COVID-19 Interim Guidance for Administrators of Congregate Settings for Youth in San Francisco

Updated May 11, 2020

Major Changes from previous version:

- Updated CDC guidelines for childcare programs that remain open
- Added new guidance on summer camps
- Updated California Department of Education guidelines on children group limits
- Updated California Department of Education guidelines for maintaining priority enrollment for neglected/abused children
- Updated SFPDH masking/face covering guidelines and flyer
- Updated SFPDH cleaning/disinfection guidelines
- Updated guidance on temperature checks
- New links to SFPDH isolation and quarantine guidelines

This guidance may be revised as the pandemic and the response to it continue to evolve, and as we gather more information. Sites with helpful information on the COVID-19 pandemic:


CDC guidance for Schools and Childcare:

Audience: Administrators of public and private congregate settings for youth, such as schools and childcare programs in San Francisco, including those who oversee daily operations of childcare programs, such as childcare program directors. For the purpose of this guidance, the terms, “congregate settings for youth,” “childcare programs” and “childcare facilities” is inclusive of schools, summer camps, and other educational or recreational institutions or programs providing care or supervision for children of all ages.

Summer camps should follow the Congregate Settings for Youth guidelines if applicable. For guidelines specific to summer day camps, please review the section on “Special Considerations” at end of document.

Why is this guidance being issued?

The Bay Area is currently under shelter in place health orders. San Francisco considers public and private childcare programs to be an essential business, as they provide services to enable owners, employees, volunteers, and contractors of essential businesses, essential governmental functions, outdoor businesses, or minimum basic operations to work and can remain open.

This guidance will help childcare programs, and their partners understand how to help prevent the transmission of COVID-19 within childcare facilities. It also aims to help childcare programs, and partners react quickly should a case be identified. The guidance includes considerations to help administrators plan for the continuity of teaching and learning if there is community spread of COVID-19.
MEASURES TO TAKE WHILE CHILDCARE FACILITIES ARE CLOSED

A. Activities & Operations During Closure

• **Encourage families to adhere to San Francisco’s order to stay at home.**
  - Previous experience with outbreaks suggests that during closures, children often continue congregating in various locations in the community and each other’s homes. Messaging to the community should be focused on avoiding all such gatherings to minimize spread of infection and the importance of staying at home.

• **Implement strategies to continue education and related supports for students.**
  - A childcare program may assign staff to care for children of participating families for in-home care.
  - Ideally those providing in-home care should remain with a specific household and should not circulate between households.

• **Ensure continuity of education**
  - Implement e-learning plans, including digital and distance learning options as feasible and appropriate. See California Department of Education resources on distance learning at [https://www.cde.ca.gov/ls/he/hn/guidance.asp](https://www.cde.ca.gov/ls/he/hn/guidance.asp)
    - Determine:
      - If a waiver is needed for state requirements of a minimum number of in-person instructional hours or school days (seat time) as a condition for funding;
      - How to convert face-to-face lessons into online lessons and how to train teachers to do so;
      - How to triage technical issues if faced with limited IT support and staff;
      - How to encourage appropriate adult supervision while children are using distance learning approaches; and
      - How to deal with the potential lack of students’ access to computers and the Internet at home.

• **Ensure continuity of meal programs.**
  - Refer all families, no enrollment/residency requirements, to SFUSD Student Nutrition Services for free grab and go meals at [https://www.sfusd.edu/services/health-wellness/nutrition-school-meals](https://www.sfusd.edu/services/health-wellness/nutrition-school-meals) Consider alternatives for providing essential medical and social services for children.
• Continue providing necessary services for children with special healthcare needs, or work with the state Title V Children and Youth with Special Health Care Needs (CYSHCN) Program.

B. Preparation/Planning for Re-opening

• Review, update, and implement emergency operations plans (EOPs).
  o Ensure the plan includes strategies to reduce the spread of a wide variety of infectious diseases (e.g., seasonal influenza). This includes strategies for social distancing and school dismissal that may be used to stop or slow the spread of infectious disease. The plan should also include strategies for continuing education, meal programs, and other related services in the event of school dismissal.
  o Ensure the plan emphasizes everyday preventive actions for students and staff. For example, emphasize actions such as staying home when sick; appropriately covering coughs and sneezes; cleaning frequently touched surfaces; and washing hands often.
  o CDC has workplace resources such as posters with messages for staff about staying home when sick and how to avoid spreading germs at work.

