



**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 May 2, 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 This Directive goes into effect immediately upon issuance, and remains in effect until suspended, superseded, or amended by the Health Officer.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



**City and County of  
San Francisco**

**Department of Public Health  
Health Officer Directive**

**Health Officer Directive No. 2020-14k**

**Team: call 628-217-7499 or email [cases.schools@sfdph.org](mailto: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](http://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.**

A handwritten signature in black ink, appearing to read "Susan Philip".

Susan Philip, MD, MPH,  
Health Officer of the  
City and County of San Francisco

Dated: May 2, 2022



## **Guidance for TK-12 Schools, Childcare & Programs for Youth & Children**

**May 2, 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>.

### **Summary of changes since 4/13/2022**

- Consolidated and combined guidance for childcare and programs for youth and children into this unified guidance document for all schools and programs serving children.
- In alignment with CDPH, eliminated requirement for masking on public transportation.
- Added testing guidance for asymptomatic children with continual exposures, such as household exposures. Specifically, it is reasonable to recommend testing 3-5 days after first exposure and if negative, recommend testing again 3-5 days after that. No further testing is recommended if child remains asymptomatic.

### **Summary of changes since 3/11/2022**

- In alignment with CDPH, eliminated requirement for quarantine for children after exposure to a positive COVID-19 case, regardless of vaccination status, location, or type of exposure.
- SFDPH now recommends that individuals wear well-fitted masks indoors based on three factors: (1) their own risk tolerance, (2) the overall level of community transmission, such as when future variants occur, and (3) whether the individual or someone they live or work with is at risk of severe disease.

(Updates in **green**)

**AUDIENCE:** Public, private, and parochial TK-12 schools in San Francisco as well as all programs for children and youth, including childcare programs, out-of-school time programs, summer and 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; all preschools, transitional kindergarten, pre-kindergartens and kindergarten programs. For the purposes of this document, the terms “student”, “child”, or “youth” may be used interchangeably.

**PURPOSE:** To help TK-12 schools and all programs that serve or care for youth and children understand health and safety practices needed to prevent the spread of COVID-19 for in-person instruction, supervision, and care.

**BACKGROUND:** Given the important health and education benefits of in-person learning, stable routines, and the knowledge gained since the start of the COVID-19 epidemic, **our priority must be to ensure continued safe in-person attendance for all students and children in San Francisco.** By layering effective prevention strategies, schools and programs can reduce the risk of COVID-19 and provide in-person instruction, supervision, and care safely for staff and children.

These recommendations are based on the science available at this time. They are subject to change as new knowledge emerges, local transmission changes, or as COVID-19 vaccination rates change.

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## Key Messages

- **Vaccination and boosters of staff, eligible children, and household members for COVID-19 is one of the most effective ways to decrease the risk of COVID-19 in schools and programs.** Up-to-date vaccinated adults and eligible children also provide protection to younger children who are not yet eligible for vaccination.
- **In-person attendance is crucial** to children’s physical and mental health as well as their learning and social-emotional development. Measures to prevent the spread of COVID-19 must consider and prioritize children’s access to safe and full in-person programming, keeping them in school, childcare, and enrichment programs as much as possible and limiting unnecessary missed days.

## Procedures and Protocols

Establish COVID-19 health and safety 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 plan** describing what your school or program will do to follow the requirements in this guidance and any relevant Health Directives or Orders, including Health Directive No. 2020-33 “Required Best Practices for Schools” and Health Directive No. 2020-14 “Required Best Practices for Childcare Providers”, both which can be found at <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** on your website and with staff, families, and other members of your community.
- **Establish written protocols** for what your school or program will do if someone at your site is exposed to COVID-19, has symptoms of COVID-19, and/or tests positive for COVID-19.
- Employers must follow Cal/OSHA COVID-19 Prevention Emergency Temporary Standards, at <https://www.dir.ca.gov/dosh/coronavirus/ETS.html>
- Licensed childcare providers must also follow requirements in CDSS and CCLD provider information notices.
- Do not exclude children and youth because of medical conditions that may increase their risk of severe COVID-19. Let the child’s medical team and family decide if it’s safe for them to attend.

## Recommended Signs.

Programs may post the following signs, available [here](#) in different sizes and colors:

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

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.

### Recommendations on wearing face masks indoors.

*Face masks can keep infection from spreading, by trapping respiratory droplets and aerosols before they can travel through the air and help prevent someone from getting infected. They are a proven prevention strategy in indoor spaces.*

For this guidance, [face masks](#) includes cloth face coverings that cover the mouth **and** nose.

