DIRECTIVE OF THE HEALTH OFFICER No. 2020-14k (updated)

DIRECTIVE OF THE HEALTH OFFICER OF
THE CITY AND COUNTY OF SAN FRANCISCO REGARDING REQUIRED BEST
PRACTICES FOR CHILDCARE PROVIDERS

(PUBLIC HEALTH DIRECTIVE)
DATE OF DIRECTIVE: August 13, 2021, updated February 28, 2022

By this Directive, the Health Officer of the City and County of San Francisco (the “Health Officer”) issues industry-specific direction that programs for children and youth, as described below, must follow as part of the local response to the Coronavirus Disease 2019 (“COVID-19”) pandemic. This Directive goes into effect immediately upon issuance, and remains in effect until suspended, superseded, or amended by the Health Officer.

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

1. This Directive applies to “Programs for Children and Youth,” which includes:
   a) all group care facilities for children who are not yet in elementary school, including child care centers; child development facilities; family daycare homes; and preschools, co-operative (“co-op”) preschools, that are not part of an elementary school (including transitional Kindergartens, pre-Kindergartens and Kindergartens that are part of preschool programs or are independent of both preschool and elementary school programs) (“Childcare Programs”); and
   b) educational or recreational institutions or programs that provide care or supervision for school-aged children and youth—including for example, learning hubs, other programs that support distance learning, school-aged childcare programs, summer camps, youth sports programs, and afterschool programs (“Out of School Time Programs” or “OST Programs”).

   This Directive does not apply to schools, which are covered in Health Officer Directive No. 33.

2. Attached as Exhibit A to this Directive is updated guidance from the San Francisco Department of Public Health (SFDPH) for Programs for Children and Youth: Childcare, Out-of-School Time Programs, and Day Camps (“Guidance”). All Programs for Children and Youth must comply with all applicable requirements listed in the Guidance.

3. All Programs for Children and Youth are strongly urged to immediately implement measures to require all Personnel to be fully vaccinated with a vaccine authorized to prevent COVID-19 by the FDA, including by way of an emergency use authorization, or by the World Health Organization.

4. Each Program for Children and Youth must cooperate with SFDPH in relation to the Program for Children and Youth and the subject matter of this Directive. Such cooperation includes, but is not limited to, all of the following:
   - Immediately (within one hour of learning of the result) reporting any COVID-19 diagnosis or positive or inconclusive test result received by any child, teacher, or other Personnel to SFDPH Schools/Childcare COVID-19 Response

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Team: call 628-217-7499 or email cases.schools@sfdph.org (please put “SECURE” in the subject line);

- Promptly taking and responding to telephone calls, emails, and other inquiries and requests by representatives of SFDPH;
- Allowing SFDPH personnel on-site without advance notice;
- Responding to all SFDPH requests for information in a timely manner;
- Communicating with Personnel, students, and their parent(s) or guardian(s) as directed by SFDPH; and
- Taking immediate action as required by SFDPH in the event of an outbreak or other time-sensitive situation that poses a risk to the health and safety of youth, Personnel, or the community.

5. 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 Programs for Children and Youth must stay updated regarding any changes to this Directive by checking the Department of Public Health website (www.sfdph.org/directives) regularly.

Where a conflict exists between this Directive and any state, local, or federal public health order related to the COVID-19 pandemic, the most restrictive provision controls. Failure to carry out this Directive constitutes an imminent threat to public health, constitutes a public nuisance, and is a misdemeanor punishable by fine, imprisonment, or both.

Susan Philip, MD, MPH, Dated: February 28, 2022
Health Officer of the
City and County of San Francisco
Programs for Children and Youth:  
Childcare, Out-of-School Time Programs, and Day Camps  

February 23, 2022

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).

<table>
<thead>
<tr>
<th>Summary of changes since 2/11/2022</th>
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<tbody>
<tr>
<td>• Updated indoor masking requirement, specifically for sports, to allow for vaccinated and unvaccinated children to remove their masks during active play or heavy exercise under specific conditions</td>
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<td>• Added link to new COVID-19 Schools and Childcare Decision Tree under resources</td>
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<th>Summary of changes since 2/1/2022</th>
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<td>• Added guidance for youth programs affiliated with a TK-12 school around standardizing isolation and quarantine policies to be consistent with the TK-12 school with which they are affiliated</td>
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<td>• Clarified guidance about face masks outdoors, specifically that masks are not required since risk of transmission is low in most outdoor settings</td>
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<td>• Clarified that unvaccinated individuals who have had COVID-19 in the last 90 days and are required to undergo weekly asymptomatic screening testing for certain situations are exempt from the asymptomatic screening testing for 90 days from the date of infection. They should resume screening testing after 90 days.</td>
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Changes highlighted in green.