• Encourage children, parents, and staff to take everyday preventive actions to stop the spread of germs
  o Require children and staff to stay home when sick.
  o Teach children, parents, and staff the importance of staying home when sick.
  o Review childcare facility policies and consider revising those that make it difficult for students and staff to stay home when sick or when caring for others who are sick.
    ▪ Implement flexible sick leave policies for children and staff.
    ▪ Avoid the use of perfect attendance awards.
    ▪ Cross-train staff so that others can cover for co-workers who need to stay home.

• Revise, test and strengthen communications plans for use with the childcare facility and local community.
  o During a rapidly evolving pandemic, it is essential that childcare facilities have well-established mechanisms for providing emergent information to both staff and parents and have channels to receive information on absenteeism and reasons for absenteeism of both children and staff.
  o Information-sharing systems can be used for day-to-day reporting (on information such as changes in absenteeism) and disease surveillance efforts to detect and respond to an outbreak. Include strategies for sharing information with staff, children, and their families.
  o Include information about steps being taken by the childcare facility to prepare, and how additional information will be shared.
  o Test communication capacity, and reiterate steps that staff, children, and families can take to stay healthy and guidance that they should stay home if sick
  o Local health officials should be key partners in information sharing.

• Train staff and reinforce healthy hygiene practices
  o Train staff on healthy hygiene practices so they can teach these to children when childcare facilities reopen.
  o Ensure handwashing strategies include washing with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing. If soap and water are not available and hands are not visibly dirty, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
CDC offers several free handwashing resources that include health promotion materials, information on proper handwashing technique, and tips for families to help children develop good handwashing habits.

- Ensure adequate supplies (e.g., soap, paper towels, hand sanitizer, tissue) are available to support healthy hygiene practices when childcare facilities reopen.

**Train staff on intensified cleaning and disinfection efforts.**

- Routine cleaning and disinfection should be conducted even while a childcare facility is closed to students as long as there are any personnel onsite (i.e. staff conducting distance learning, meal preparation in kitchens, etc.)
- Cleaning and disinfecting of surfaces and objects that are frequently touched are an important component of infection control. This may include cleaning objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, sink handles, countertops). Clean with the cleaners typically used. Use all cleaning products according to the directions on the label. Review the list of products that are EPA-approved for use against the coronavirus that causes COVID-19. Follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
- Provide EPA-registered disposable wipes to teachers and staff so that commonly used surfaces (e.g., keyboards, desks, remote controls) can be wiped down before use.
- Ensure adequate supplies to support cleaning and disinfection practices when schools reopen.

**Establish procedures for identifying and isolating children, staff, and visitors who arrive sick or become sick at childcare facility.**

- Upon arrival to the facility:
  - See below in Parent Drop-Off and Pickup Section for details
- At the facility:
  - See below in Parent Drop-Off and Pickup Section for details

**Create a plan to monitor and respond to absenteeism when the childcare facility reopens.**

- Establish policies and procedures to monitor absenteeism and reasons for absenteeism when childcare facilities reopen.
- Develop a plan to alert local health officials about large increases in children and staff absenteeism, particularly if absences appear due to respiratory illnesses (like the common cold or the “flu,” which have symptoms similar to COVID-19).
- Review attendance and sick leave policies. Develop policies which encourage children and staff to stay home when sick, even without documentation from doctors.
- Identify critical job functions and positions, and plan for alternative coverage by cross-training staff.
- Determine what level of absenteeism will disrupt continuity of teaching and learning.

**Develop policies and procedures to enable social distancing when childcare facilities reopen.**

Select strategies based on feasibility given the unique space and needs of the childcare facility. Not all strategies will be feasible for facilities. Many strategies that are feasible in primary or secondary schools may be less feasible in childcare settings. Administrators are encouraged to think creatively about all opportunities to increase the physical space between children and limit interactions in large group settings. Childcare facilities may consider strategies such as:
Cancel field trips, assemblies, etc. to avoid large gatherings unless the activity can be modified to maintain all social distancing rules. Modify activities and events such as field trips, student assemblies, athletic events or practices, special performances, parent meetings, or spirit nights to allow for smaller gatherings. For example, conduct parent meetings over a week rather than on a single day; conduct field trips in smaller groups (i.e. 10 or less); disseminate or broadcast assemblies virtually within classrooms rather than having students attend in-person.

