Summary of changes since 7/6/2021

Major updates are highlighted in the document in blue color.

- All adults must wear face masks indoors, even when children are not present.
- Children over 24 months old must wear face coverings while indoors.
- Limit non-essential volunteers who are not fully vaccinated for COVID-19.
- Wind instruments are not allowed indoors at this time.
- “New rules for quarantine” section added:
  - Students with outdoor exposures at school must quarantine only if the exposure happened while unmasked and sitting/standing in place, or during high-contact sports.
  - Students in the same class or group as a positive COVID-19 case must quarantine only if they are known to have spent 15 minutes within 6 feet of the case.
  - Modified quarantine is only for children with close contact to COVID-19 at school. It does not apply to childcares and other programs for children and youth.

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.

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 people who are fully vaccinated for COVID-19 increases.
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Key messages

**COVID-19 vaccination of staff, eligible children, and family members** is one of the most effective ways to decrease the risk of COVID-19 in programs for children and youth. Vaccinated staff, youth, and family members also help protect younger children who are not yet eligible for vaccination. As of August 12, 2021, 78% of eligible San Franciscans were fully vaccinated.

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.

• 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.

• **Limit non-essential visitors who are not fully vaccinated**, including volunteers and activities involving external groups.

#### Wear face masks indoors.

*Face masks can keep infection from spreading, by trapping respiratory droplets before they can travel through the air. They are an essential prevention strategy in indoor spaces.*

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

• Face masks are required indoors for everyone 24 months and older, even if they have been fully vaccinated for COVID-19.

• Face masks are not required outdoors.
  
  o 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 Face Mask guidance.
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.

Indoor spaces

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

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](https://www.sfdph.org/dph/files/ig/Guidance-Shared-Outdoor-Spaces.pdf). General recommendations include:

- Open windows to increase natural ventilation with outdoor air when health and safety allow. Consider leaving room doors slightly open to promote flow of outdoor air through the room.
- 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 a professional check your HVAC system to make sure that it’s 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 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)

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 a list of COVID-19 symptoms to staff, volunteers and families of children. Make sure they know to stay home if they have symptoms. **Programs do not have to confirm that people have reviewed the form each day or collect responses to the questions.**

SFDPH has created a sample handout for families, [For Parents and Guardians: COVID-19 Symptom and Exposure Check](https://sfcdcp.org/school), at sfcdcp.org/school

- 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 [quarantine and test after travel](https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html), as recommended by the CDC.


- Programs can require staff and students who are not fully vaccinated for COVID-19 to wait for the end of the CDC-recommended quarantine period before returning to the program after travel.

**Hand hygiene: Follow pre-COVID protocols.**

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

- 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](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.
- Outdoor playgrounds do not need cleaning and disinfection between groups.

Additional disinfection is recommended only if a person with COVID-19 was present within the last 24 hours; clean AND disinfect spaces occupied by that person during that time. For more information, see https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

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, vaccination rates are high, and spread of COVID-19 is low.

Physical distancing is no longer required. 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 physical distancing indoors.

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.

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.

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.

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

• Buses and Vans:
  o 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.
  o Maximize space between people from different households who have not been vaccinated for COVID-19.
  o Keep vehicle windows open when weather and safety permit.
  o Disinfection for COVID-19 not needed unless someone with COVID-19 has used the bus within the last 24 hours.
  o You do not have to ask riders about symptoms and exposures before letting them board.

• Walking School Buses:
  o Prioritize pedestrian safety.
  o Keep a record of staff and children on the walking school bus each day.
  o 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:
  o 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 San Francisco health order, CDPH and CDC.
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 adequate 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.
- 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.** CDC recommends that staff involved in toothbrushing be fully vaccinated for COVID-19.
- 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. **Children, staff and volunteers must wear masks on field trips.**
- You may resume fire drills.
- Sports, dance, exercise, singing, and chanting are allowed. These activities continue to be higher-risk for COVID-19 because people breathe more air and breathe more forcefully when doing these activities. **Masks must be worn indoors for all activities.**
- **Wind instruments are allowed outside.**
  
  *At this time, CDPH does not allow masks to be removed indoors at schools and childcares, even for wind instruments or sports that cannot be played with a mask. SFDPH does not allow wind instruments indoors at other programs for children and youth. We are awaiting CDPH recommendations on these higher-risk activities.*
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 sick 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.

- See the Quick Guide with translations for what to do if someone at school tests positive for COVID-19, has symptoms of COVID-19, or has close contact to someone with COVID-19. The Quick Guide also lists steps to take if your program has a confirmed case of COVID-19.

Your program must report COVID-19 cases to SFDPH at cases.schools@sfdph.org

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

New rules on which students must quarantine after COVID-19 exposure at school

People in the same class or group do not have to quarantine if the program is unsure whether they had close contact.

In programs for children, it may be difficult to know who has had close contact. People are not considered close contacts simply because they were in the same group or cohort. People are considered close contacts when the program is reasonably sure that they spent at least 15 minutes within 6 feet of the infected person over the course of a day. If the program cannot determine this or does not know, the person should not be considered a close contact.

To help identify close contacts, consider assigned seating, documenting who sits next to each other during meals and snacks, and other ways of tracking who is within 6 feet of others each day.

For COVID-19, a close contact is anyone who was within 6 feet of an infected person for a total of 15 minutes or more over 24 hours (for example, three 5-minute periods over the course of a day), even if both people were wearing masks. An infected person can spread COVID-19 starting 2 days before they have symptoms or test positive for COVID-19.

Close contacts who are fully vaccinated for COVID-19 or had COVID-19 in the last 3 months don't have to quarantine, as long as they don't have symptoms.
Outdoor exposures in supervised programs for children and youth

Children and youth who are not fully vaccinated for COVID-19 must quarantine for outdoor exposures at schools and programs for children only if the close contact happened while:

- The child and infected person were unmasked and stationary (i.e., sitting or standing). Examples include eating together or singing in a group.
- During high-contact sports or dance.

High-contact sports and dance are activities with frequent or sustained contact. Examples include football, basketball, soccer, water polo, and partner dancing. For clarity, quarantine is only required if the total time spent within 6 feet of the infected person was at least 15 minutes; regardless of the duration of the activity.

Modified Quarantine only applies to TK-12 schools.

*CDPH now allows unvaccinated students who are exposed to COVID-19 at school to continue attending school during quarantine under certain conditions.*

“Modified quarantine” is intended only for elementary, middle and high schools. Modified quarantine cannot be used for students who were exposed to COVID-19 at home, at childcare, or during extracurricular activities like sports and after-school programs.

Children and youth with modified quarantine can leave home only to attend school. They cannot go to programs outside of school or participate in extracurricular activities at school, including sports. For more information, see CDPH Schools Questions and Answers at https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Schools-FAQ.aspx

### 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://sfcdc.org/covid19](https://sfcdc.org/covid19)
- COVID-19 guidance for programs for children and youth. [https://sfcdc.org/school](https://sfcdc.org/school)
  - “Quick Guide for Suspected or Confirmed COVID-19”
  - “Parent and Caregiver Handout: COVID19 Symptom and Exposure Check/Returning to School after Symptoms”

**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](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Child-Care-Guidance.aspx)
- Guidance for the Use of Face Coverings, updated 7/28/2021  
  [https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx)
Centers for Disease Control and Prevention (CDC)

- Schools and Childcare Programs

- Guidance for Operating Early Childhood Education/Child Care Programs, updated July 9, 2021