**AUDIENCE:** Programs for children and youth, including childcare programs, out-of-school time programs, day camps, youth sports, community learning hubs, and other recreational and educational programs for children outside of school. Childcare 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 [SFDPH guidance for TK-12 Schools](https://sfcdcp.org/school).

**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 and boosters 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. Up-to-date vaccinated adults and youth also help provide protection to younger children who are not yet eligible for vaccination.

Procedures and protocols

Establish COVID-19 health and safety protocols.

- **Designate a COVID-19 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 the SFDPH.

- **Create a plan** describing what your program will do to follow the requirements in this guidance and in any relevant Health Directives or Orders, including Health Directive No. 2020-14, for programs for children and youth, at [https://www.sfdph.org/dph/alerts/coronavirus-health-directives.asp](https://www.sfdph.org/dph/alerts/coronavirus-health-directives.asp)
  - Update your plan regularly to reflect changes in COVID-19 guidance and local transmission.
  - Share your plan with staff, families, and other members of your community.

- **Establish written protocols** for what your school or program will do if someone in the program is exposed to COVID-19, has symptoms of COVID-19 or tests positive for COVID-19. See [SFDPH’s Guide to Isolation & Quarantine](https://www.sfdph.org/dph/alerts/coronavirus-health-directives.asp).


- 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](https://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.
- Face masks are required indoors for everyone 24 months and older, even if they have been vaccinated for COVID-19. Develop protocols to enforce mask requirements.
- Masks must be well-fitted and cover the mouth and nose. Scarves and other loose face coverings are not allowed. Face masks must not have an exhalation valve.
- Keep a supply of face masks for people who forget to bring their own.
- Face masks are not required outdoors as the risk of transmission is low in most outdoor settings. They may be considered when people are stationary and in crowded situations like on the sidelines of a game or spectators in the stands.
  - 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 masks, due to the risk of suffocation.
- People who are unconscious, asleep, or unable to remove a face mask independently.
- While participating in the following activities:
  - Water sports, such as swimming, water polo, or diving, while participants are in the water. Participants must wear face masks when not in the water.
  - Wrestling or certain martial arts if masks cannot be worn during matches. Participants must wear masks when not actively engaged in a match.
  - Competitive cheer or gymnastics during activities like tumbling or flying, where a mask might obstruct vision. Participants must wear face masks at other times.
  - For wind instruments (woodwind, brass), bell covers may be used with or without modified face masks (slit masks with an opening for the mouthpiece). Whenever possible, it is recommended to maintain at least 3 feet distance between musicians.

What does it mean to be “up-to-date” for COVID-19?
To be “up-to-date” you are either (a) two weeks past completing the full initial course of vaccines—either two doses of Moderna or Pfizer or one dose of a Johnson & Johnson vaccine AND (b) immediately after receiving a Booster of any type once a person is eligible for a Booster. Until a person is eligible for a Booster, they are considered Up-to-Date on Vaccination two weeks after completing their primary series.
• For all other indoor sports not mentioned above, youth players may also remove their masks during active play or heavy exertion as needed if:
  o They have completed a primary series and/or are up-to-date on their COVID-19 vaccination OR
  o They are unvaccinated, but can provide proof of a negative COVID-19 test within the last week (see Testing)
  o There are no children <5 years old
  o Masks must be worn when not actively exercising, like when on the sidelines or taking water breaks.
  o All other adult staff, volunteers, and spectators must still wear face masks indoors regardless of their vaccination statuses
  o Vaccination statuses of all individuals must be verified, recorded, and made available to SFDPH upon request.

• Medical exemptions to face masks require a note or other documentation from a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician. Self-attestation and parental attestation for mask exemptions are not allowed.

• Persons with medical exemptions to face masks must wear a face shield with a drape on the bottom, or other non-restrictive alternative, if their condition permits it.

• In limited situations where a face mask cannot be used for pedagogical or developmental reasons (e.g., communicating with young children or those with special needs), a face shield with a drape can be used instead of a face mask, if the wearer maintains physical distance from others. A face mask must be worn at other times.

For more information on exemptions to face masks, see CDPH Face Mask guidance, CDPH Face Masks Questions and Answers, CDPH TK-12 guidance, CDPH Schools Questions and Answers and San Francisco Health Order C19-07.