Cancel or modify classes where students are likely to be in very close contact. For example, in physical education or choir classes, consider having teachers come to classrooms to prevent classes mixing with others in the gymnasium or music room.

Increase transportation fleet or route frequency to allow for more space between students when seated on school group transportation (i.e. buses). Students should be sitting with at least 2 empty seats between them, approximately 6 feet apart.

Avoid mixing students in common areas. In childcare or elementary school settings, consider staggering playground use rather than allowing multiple classes to play together, and limit other activities where multiple classes interact.

Stagger arrival and/or dismissal times. These approaches can limit the amount of close contact between students in high-traffic situations and times.

Limit nonessential visitors. Limit the presence of volunteers for classroom activities, mystery readers, cafeteria support, and other activities.

Limit cross-school transfer of classrooms and special programs. For example, if students are brought from multiple classes or schools for special programs (e.g., music, robotics, academic clubs), consider using distance learning to deliver the instruction or temporarily offering duplicate programs in the participating classes or schools.

Teach staff, students, and their families to maintain distance from each other in the school. Educate staff, students, and their families at the same time and explain why this is important.

Consider ways to accommodate the needs of children, families, and staff who are at higher risk for serious illness from COVID-19.

Consider if and how to honor requests of parents who may have concerns about their children attending school due to underlying medical conditions of their children or others in their home. Prolonged distance learning even when schools re-open is a reasonable consideration in this situation given the anticipated prolonged period of community transmission of COVID-19.

Staff who are at high-risk for complications from COVID-19 infection (> 60 years old, co-morbid conditions (hypertension, heart disease, diabetes, lung disease), or immunocompromised) should be given modified duties that minimize direct and close interaction with children and students on a daily basis (i.e. teaching staff should be provided the opportunity to continue providing distance learning, custodial and maintenance staff should be allowed to work during non-school hours to the extent possible)

**MEASURES TO TAKE FOR CHILDCARE PROGRAMS THAT REMAIN OPEN**

Childcare programs that remain open during the COVID-19 pandemic should address these additional considerations:

- Implement social distancing strategies
- Intensify cleaning and disinfection efforts
- Modify drop off and pick up procedures
- Maintain an adequate ratio of staff to children to ensure safety.
  - The California Department of Education states that group sizes must be limited to 10 children per classroom or space.
  - Plan ahead and recruit those with childcare experience to ensure you have a roster of substitute caregivers who can fill in if your staff members are sick or stay home to care for sick family members.

Note: Some schools, child care programs, and service organizations are supporting their communities by providing youth programming or child care services for the children of people who work for businesses allowed to open, and/or persons who do not have paid leave, cannot work from home, or do not have a family caregiver at home. For people who work for businesses allowed to open, they can enroll their children in childcare or youth programs whether they are working on location or from home. Neglected or abused children who are recipients of child protective services, or children who are at risk of being neglected or abused retain first priority for services as specified in Education Code section 8263(b)(1).

If you re-purpose your school or service facility as an emergency or temporary child care center, please follow CDC guidance for administrators of child care programs and K-12 schools. Be sure to follow state and local childcare licensing policies and regulations. Specifically, all facilities should continue to adhere to their state and local licensing policies unless otherwise notified by their local health department. Guidance may also be provided by the department of education and/or department of health in your state, city, or locality.

Social Distancing Strategies
Work with your local health officials to determine a set of strategies appropriate for your community’s situation. Continue using preparedness strategies and consider the following social distancing strategies:

CDC recommends wearing cloth face coverings over the mouth and nose in public settings where other social distancing measures are difficult to maintain. Face coverings are required for members of the public, such as parents and family members, while inside or waiting to enter essential businesses, which include childcare facilities. Parents and caregivers must wear face covering at schools and childcare settings, including drop off and pick up. Staff members and children 13 years and older must wear face coverings. Children 3 to 12 years old are recommended, but not required, to wear face coverings with adult supervision. Cloth face coverings should not be placed on young children 2 years and younger, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

- The California Department of Education states that group sizes must be limited to 10 children per classroom or space.
- If possible, childcare classes should include the same group each day, and the same childcare providers should remain with the same group each day. If your program is unable to create a separate classroom, consider serving children of essential workers.

- Cancel or postpone special events such as festivals, holiday events, and special performances.
- Consider whether to alter or halt daily group activities that may promote transmission.
  - Keep each group of children in a separate room.
  - Limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.
o If possible, at nap time, ensure that children’s naptime mats (or cribs) are spaced out as much as possible, ideally 6 feet apart. Consider placing children head to toe in order to further reduce the potential for viral spread.

