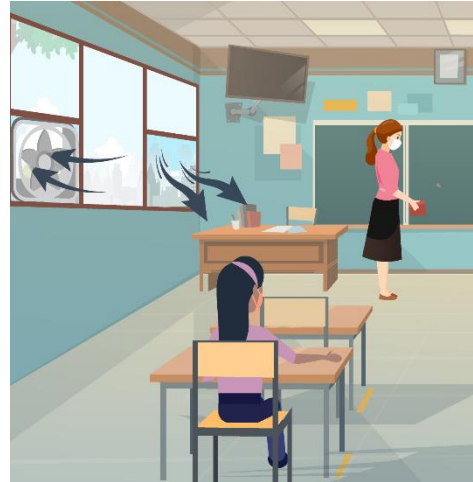
Indoor spaces

Good ventilation decreases the number of respiratory droplets in the air by replacing indoor air with fresh, uncontaminated air and/or filtering infectious droplets out of the air. It is another important measure to prevent COVID-19 transmission indoors.

During wildfires or other times when air quality is poor, prioritize maintaining healthy air quality indoors. Your program may remain open even if you need to close your windows or decrease outdoor air intake by your ventilation system during these times. Continue other precautions, especially wearing masks. Portable air cleaners (HEPA filters) can be helpful.

Review [SFDPH Ventilation Guidance](#). 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 (also called mechanical ventilation, forced air, or central air),
 - Have your HVAC system is checked by a professional to make sure that it 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.sfdcp.org/COVID-ventilation
- <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/ventilation.html>
- <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Interim-Guidance-for-Ventilation-Filtration-and-Air-Quality-in-Indoor-Environments.aspx>

Stay home when sick/home-based symptom checks.

Asking people about symptoms after they arrive is not very effective in keeping COVID-19 out of programs. It is more important to tell 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 COVID-19 symptoms and exposure questions to staff, volunteers and families of children, and make sure they know when they must stay home. **Programs do not have to confirm that people have reviewed the form each day 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 \[sfcdcp.org/school\]\(https://sfcdcp.org/school\)](#)

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 symptoms or exposures should stay home.
- 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.

Encourage staff, children and youth who are not fully vaccinated for COVID-19 to follow CDC guidelines for quarantine and testing after travel.

- Programs may choose to require staff and participants to follow CDC recommendations at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>

Hand hygiene: Follow pre-COVID protocols.

- Follow pre-COVID-19 universal health precautions for handwashing. More frequent handwashing for COVID-19 is not required. https://cchp.ucsf.edu/sites/g/files/tkssra181/f/standardprecen020305_adr.pdf
- Handwashing with soap is more effective than hand sanitizer. Hand sanitizer is optional, if people can easily wash their hands with soap and water at a sink.
- 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.

Cleaning and disinfection: Follow pre-COVID protocols unless there's a COVID-19 case.

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.
- Paper-based materials like books and magazines do not need cleaning between uses.
- CDPH recommends additional disinfection only after a confirmed COVID-19 case, and only in areas where the 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>

Cohorting is not required.

A cohort is a small, stable group with the same staff and children each day. Keeping people in cohorts lowers their exposure risk by limiting the number of people they interact with. It is less important when community transmission is low.

Cohorting is no longer required, given low levels of COVID-19 and high vaccination rates at this time. **SFDPH does not recommend cohorting if it will limit full enrollment. Programs should prioritize full enrollment over strict cohorting.**

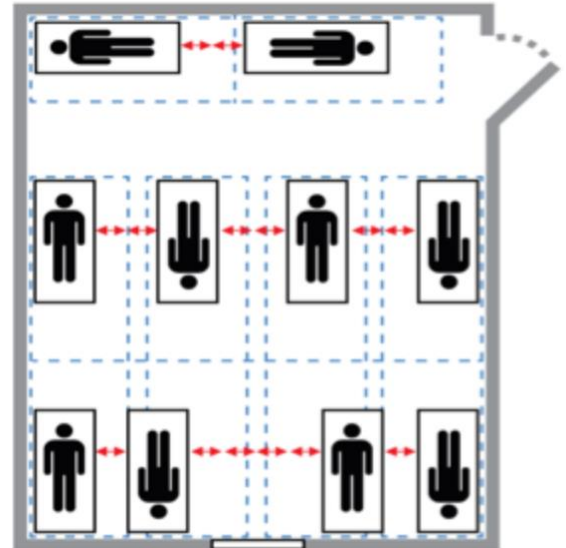
- Staff and volunteers may work with more than one group.
- Children may participate in more than one group each day.
 - For example, a child can be with a regular group for most of the day, also attend a cooking elective and choose between arts and crafts, dance or sports activities in the afternoon.
- Single-day programs and drop-in programs are allowed. Programs can add new children and youth at any time.
- There is no maximum group size.
- 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 of 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 is not required.