Testing
Testing is most useful when people are more likely to be infected, for example, after close contact to someone with COVID-19, with higher-risk activities like indoor sports, and when community levels of COVID-19 are high. Testing is less useful when the chance of infection is low, for example, for people who are fully vaccinated for COVID-19, with low-risk activities like classroom-based activities, and when community levels of COVID-19 are low.
• SFDPH requires testing of participants and personnel not fully vaccinated for COVID-19 for all sports where masks are not worn during play in all locations. See mask exemptions.
  o Testing must be weekly with PCR, other nucleic acid amplification test (NAAT), or an antigen test.
  o If participants decline testing, they may not participate in the sport.
  o Unvaccinated personnel must either sign a release of information for test results to be shared with the school or program, or commit to notifying the school or program within 1 hour of a positive or inconclusive result, and within 24 hours of a negative result.
  o Unvaccinated participants who have a documented COVID-19 infection (either with a doctor’s note or a confirmed test) in the previous 90 days may be exempted from testing for 90 days from the date of infection. They should resume screening testing after 90 days.
• CDPH also recommends for school sites, weekly testing of children and youth in indoor activities where masks cannot be worn, regardless of vaccination status. This recommendation applies to all programs and activities that take place at a school site, even if the activity is not supervised or operated by the school. For more information, see CDPH K-12 Schools 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.
- Outdoor structures should comply with SFDPH ventilation guidelines for outdoor structures, at https://www.sfdph.org/dph/files/ig/Guidance-Shared-Outdoor-Spaces.pdf

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 CDPH Ventilation Guidance. 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:


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. **Schools and 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*, 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 school or 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**, as recommended by the CDC.

• SFDPH recommends, but does not require, staff and students to follow CDC recommendations for travel at https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html
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](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 except for wind instruments indoors (unless students are tested weekly). 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.
- Programs may 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.

**Sports, dance, wind instruments, singing, and related activities**

_Sports, dance 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._

- These activities are allowed outdoors.
- Face masks must be worn indoors, except for the activities and scenarios specified under mask exemptions above.

**Testing for indoor activities exempted from face masks.**

- Indoor activities that are exempted from the masking requirement are allowed indoors, but may require regular COVID-19 testing (See Testing).
- Wind instruments can be played indoors with one of the following:
  - Bell covers AND 3-foot physical distancing, or
  - COVID-19 testing of all participants (See Testing).

**Reporting and notification of COVID-19 cases.**

Schools, programs, and event organizers must:

- Inform SFDPH of positive tests within 24 hours, whether detected during on-site testing or communicated to the team or organizer.
• Identify and notify individuals who had close contact to a COVID-19 case, including other teams or referees.

• If informed by another team of a positive case, identify and notify close contacts on the team, and notify SFDPH of the exposure at cases.schools@sfdph.org.

• Leagues and tournaments/multi-team events should establish procedures for notifying other teams and referees of a positive COVID-19 case that occurs during competition.

Additional steps to reduce the risk of COVID-19 with higher-risk activities.

Enforce indoor masking:
  o Enforce mask requirements for volunteers and spectators as well as participants and staff.
  o Masks must be worn indoors for indoor competition and performances, in accordance with the CDPH Guidance for the Use of Face Coverings and San Francisco Health Orders.
  o Masks are not required outdoors as the risk of transmission is low in most outdoor settings. Masking outdoors may be considered when people are stationary and distancing is not possible, for example, for athletes on the sidelines during games or spectators in the stands.

Strongly encourage or require COVID-19 up-to-date vaccination.

COVID-19 vaccination is strongly recommended for all participants who are old enough to be eligible for vaccination, as well as coaches, staff, and volunteers.

Having everyone in your league “up to date” on vaccination will greatly decrease the risk of transmission of the virus among teammates and between teams, and will protect teams against severe illness, hospitalization, and death. It will also decrease disruption in team activities, since vaccinated individuals are not required to quarantine if they are close contacts to a case of COVID-19.

• Leagues, teams, and tournaments/events are encouraged to require that all eligible participants and personnel be “up to date” on vaccination for COVID-19.

• When transmission is high, consider cancelling high-risk sports and extracurricular activities unless all participants are fully vaccinated, as recommended by CDC Guidance for COVID-19 Prevention in Schools.

Move higher-risk activities outdoors, when practical.

• Exercise, physical conditioning and training, including practices and games.
• Cheer, stunt, drill team, etc.
• Wind instruments.
• Choir, or any singing.
• Drama and dance.

Prevent spread of COVID-19 off the field.

• Remind participants and families that COVID-19 often spreads off-the-field, especially in situations when groups let their guard down and eat or socialize together with their masks off (post-game parties, locker rooms, carpools).