- Consider staggering arrival and drop off times and/or have childcare providers come outside the facility to pick up the children as they arrive. Your plan for curb side drop off and pick up should limit direct contact between parents and staff members and adhere to social distancing and face covering recommendations.

- If possible, arrange for administrative staff to telework from their homes.

**Clean and Disinfect**

Caring for Our Children (CFOC) sets national policy for cleaning, sanitizing and disinfection of educational facilities for children. Toys that can be put in the mouth should be cleaned and sanitized (see below). Other hard surfaces, including diaper changing stations, doorknobs, and floors can be disinfected.

- Intensify cleaning and disinfection efforts:
  - Facilities should develop a schedule for cleaning and disinfecting.
  - Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially toys and games. This may also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, nap pads, toilet training potties, desks, chairs, cubbies, and playground structures. Use the cleaners typically used at your facility.
  - Cleaning and disinfection guidelines have been produced by SFDPH and CDC: [https://www.sfcdcp.org/covid19](https://www.sfcdcp.org/covid19) see Cleaning Recommendations
  - Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective. If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. Follow the manufacturer’s instructions for concentration, application method, and contact time for all cleaning and disinfection products.
  - If possible, provide EPA-registered disposable wipes to childcare providers and other staff members so that commonly used surfaces such as keyboards, desks, and remote controls can be wiped down before use. If wipes are not available, please refer to CDC’s guidance on disinfection for community settings.
  - All cleaning materials should be kept secure and out of reach of children.
  - Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.

**Clean and Sanitize Toys**

- Toys that cannot be cleaned and sanitized should not be used.
- Toys that children have placed in their mouths or that are otherwise contaminated by body secretion or excretion should be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, and air-dry or clean in a mechanical dishwasher. Be mindful of items more likely to be placed in a child’s mouth, like play food, dishes, and utensils.
- Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be laundered before being used by another child.
- Do not share toys with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.
• Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for “soiled toys.” Keep dish pan and water out of reach from children to prevent risk of drowning. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.
• Children’s books, like other paper-based materials such as mail or envelopes, are not considered as a high risk for transmission and do not need additional cleaning or disinfection procedures.

**Clean and Disinfect Bedding**

• Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed. Keep each child’s bedding separate, and consider storing in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child. Bedding that touches a child’s skin should be cleaned weekly or before use by another child.

**Parent Drop-Off and Pick-Up**

• Face coverings are required for members of the public, such as parents and family members, while inside or waiting to enter essential businesses, which include childcare facilities. Parents and caregivers must wear face coverings while in these facilities, including drop off and pick up.
• Hand hygiene stations should be set up at the entrance of the facility, so that children can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol next to parent sign-in sheets. If possible, place sign-in stations outside. Keep hand sanitizer out of children’s reach and supervise use. Consider staggering arrival and drop off times and/or plan to limit direct contact with parents as much as possible.
  o Have childcare providers greet children outside as they arrive.
  o Designate a parent to be the drop off/pick up volunteer to walk all children to their classroom, and at the end of the day, walk all children back to their cars.
  o Infants could be transported in their car seats. Store car seat out of children’s reach.
• Ideally, the same parent or designated person should drop off and pick up the child every day. If possible, older people such as grandparents should not pick up their children, because they are more at risk for serious illness.
• Screen children upon arrival, if possible:
  o Encourage parents to be on the alert for signs of illness in their children and to keep them home when they are sick.
  o Please be aware of how a fever is defined:
    ▪ If measuring at home with a regular touch thermometer (under the tongue, arm, etc.), fever is defined as 100.4 (38C). Children and staff meeting this temperature threshold should stay home and their healthcare providers should be notified.
    ▪ If measuring temperature at the facility with a no-touch/surface thermometer, fever is defined as 100.0 (37.8C). Children and staff meeting this temperature threshold should not be admitted to the facility and should instead return home and contact their healthcare providers.
  o It is recommended as a best practice to take children’s temperature each morning only if the facility uses a no-touch thermometer. The no touch thermometer needs to be wiped with an alcohol wipe after each use.
  o If the facility uses a thermometer requiring a touch-method (under the tongue or arm, forehead, etc.), it should only be used when a fever is suspected.
There are several methods that facilities can use to protect their workers while conducting temperature screenings. The most protective methods incorporate social distancing (maintaining a distance of 6 feet from others) or physical barriers to eliminate or minimize exposures due to close contact to a child who has symptoms during screening.

