



## **Interim Guidance: Family Resource Centers (FRC)**

**July 31, 2020**

This guidance was developed by the San Francisco Department of Public Health (SFDPH) for local use. It will be posted at <http://www.sfdcp.org/covidschoolschildcare>. This guidance may change as new knowledge emerges and local community transmission changes.

**AUDIENCE:** Administrators and staff of Family Resource Centers in San Francisco.

**PURPOSE:** To help Family Resource Centers prevent the spread of COVID-19 and safely run their programs.

**BACKGROUND:** Per the San Francisco Health Orders, Family Resource Centers have been allowed to remain open to provide some limited essential in-person services, such as counseling and case management. All other group services such as child care, parent education, mentoring, and other essential activities that strengthen families and improve child well-being are offered through remote and virtual modalities. Family Resource Centers should use different strategies to lower the risk of COVID-19 for staff and children while meeting children's developmental and socio-emotional needs.

The key messages in this guidance are based on the best science available at this time and the current degree of COVID-19 transmission in San Francisco. See the San Francisco Health Order and related directives for additional specific requirements.

### Key Messages for Family Resource Centers

- **Address adult-to-adult transmission, and adults as sources of infection.** Most COVID-19 cases in child and youth settings have occurred in staff, not children.  
  
Although children can be infected with COVID-19 and can spread it to adults, this is much less common than spread of infection between adults. Evidence to date indicates that children 0-9 years old are less likely to be infected and to infect others. This is very different than influenza and other common respiratory viruses, where children play a significant role in disease spread.
- **Preventing person-to-person transmission, via respiratory droplets, is more important than frequent cleaning and disinfection.** COVID-19 mainly spreads from person-to-person via respiratory droplets.
  - **Coronavirus cannot infect a person just by touching their skin. It must get into a person's nose, mouth or eyes to cause infection.** To get COVID-19 from touching a contaminated surface, a person must first touch the surface, and then touch their eyes, nose or mouth. Frequent handwashing breaks the chain of transmission.
  - **Coronavirus is easy to kill compared to norovirus.** Most household cleaning products are effective. Professional deep cleaning services are generally unnecessary.
- **The use of personal protective equipment (PPE) does not eliminate the need for physical distancing, portable barriers/partitions and universal face coverings.** PPE can give people a false sense of security. Physical distancing, barriers and face coverings are generally more important in preventing the spread of COVID-19 in childcare settings.



- **Exposure risk lies along a continuum.** A rule of thumb is that a person must spend at least 15 minutes within 6 feet of someone with COVID-19 to be at risk of infection. Shorter interactions at greater distances are lower risk. Smaller group sizes are better than larger group sizes, outdoor settings are better than indoor ones. More people using face coverings is better than fewer people using face coverings. Activities that produce fewer respiratory droplets are lower risk than those that produce many droplets (silence < quiet talking < loud talking < singing).
- **When working with young children, COVID-19 prevention must be balanced with children’s developmental and socio-emotional needs.** The benefits of early childhood education are well-known, and children are at low risk for severe COVID-19 and rare but serious complications like MIS-C.
- **Adult staff are at higher risk of severe COVID-19 than children.** Recommendations for distancing and face masks must prioritize staff safety and maximal protection of staff.
  - Consider the use of a portable plexiglass barrier or other barrier, or use a clear window for staff when screening for COVID-19 symptoms (persons entering the school, students who feel sick).
  - Consider the use of face shields, to be used with face coverings, for staff. Face shields provide additional eye protection for the wearer.
  - See the guidance for childcare programs for recommendations on ventilation.

## Resources

### San Francisco Department of Public Health (SFPDH)

- **SFPDH Schools and Childcare Hub** for COVID-19 consultation and guidance (415) 554-2830. Press 1 for COVID-19, then press 6 for Schools  
[Schools-childcaresites@sfdph.org](mailto:Schools-childcaresites@sfdph.org)
- COVID-19 guidance for the public, including childcare, schools, and employers  
<https://www.sfcdcp.org/covid19>
- Parent and Caregiver Handout: COVID-19 Health Checks/If Your Child has Symptoms. Instructions for parents on health screenings and return to school guidelines if their child has COVID-19 symptoms, at [www.sfcdcp.org/covidschoolschildcare](http://www.sfcdcp.org/covidschoolschildcare)
- Outreach Toolkit for Coronavirus. Posters and flyers on physical distancing, hand hygiene, face masks, health screenings, getting tested, and other COVID-19 topics at [www.sf.gov/outreach-toolkit-coronavirus-covid-19](http://www.sf.gov/outreach-toolkit-coronavirus-covid-19)
- “What to do if Someone at the Workplace Tested Positive for COVID-19” [www.sfcdcp.org/covid19](http://www.sfcdcp.org/covid19) under Businesses and Employers.
- “Leaving Isolation or Returning to Work for Those Who Have Confirmed or Suspected COVID-19” [www.sfcdcp.org/rtw](http://www.sfcdcp.org/rtw)