• Locker rooms are high-risk because they are often crowded and poorly ventilated.
- Have players arrive dressed to play as much as possible.
- Use locker rooms only to change or use the restroom. Don't use the locker room for coaching for pregame, halftime or postgame talks.
- Avoid having different teams use a locker room at the same time.
- Ensure mask use in locker rooms.
- Consider closing showers, since masks cannot be worn while showering, and to decrease time spent in locker rooms.
- Follow guidance below for shared transportation.

**Travel.**

- When traveling overnight, team members not from the same household should sleep in separate rooms or in consistent groups when feasible. Keep masks on whenever visiting other members’ hotel rooms.
- Socializing with other teams is strongly discouraged.
- Teams that travel out-of-state or outside the Bay Area are encouraged to follow CDC recommendations for quarantine after travel.

### 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.
- **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.
  - Turn the fan on high, set to outdoor air.
  - If more than one vehicle is used, for example, for a sports team, have the same people ride together each time, and try to assign groups that already interact with each other to the same vehicle (ex. varsity vs JV, offense vs defense)
  - Disinfection for COVID-19 not needed unless someone with COVID-19 has used the bus within the last 24 hours.
  - 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. 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.
• You may hold large events like assemblies and dances as long as they follow city guidelines. If hosting large events, please follow CDPH recommendations for how to minimize risk of transmission; for example, by requiring vaccinations for all eligible attendees, holding events outdoors whenever possible, making a plan for how to identify close contacts, and so on.

What to do when someone has COVID-19 symptoms, infection or exposure

For sports, extracurriculars, after-care or other youth programs affiliated with a TK-12 school

Given that before and after-school programs affiliated with a TK-12 school function as extensions of the school day, it is acceptable for these programs to follow TK-12 Schools Isolation and Quarantine Guidance, including group tracing. Such programs should coordinate with the TK-12 schools that they are affiliated with to standardize the isolation and quarantine policies for these shared students and staff.

For children in childcare, preschools, early childhood education, and other 0 to 5-year-old settings

Refer to the Guide to COVID-19 Isolation & Quarantine for all staff and volunteers.
For children, the following exemptions or clarifications to standard isolation and quarantine may be applied at the discretion of the program. See also COVID-19 Schools & Childcare Decision Tree

**Isolation:** after a positive COVID-19 test, children of all ages may return to childcare after 5 days of isolation with a negative repeat test as long as they are asymptomatic. Efforts should be made to ensure masking adherence except where there are clear mask exemptions. Specifically, children may return with a negative test and nap or eat with their masks off with other mitigation measures in place.

**Quarantine:** after a program-based exposure to a positive COVID-19 case (e.g. another child in the same class or cohort), asymptomatic children may continue to attend the program, regardless of age, with regular interval testing determined by the program for the duration of quarantine. See CDC “Test-to-stay” guidance or CDPH’s group tracing model. This does not apply to home exposures.

For all other programs for children and youth

When staff, children or youth have COVID-19 symptoms while on-site.

• If rapid antigen testing is available on-site, offer a test to the person with symptoms.
  o If the test is negative, the person may stay at the school or program if they feel well enough. A PCR/NAAT is not needed to confirm the result.
  o If the test is positive, follow the instructions in the Guide to COVID-19 Isolation & Quarantine.

• If rapid antigen testing is not available on-site, or the person or parent refuses testing,
  o Staff must inform their supervisor and leave work as soon as they can.
  o 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 someone reports a positive test, symptoms, or exposure to COVID-19.

- See the Guide to COVID-19 Isolation & Quarantine for what to do if someone at school tests positive for COVID-19, reports symptoms of COVID-19, or has close contact to someone with COVID-19.

- You must report COVID-19 cases to SFPDH at cases.schools@sfdph.org. SFPDH staff will work with schools and childcare programs on case management and provide input on next steps, including isolation, quarantine, and outbreak management.

Returning to school or program after COVID-19 symptoms, exposure, or a positive test.
Refer to the Guide to COVID-19 Isolation & Quarantine.

Resources

San Francisco Department of Public Health (SFPDH)

- **SFPDH 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](https://sfcdcp.org/covid19)
- COVID-19 guidance for programs for children and youth. [https://sfcdcp.org/school](https://sfcdcp.org/school)
  - Guide to COVID-19 Isolation & Quarantine
  - “Parent and Caregiver Handout: COVID19 Symptom and Exposure Check/Returning to School after Symptoms”
  - Isolation and Quarantine Decision Tree for Youth (sfdph.org)

California Department of Public Health (CDPH)

- Guidance for Child Care Providers and Programs [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 [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)