- **Examples of Screening Methods**
  - **Reliance on Social Distancing (example 1)**
    - Ask parents/guardians to take their child’s temperature either before coming to the facility or upon arrival at the facility. Upon their arrival, stand at least 6 feet away from the parent/guardian and child.
    - Ask the parent/guardian to confirm that the child does not have fever, shortness of breath or cough.
    - Make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
    - You do not need to wear personal protective equipment (PPE) if you can maintain a distance of 6 feet.
  - **Reliance on Barrier/Partition Controls (example 2)**
    - Stand behind a physical barrier, such as a glass or plastic window or partition that can serve to protect the staff member’s face and mucous membranes from respiratory droplets that may be produced if the child being screened sneezes, coughs, or talks.
    - Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
    - Conduct temperature screening (follow steps below)
      - Perform hand hygiene
        - Wash your hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
      - Put on disposable gloves.
      - Check the child’s temperature, reaching around the partition or through the window.
      - Make sure your face stays behind the barrier at all times during the screening.
      - If performing a temperature check on multiple individuals, ensure that you use a clean pair of gloves for each child and that the thermometer has been thoroughly cleaned in between each check.
      - If you use disposable or non-contact (temporal) thermometers and you did not have physical contact with the child, you do not need to change gloves before the next check.
      - If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.
  - **Reliance on Personal Protective Equipment (example 3)**
    - If social distancing or barrier/partition controls cannot be implemented during screening, personal protective equipment (PPE) can be used when within 6 feet of a child. However, reliance on PPE alone is a less effective control and more difficult to implement, given PPE shortages and training requirements.
    - Upon arrival, wash your hands and put on a facemask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown could be considered if extensive contact with a child is anticipated.
- Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and confirm that the child is not experiencing coughing or shortness of breath.
- Take the child’s temperature.
  - If performing a **temperature check on multiple individuals**, ensure that you use a **clean pair of gloves for each child** and that the **thermometer has been thoroughly cleaned** in between each check.
  - If you use disposable or non-contact (temporal) thermometers and did not have physical contact with an individual, you do not need to change gloves before the next check.
  - If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.
- After each screening, remove and discard PPE, and wash hands.
  - Use an alcohol-based hand sanitizer that contains at least 60% alcohol or wash hands with soap and water for at least 20 seconds.
  - If hands are visibly soiled, soap and water should be used before using alcohol-based hand sanitizer.

- Additional guidelines for childcare programs can be found at the following CDC link:

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**SCENARIO BASED GUIDANCE**

These scenarios are based on CDC guidance and were adapted for a San Francisco context. Guidance for childcare programs is organized into categories based on whether a confirmed case has entered a childcare program.

**Scenario 1: Confirmed Case at the Childcare Program**

- **Review guidelines published by San Francisco Department of Public Health.** Once learning of a COVID-19 case in someone who has been in the childcare program, please consult the following resource from SFDPH, titled “What to do if Someone at the Workplace Tested Positive for COVID-19?” [https://www.sfcdcp.org/covid19](https://www.sfcdcp.org/covid19) under Businesses and Employers.

- **Review guidelines by SFDPH on when someone with confirmed or suspected COVID-19 can leave isolation and return to work:** [https://www.sfcdcp.org/covid19](https://www.sfcdcp.org/covid19) under Home Isolation and Returning to Work.
  i. People with COVID-19 infection (isolation) must stay at home for 3 days, or 72 hours after their fever resolves and other COVID-19 symptoms improve AND 10 days after their symptoms first appeared.
  ii. People exposed to COVID-19 (quarantine) must stay at home until 14 days after their last close contact with someone who had COVID-19 infection.

- **Dismiss students and most staff for 2-5 days.** This initial short-term dismissal allows time for the local health officials to gain a better understanding of the specific COVID-19 situation impacting the childcare facility. This allows the local health officials to help the childcare facility determine appropriate next
steps, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19.

- SFDPH recommendations for the scope (e.g., a single school, multiple schools, the full district) and duration of school dismissals will be made on a case-by-case basis using the most up-to-date information about COVID-19 and the specific cases in the community.
- During school dismissals, also cancel extracurricular group activities, school-based afterschool programs, and large events (e.g., assemblies, spirit nights, field trips, and sporting events).
- Discourage staff, students, and their families from gathering or socializing anywhere. This includes group childcare arrangements, as well as gathering at places like a friend’s house, a favorite restaurant, or the local shopping mall.