- Individuals should wear well-fitted masks in indoor settings based on three factors: (1) their own risk tolerance, (2) the overall level of community transmission, such as when future variants occur, and (3) whether the individual or someone they live or work with is at risk of severe disease.
- Masks should be well-fitted and cover the mouth and nose. Scarves and other loose face coverings are not recommended.
- No one can be prevented from wearing a mask as a condition of participation in an activity or entry into school or program, unless wearing a mask would pose a safety hazard (for example, water sports).
- 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.

### Who should not wear 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.

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 more information on face masks, see [CDPH Face Mask guidance](#), [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 instruction, and when community levels of COVID-19 are low.*

- In alignment with CDPH [Health Order for TK-12 Schools](#), SFDPH **requires** regular once weekly testing of:
  - On-site **TK-12 school** personnel who are **not vaccinated** for COVID-19, including volunteers, interns, and student teachers.
    - Testing must be at least once weekly with PCR, other nucleic acid amplification test (NAAT), or an antigen test.
    - If personnel decline testing, the school must not allow them on campus.
    - Unvaccinated personnel must either sign a release of information for test results to be shared with the school or commit to notifying the school within 1 hour of a positive or inconclusive result, and within 24 hours of a negative result.
    - Unvaccinated individuals who have a documented COVID-19 infection (for example 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.
  - Schools must keep a log of all test results. For tests not done by the school, verify results (i.e., by viewing an electronic or paper copy of the negative result or note from the test site or clinic, with the person's name and date tested).
- In alignment with CDPH, SFDPH **strongly recommends** testing for the following groups across all schools, childcare, and programs for youth:
  - All people with symptoms of COVID-19 or close contact to someone with COVID-19, even if they have been vaccinated for COVID-19.
  - Weekly testing for all participants and personnel who participate in indoor activities that are higher-risk for transmission due to heavy breathing or exertion (like sports or playing wind instruments) if masks are not worn, regardless of vaccination status. People who have had COVID-19 in the last 90 days are excluded from this recommendation. For more information, see [CDPH K-12 Schools Guidance](#).
- SFDPH does not recommend routine testing of the following groups:
  - Children without COVID-19 symptoms or known exposures who do not participate in higher-transmission risk activities.
  - Vaccinated staff without COVID-19 symptoms or known exposures.
  - Staff and children who had COVID-19 in the last 90 days, confirmed by a test, who do not have symptoms.

## Improve ventilation and use outdoor spaces.

*Increasing indoor 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.
- To be considered an outdoor space, structures should meet SFDPH ventilation guidelines for outdoor structures, at <https://www.sfdph.org/dph/COVID-19/Outdoor-Structures.asp>.

### Indoor spaces

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

During wildfires or other times when air quality is poor, prioritize maintaining healthy air quality indoors. Your school or program can stay open even if you need to close your windows or decrease outdoor air intake by your ventilation system during these times. 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. When possible, consider also leaving room doors slightly open to promote flow of outdoor air through the indoor space.
- If open windows pose a risk of falls for children, use window locks to keep windows from opening more than 4 inches, or other safety devices to prevent falls.
- Do not prop or wedge open fire doors. Continue to follow fire and building safety requirements.
- If your building has an HVAC system (also called mechanical ventilation, forced air, or central air):
  - Have your HVAC system checked by a professional to make sure that it is working properly.
  - Open outdoor air dampers and close recirculation dampers (“economizers”). This will maximize the amount of outdoor air that the HVAC system takes in and minimize the amount of indoor air that is recirculated.
  - If you can use higher-efficiency air filters without reducing airflow or damaging your HVAC system, use air filters rated MERV13 or better.
  - Disable “demand-control ventilation controls” so fans keep running even when a room doesn’t need to be heated or cooled.
  - If your HVAC system has a timer, set it to run at least 1-2 hours before the building opens until 2-3 hours after everyone has left the building, including custodial staff.
- If your school or program uses fans, adjust the direction of fans to so that air does not blow from one person’s space to another’s space.
- Consider portable air cleaners (“HEPA filters”).