Physical distancing decreases the risk of COVID-19 from respiratory droplets. Physical distancing is less important when people wear face masks and when community transmission is low.

Physical distancing is no longer required, given low levels of COVID-19 and high vaccination rates at this time. **SFDPH does not recommend physical distancing if it will limit full enrollment.** Programs that opt to use physical distancing to further reduce COVID-19 risk should:

- Prioritize full enrollment over physical distancing.
- Balance distancing between younger children with the developmental and socio-emotional needs of this age group.
- Consider strategic use of physical distancing for higher-risk activities, rather than distancing throughout the day, for example:
 - During dance, exercise or singing.
 - When unvaccinated children are not wearing masks, for example, during meals and naps.
 - Having children lie head-to-toe during naptime (see diagram).
- In many cases, moving higher-risk activities outside will reduce COVID-19 risk more than distancing indoors.



Specific Situations

Transportation

Since vehicles are small enclosed spaces that do not allow physical distancing, they are 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 are not required if the school or program already asks families to monitor for symptoms and exposures at home.
- Walking School Buses
 - Prioritize pedestrian safety.
 - 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
 - Everyone must wear face masks while riding public transit or in transit stations (train stations, subway stations), even if they are fully vaccinated, as required by CDPH.

Meals and snacks

Eating together is higher-risk for COVID-19 transmission because people must remove their face masks to eat. 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 people must speak loudly to be heard.

- Eat outdoors when space and weather allow.
- Space unvaccinated children out when eating. For example, programs can move tables or use name cards to provide adequately spacing between children.
- Family-style meals are allowed. Meals do not need to be individually plated or bagged.
- Consider starting lunch with silent eating time, followed by conversation time, to discourage talking while face coverings are off.

Frequently asked questions: What's allowed

- Parents and caregivers may enter the building for pick-up and drop-off, even if they are not fully vaccinated for COVID-19.
- Volunteers are allowed. Programs may choose to require that volunteers be fully vaccinated for COVID-19, but this decision is left up to the program.
- 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.
- Festivals, performances and other events that involve families; tours; and open houses are allowed. Keep a log of all persons who attend. This will be helpful if someone at an event, tour or open house later tests positive for COVID-19.
- Drinking fountains can be used.
- Children and youth can share toys, computers, books, games, play areas, and area rugs.

- Family-style meals are allowed.
- [Brushing children’s teeth is allowed.](#)
- 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.
- You may resume fire drills.
- Sports, dance, exercise, wind instruments, singing and chanting are allowed, both indoors and outdoors. These activities continue to be higher-risk for COVID-19 because people breathe more air and breathe more forcefully when doing these activities. [Programs may choose to take additional steps to reduce the risk by going outdoors or spacing children further apart for these activities, but this is not required.](#)

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 if someone in the program has COVID-19 symptoms, close contact to someone with COVID-19 (for example, a parent or sibling), or tests 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://sfdph.org/dph/COVID-19/Schools-Returning.asp>

Deciding if your program should close due to COVID-19

Programs should avoid unilaterally closing due to COVID-19, without direction from public health officials. Situations where SFDPH may recommend closing a program may include the following:

- 25% or more of the program’s groups have had outbreaks¹ in the last 14 days.
- At least three outbreaks have occurred in the last 14 days AND more than 5% of the staff and children are infected.
- Investigation of an outbreak by 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, and 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>
 - [“Quick Guide for Suspected or Confirmed COVID-19”](#)
 - [“Parent and Caregiver Handout: COVID-19 Symptom and Exposure Check/Returning to School after Symptoms”](#)
- Outreach Toolkit for Coronavirus. <https://sf.gov/outreach-toolkit-coronavirus-covid-19>

California Department of Public Health (CDPH)

- Guidance for Child Care Providers and Programs, issued 6/29/2021 <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Child-Care-Guidance.aspx>
- Guidance for the Use of Face Coverings, updated 6/24/2021 <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx>
- COVID-19 Public Health Recommendations for Fully Vaccinated People, issued May 12, 2021 <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19-Public-Health-Recommendations-for-Fully-Vaccinated-People.aspx>

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.

Centers for Disease Control and Prevention (CDC)

- Schools and Childcare Programs
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>
- Guidance for Operating Child Care Programs During COVID-19
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-child-care.html>
- Cleaning and Disinfecting Your Facility
<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>