3. **Communicate with staff, parents, and students.** Coordinate with local health officials to communicate dismissal decisions and the possible COVID-19 exposure.
   - This communication to the childcare facility community should align with the communication plan in the school’s emergency operations plan.
   - Plan to include messages to counter potential stigma and discrimination.
   - In such a circumstance, it is critical to maintain confidentiality of the student or staff member with confirmed COVID as required by the Americans with Disabilities Act, the Family Education Rights and Privacy Act, and possibly HIPAA.

4. **Clean and disinfect thoroughly.**
   - Close off areas used by the individuals with COVID-19 and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfection.
   - Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces.
   - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
   - For disinfection most common EPA-registered household disinfectants should be effective. Follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
   - We recommend following guidance from the San Francisco Department of Health: Cleaning and disinfection guidelines have been produced by SFDPH and CDC. [https://www.sfcdcp.org/covid19](https://www.sfcdcp.org/covid19), see Cleaning Recommendations.

5. **Make decisions about extending the school dismissal.** Temporarily dismissing childcare programs is a strategy to stop or slow the further spread of COVID-19 in communities.
   - During school dismissals (after cleaning and disinfection), childcare programs may stay open for staff members (unless ill) while children stay home. Keeping facilities open: a) allows teachers to develop and deliver lessons and materials remotely, thus maintaining continuity of teaching and learning; and b) allows other staff members to continue to provide services and help with additional response efforts. Decisions on which, if any, staff should be allowed in the school should be made in collaboration with the Department of Public Health.
   - Childcare administrators should work in close collaboration and coordination with San Francisco Public Health Department to make dismissal and large event cancellation decisions. The nature
of these actions (e.g., geographic scope, duration) may change as the local outbreak situation evolves.

- Administrators should seek guidance from local health officials to determine when students and staff should return to schools and what additional steps are needed for the school community. In addition, students and staff who are well but are taking care of or share a home with someone with a case of COVID-19 should follow instructions from local health officials to determine when to return to school.

6. Implement strategies to continue education and related supports for students.
   - Ensure continuity of education
     - Implement e-learning plans, including digital and distance learning options as feasible and appropriate.
     - Determine, in consultation with school district officials or other relevant state or local partners:
       - If a waiver is needed for state requirements of a minimum number of in-person instructional hours or school days (seat time) as a condition for funding;
       - How to convert face-to-face lessons into online lessons and how to train teachers to do so;
       - How to triage technical issues if faced with limited IT support and staff;
       - How to encourage appropriate adult supervision while children are using distance learning approaches; and
       - How to deal with the potential lack of students’ access to computers and the Internet at home.

7. Ensure continuity of meal programs.
   Refer all families, no enrollment/residency requirements, to SFUSD Student Nutrition Services for free grab and go meals at [https://www.sfusd.edu/services/health-wellness/nutrition-school-meals](https://www.sfusd.edu/services/health-wellness/nutrition-school-meals)

8. Consider alternatives for providing essential medical and social services for students.
   - Continue providing necessary services for children with special healthcare needs, or work with the state *Title V Children and Youth with Special Health Care Needs (CYSHCN) Program*.

Scenario 2: No Current Confirmed Case at the Childcare Facility, Substantial Community Transmission

Additional strategies should be considered when there is substantial transmission in the local community in addition to those implemented when there is no, minimal, or moderate transmission. These strategies include:

1. **Continue to coordinate with local health officials.** If local health officials have determined there is substantial transmission of COVID-19 within the community, they will provide guidance to administrators on the best course of action for childcare programs. These strategies are expected to extend across multiple programs, schools, or school districts within the community, as they are not necessarily tied to cases within schools or childcare facilities.

2. **Consider extended school dismissals.** In collaboration with local health officials, implement extended school dismissals (e.g., dismissals for longer than two weeks). This longer-term, and likely broader-reaching, dismissal strategy is intended to slow transmission rates of COVID-19 in the community. During extended school dismissals, also cancel extracurricular group activities, and large events (e.g., assemblies, spirit nights, field trips, and sporting events). Remember to implement strategies to ensure
the continuity of education (e.g., distance learning) as well as meal programs and other essential services for students.

