



Interim Guidance: Preventing Spread of COVID-19 in the City and County of San Francisco's Emergency Childcare Program

March 15, 2020

PURPOSE OF THIS DOCUMENT. The following interim guidance was developed by the San Francisco Department of Public Health for use by the City and County of San Francisco's Emergency Childcare Program that provides care for children of parents on the front lines of the COVID-19 outbreak and low-income families that are affected by school closures in San Francisco. This guidance does not apply for other school or childcare settings. More guidance for schools and childcare settings are forthcoming. Please check <http://sfcdcp.org/covid19> as that guidance is developed. This guidance is based on best available information at the date above and may change. Further guidance will be issued as that occurs.

BACKGROUND:

Novel coronavirus disease, or COVID-19, is a new respiratory disease that can spread from person to person. Most people who get the infection have no symptoms or mild symptoms of a cold. Some people have gotten very sick from it and need to be hospitalized – especially people who are older and have chronic medical conditions like heart disease, lung disease, diabetes, kidney disease and weakened immune systems. The most common signs and symptoms of infection include fever, cough, difficulty breathing, fatigue, muscles aches, sore throat, headache. Nausea, vomiting, or diarrhea are less common symptoms of COVID-19 infection. Community transmission of COVID-19 in the United States has been reported in multiple areas, including San Francisco County.

Based on available data, children do not appear to be at higher risk for COVID-19 than adults. While some children and infants have been sick with COVID-19, adults make up most of the known cases to date. According to the largest report of COVID-19 cases from China, 0.9% of the country's confirmed COVID-19 cases were age 0-9 and 1.2% were age 10-19.

At present, there is no vaccine to prevent COVID-19 and no treatment after someone has been exposed to COVID-19. The best way to prevent the spread of the virus is to avoid being exposed to the virus.

INTERIM GUIDANCE FOR CHILDCARE PROGRAMS:

Scenario 1: No Current Confirmed COVID Cases in Childcare Program

Childcare administrators can take the following steps to help prepare for cases of COVID-19 in the childcare setting as well as more widespread community transmission during which child care closures might be recommended or required by Public Health:

- Implement general prevention measures (see below)
- Intensify environmental cleaning and disinfecting procedures (see below)
- Implement procedures for identifying and isolating children and staff who are sick at childcare (see below)
 - Please note: ALL children and staff who have fever, cough or shortness of breath should self-isolate **for 7 days or 72 hrs after fever has resolved and**



symptoms have improved (whichever is longer) if the individual has not received a COVID-19 test that confirms they do not have COVID-19.

- **Operations and Policies**

- Review, update, and implement emergency operations plans (EOPs).
- Create communications plans for use with the childcare community.
- Limit nonessential visitors including volunteers for classroom activities, mystery readers, and other activities.
- Coordinate with all partner organizations serving students to ensure consistent practices.
- Prohibit children from bringing in toys from home
- To the extent possible, use only toys and teaching materials with hard, easy to clean surfaces
- When feasible, contact families who are absent to determine if absent children are sick. Clarify plan for sick children to stay home.
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- **Monitor and plan for absenteeism of staff.**

- Identify critical job functions and positions, and plan for alternative coverage by cross-training staff.
- Determine what staff level would make you unable to operate the center.

- **Implement multiple social distancing strategies.**

Administrators are encouraged to think creatively about all opportunities to increase the physical space between students and limit interactions in large group settings. Consider strategies such as:

- Teach staff, students, and their families to maintain distance from each other in the school.
- Implement social distancing measures to limit close contact, such as choosing activities that minimize close contact and allow for more physical space between children (ideally at least 6 feet apart)
- Avoid group gatherings and assemblies where possible
- Increase the space between tables and have children face the same direction where possible to avoid spread through coughing or sneezing.
- Avoid mixing students in common areas where possible. Try to limit the extent to which students mix with each other, and particularly with students from other classes (e.g., stagger lunch by class or group, segregate lunch and recess area by class, send a few students into the library to pick out books rather than going as a class). Try to avoid taking multiple classes to bathrooms at once (e.g., avoid having all students use the bathroom right after lunch or recess). 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 if possible. These approaches can limit the amount of close contact between students and parents in high-traffic situations and times.