For more information, see:

- <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/ventilation.html>



## Stay home when sick.

*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, children, and families know the symptoms of COVID-19.**

#### **Tell people to stay home if they have symptoms.**

- Give a list of COVID-19 symptoms to staff, volunteers, children, and families. Make sure they know to stay home if they have symptoms. **Schools and programs do not have to confirm that people have reviewed the list each day.**

SFDPH has created a sample handout for families,

[For Parents and Guardians: COVID-19 Symptom and Exposure Check](https://www.sfdph.org/school/For-Parents-and-Guardians-COVID-19-Symptom-and-Exposure-Check), at [sfdcp.org/school](https://www.sfdph.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.

## Travel.

- SFDPH recommends, but does not require, staff and children 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.

- Teach and reinforce the importance of washing hands, avoiding contact with one's eyes, nose, and mouth, and covering coughs and sneezes among children and staff.
- Promote hand washing throughout the day, especially before and after eating, after using the toilet, and after handling garbage, or removing gloves.
- **Make sure that people have supplies to clean their hands, including soap, paper towels, and/or hand sanitizer with at least 60 percent ethyl alcohol for staff and children who can safely use hand sanitizer.**
- **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:** *Routine disinfection to prevent COVID-19 is no longer recommended for schools and programs. Surfaces are not a significant route of transmission.*

- Cleaning once a day is usually enough to remove potential virus that may be on surfaces.
- Paper-based materials like books and magazines do not need cleaning between uses.
- Outdoor playgrounds do not need cleaning and disinfection between groups.

For more information, see <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

## Cohorting is not required.

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

SFDPH does not recommend cohorting if it will limit full enrollment for in-person participation. Schools and programs should prioritize full enrollment over strict cohorting.

- Staff and volunteers may work with more than one group and there is no maximum group size.
- 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.

## Physical distancing is not required.

*Physical distancing decreases the risk of COVID-19 from respiratory droplets. It is less important in settings where vaccination rates are high and spread of COVID-19 is low.*

- **Physical distancing is no longer required.** Because of the importance of in-person learning, CDC, CDPH, and SFDPH do not recommend physical distancing if it will limit full enrollment.

## 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 without face masks.
- *As for other school and program activities, individuals may wear well-fitted masks in indoor settings based on three factors: (1) their own risk tolerance, (2) the overall level of community transmission, such as when future variants occur, and (3) whether the individual or someone they live or work with is at risk of severe disease.*

## Recommended testing for higher risk indoor activities

- It is strongly recommended that individuals who participate in indoor activities that are higher-risk for transmission due to heavy breathing or exertion undergo regular COVID-19 testing if masks are not worn, unless they had COVID-19 in the past 90 days (See [Testing](#)).

## Reporting and notification of COVID-19 cases.

Schools, programs, and event organizers must:

1. Inform SFDPH of positive tests within 24 hours, whether detected during on-site testing or communicated to the team or organizer.
2. Identify and notify individuals with exposure to a COVID-19 case, **including other teams or referees.**
3. If informed by another team of a positive case, identify, and notify contacts on the team, and notify SFDPH of the exposure at [cases.schools@sfdph.org](mailto:cases.schools@sfdph.org).

4. 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.

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.*

- 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 up to date on vaccination, 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 (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 or pregame, halftime or postgame talks.
  - Avoid having different teams use a locker room at the same time.
- 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.
- 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 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. Turn the fan on high, set to outdoor air.
- School/Program Buses and Vans
  - Individuals may wear well-fitted masks on school or program buses based on three factors: (1) their own risk tolerance, (2) the overall level of community transmission, such as when future variants occur, and (3) whether the individual or someone they live or work with is at risk of severe disease.
  - 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).
  - You do not have to ask riders about symptoms and exposures before they board.
- Walking School Buses
  - Prioritize pedestrian safety.
  - Keep a record of staff and children on the walking school bus each day.
  - Outdoor equipment such as walking ropes do not need additional cleaning. Instead, have children and staff wash or sanitize their hands before touching the equipment.

### Meals and snacks.

- Eat outdoors when space and weather allow.
- Meals do not need to be individually plated or bagged.
- For food service such as cafeterias, clean frequently touched surfaces. Surfaces that come in contact with food should be washed, rinsed, and sanitized before and after meals.

### Children receiving special services.

- Do not exclude children 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.
- Do not limit access to essential staff that are not school or program employees, such as [direct service providers](#), occupational therapists or physical therapists. Provide accommodations and related services for special education, learning disabilities and medical conditions.

- Additional accommodations may be needed for children to safely attend . For example, children may need additional supervision and support around face masks or handwashing.
- When children are unable to attend due to COVID-19 infection or exposure, consider remote video sessions for therapy.