**SPECIAL CONSIDERATIONS**

**Workforce at High-Risk of Complications from COVID-19 Infection**
- Staff who are at high-risk for complications from COVID-19 infection (> 60 years old, co-morbid conditions (hypertension, heart disease, diabetes, lung disease), or immunocompromised) should be given modified duties that minimize direct and close interaction with children on a daily basis (i.e. teaching staff should be provided the opportunity to continue providing distance learning, custodial and maintenance staff should be allowed to work during non-school hours to the extent possible).

**Special Needs Students**
- Modified services for students who have special-needs should be considered with additional provisions for social distancing when schools re-open. Enhanced teacher to student ratios may be necessary to facilitate these measures.

**Food and Meal Preparation**
- On-site food preparation facilities should follow same SFDPH guidance for restaurants and food facilities in the general community, and review FDA food safety guidance.
- Discontinue buffet-style food options and offer pre-packaged foods when possible.
- Stagger meal times to increase personal space and avoid mixing of groups.
- Avoid sharing tables whenever possible, and clean tables in between groups.

**Summer Camps/Educational and Recreational Programs**
- Involve children in developing social distancing plans, using chalk and materials, like pool noodles and yarn to create personal space areas.
- Eliminate all-camp gatherings like campfires and sing-alongs, and other activities that bring large groups of children close together.
- Alternatively, bring small groups of children together for singing, story-telling, and games.
- Stagger activities so no two groups are in the same place at the same time.
- Encourage individual activities like painting, crafts, and building with blocks, legos, and other materials.
- Involve the children in developing reminder signs for hand washing, covering your mouth when you cough or sneeze, and to stay six feet apart.
- Create field games or outdoor activities where you are able to provide wider spacing opportunities.
- Sports with shared equipment or physical contact, like soccer, basketball, baseballs, softball, and tennis, can only be played within the same stable group of children, and equipment should be cleaned daily at minimum.
- Do as many activities outside as possible.

**FREQUENTLY ASKED QUESTIONS**

**After re-opening, will childcare facility be cancelled if there is a confirmed case at the childcare facility (child or staff tests positive for COVID-19)?**

In general, closure of the facility is appropriate for a period of 2-5 days for enhanced cleaning and contact tracing. Additional recommendations and longer-term closures will be decided on a case-by-case basis.
What are the recommendations for childcare facilities that have a confirmed COVID-19 case in their community?

Schools should contact the San Francisco Department of Public Health immediately for consultation and guidance. In general, closure of the facility is appropriate for a period of 2-5 days for enhanced cleaning and contact tracing. Additional recommendations and longer-term closures will be decided on a case-by-case basis.

Will parents and families be notified if their child has been in contact with a confirmed case?

Yes, at this time, people who have tested positive (cases) as well as the people in direct contact with them (contacts) will be notified by a health provider.

Will childcare facilities close if a student or staff member lives with someone who has COVID-19?

No, when a child or staff member lives with someone who has tested positive for COVID-19, the child or staff member will be advised to self-monitor at home for 14 days, and to contact their healthcare provider to discuss options for testing, and if they develop symptoms. In this scenario, the childcare facility is typically considered low-risk, and closures are not recommended.

Are childcare facilities responsible for monitoring children with symptoms?

Symptom monitoring and temperature checks are not required but are recommended at entry based on available resources by staff nurses or other appropriately trained staff.

What are the recommendations for wearing masks in childcare facilities?

CDC recommends wearing cloth face coverings over the mouth and nose in public settings where other social distancing measures are difficult to maintain. Face coverings are required for members of the public, such as parents and family members, while inside or waiting to enter essential businesses, which include childcare facilities. Parents and caregivers must wear face covering while in these facilities, including drop off and pick up. Staff members and children 13 years and older must wear face coverings. Children 3 to 12 years old are recommended, but not required, to wear face coverings with adult supervision. Cloth face coverings should not be placed on young children 2 years and younger, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance. For a printable flyer on face coverings for children, see: https://www.sfcdcp.org/wp-content/uploads/2020/05/COVID19-Flyer-Children-Face-Covering-FINAL-05.03.2020.pdf

What kinds of deep cleaning and disinfecting should childcare facilities implement?

For routine cleaning, we recommend following guidance from the San Francisco Department of Health: Cleaning and disinfection guidelines have been produced by SFPDH and CDC. https://www.sfcdcp.org/covid19, see Cleaning Recommendations. In the event of a confirmed COVID-19 case in the community, we recommend following CDC guidance for cleaning and disinfecting: https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html#Cleaning.