## Frequently Asked Questions: What's allowed

- Parents and caregivers may enter the building for pick-up and drop-off, even if they are not vaccinated for COVID-19.
- Therapists who are not employees but provide direct services to children onsite, 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 can share toys, computers, books, games, play areas, and area rugs.
- 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 following the guidance outlined in this document. Family-style meals are allowed.
- Brushing children's teeth is allowed. CDC recommends that staff involved in toothbrushing be fully vaccinated for COVID-19.
- You may conduct fire drills.
- 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

### When staff or children become sick at school or program

- If rapid antigen testing is available on-site, test the person with symptoms:
  - If the test is negative, the staff or child may remain at school or program if they feel well enough. A PCR/NAAT is not needed to confirm the result.
  - If the test is positive, follow the instructions in [the Guide to COVID-19 Infections, Symptoms and Exposures at Schools and Programs for Children](#).
- If rapid antigen testing is not available at school or program:
  - Staff must inform their supervisor and leave work as soon as they can.
  - Send sick children home. Keep children who are waiting to be picked up in a designated isolation space. Children must be wearing masks while they are waiting to be picked up.

When someone reports a positive test or has symptoms of COVID-19.

- See the [Guide to COVID-19 Infections, Symptoms and Exposures at Schools and Programs for Children](#) for what to do if someone tests positive for COVID-19 or has symptoms of COVID-19.
- Schools and programs **must** report COVID-19 cases to SFPDH at [cases.schools@sfdph.org](mailto:cases.schools@sfdph.org). SFPDH staff will work with schools and programs on case management and provide input on next steps, including isolation, quarantine, and outbreak management.

When a child reports an exposure to COVID-19 outside of school or program.

- It is no longer necessary to require children exposed to COVID-19 outside of the school or program to quarantine at home. If they are asymptomatic, they may return immediately and recommend testing 3-5 days after the exposure.
- It is **strongly recommended** that exposed children over age 2 wear a well-fitting mask whenever feasible for 10 days after exposure and particularly when around others indoors.
- If children become symptomatic, they should isolate at home immediately until their symptoms start to improve and their test result is known.
- For continual exposures, such as those in the household where the child is not isolating away from the person with COVID-19, asymptomatic children are allowed to return to the program throughout the duration of exposure. It is reasonable to recommend testing once 3-5 after initial exposure and, if the test is negative, repeat testing again 3-5 days after the first test. If both tests are negative, no further testing is recommended as long as child remains asymptomatic.

Returning to school or program after COVID-19 symptoms or a positive test.

Refer to the [Guide to Isolation and Quarantine for Schools and Programs for Children](#) and [COVID-19 Schools & Childcare Decision Tree](#).

## Resources

San Francisco Department of Public Health (SFPDH)

- **SFPDH Schools and Childcare Hub** for COVID-19 consultation and guidance (628) 217-7499 or [cases.schools@sfdph.org](mailto:cases.schools@sfdph.org)
- COVID-19 guidance for the public, including employers <https://www.sfcdcp.org/covid19>
- COVID-19 guidance for schools at <https://sfcdcp.org/school>  
[“Guide to COVID-19 Infections, Symptoms and Exposures at Schools and Programs for Children”](#)  
[“Parent Handout: Symptom and Exposure Check/Returning to School after Symptoms”](#)  
[COVID-19 Schools & Childcare Decision Tree](#)
- Outreach Toolkit for Coronavirus. <https://sf.gov/outreacht toolkitcoronavirusCOVID19>

## California Department of Public Health (CDPH).

- State of California Safe Schools for All Hub  
<https://schools.covid19.ca.gov/>
- COVID-19 Public Health Guidance for K-12 Schools, 2021-22 School Year  
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/K-12-Guidance-2021-22-School-Year.aspx>
- K-12 Schools Guidance FAQ <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Schools-FAQ.aspx>
- K-12 School-Based COVID-19 Testing Strategies for School Year 2021-22  
<https://testing.covid19.ca.gov/wp-content/uploads/sites/332/2021/07/School-Testing-Considerations.pdf>
- Evidence Summary: TK-12 Schools and COVID-19 Transmission  
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Safe-Schools-for-All-Plan-Science.aspx>
- Guidance for Child Care Providers and Programs  
<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>

## Centers for Disease Control and Prevention (CDC).

- Guidance for COVID-19 Prevention in K-12 Schools  
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>
- Schools and Child Care Programs  
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>
- Guidance for Operating Early Childhood Education/Child Care Programs  
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/child-care-guidance.html>