For a more additional information on schools, child care and COVID-19 please refer to the [Interim Guidance for Administrators of US Child care Programs and K-12 Schools and Public Health's School Planning and Preparedness for COVID-19](#) document.


General Prevention Measures

You can help children and staff reduce their risk for getting and spreading viral respiratory infections, including the flu and the common cold, by encouraging them to take simple steps which will also prevent COVID-19. These include:

- Support staff and children to stay home when they are sick. Use flexibility, when possible, to allow staff to stay home to care for sick family members.
 - As a reminder, all children and staff who have fever, cough or shortness of breath should self-isolate **for 7 days or 72 hrs after fever has resolved and symptoms have improved (whichever is longer)**, if the individual has not received a COVID-19 test that confirms they do not have COVID-19
- Create processes for frequent hand washing with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after they blow their nose. Help young children do the same. If hands are visibly dirty, use soap and water to clean hands.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Advise persons to avoid touching their eyes, nose, and mouth with unwashed hands.
- Routinely clean and disinfect surfaces and objects that are frequently touched. This may include cleaning objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, classroom sink handles, countertops).
- Cover coughs or sneezes with a tissue, then throw the tissue in the trash and clean hands with soap and water or hand sanitizer (if soap and water are not readily available)
- Urge parents, staff, and children over 6 months of age to get a flu shot during the flu season.
- Provide adequate supplies for good hygiene, including clean and functional handwashing stations, soap, paper towels, and alcohol-based hand sanitizer.

Intensify Environmental Cleaning and Disinfecting Procedures




- Routinely clean and disinfect surfaces and objects that are frequently touched including bathrooms, water coolers, desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, light switches, phones and toys.
- Clean with the cleaners typically used. Use all cleaning products according to the directions on the label. 
- Disinfect with an Environmental Protection Agency (EPA) registered disinfectant that is approved for use against the virus that causes COVID-19 - see [List N: Disinfectants for Use Against SARS-CoV-2](#).
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- Follow the disinfectant manufacturer's instructions for use including:
 - Use the proper concentration of disinfectant
 - Allow the required wet contact time
 - Pay close attention to hazard warnings and instructions for using personal protective items such as gloves and eye protection
 - Use disinfectants in a sufficiently ventilated space
- Schools and districts must have a Safety Data Sheet (SDS) for each chemical used in the school.
- See [COVID-19 Minimum Environmental Cleaning Standards For Businesses, Schools, and SRO Settings](#) for more detailed information about recommended cleaning and disinfecting procedures.



Procedures for Identifying & Isolating Children & Staff Who Are Sick

Prior to arrival at the facility:

- Advise parents to: (1) check their child's temperature using a thermometer daily prior to arrival at the facility (fever is defined as 100.4°F/38°C or higher); (2) keep their children at home if they have fever, cough, shortness of breath, or are otherwise ill; and (3) avoid entering the child care facility themselves if they are ill.
- Advise staff to (1) check their temperature using a thermometer daily prior to reporting to work (fever is defined as 100.4°F/38°C or higher) and (2) stay at home if they have fever, cough, shortness of breath, or are otherwise ill.
- Please note: all children and staff who have fever, cough or shortness of breath should self isolate **for 7 days or 72 hrs after fever has resolved and symptoms have improved (whichever is longer)**, unless the individual has received a COVID-19 test that confirms they do not have COVID-19. Those who have fever but NO cough and NO shortness of breath can return 24 hours after the fever has resolved and the symptoms have improved. 



At the facility:

- Advise staff to monitor for children who may be exhibiting COVID-19 or other respiratory symptoms, and notify healthcare personnel (if available). Separate ill children and staff from others, immediately send ill persons home, and advise them to call their healthcare provider.



Scenario 2: Confirmed COVID Case in Child Care Program

Immediately notify SFPDH at 415-554-2830. SFPDH will collaborate with you to consider next steps.

Dismiss students and most staff for 2-5 days. This initial short-term dismissal allows time for SFPDH to help the childcare program determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19.

- 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.
- Review the [CDC's Considerations for School Closure](#)

In consultation with SFPDH, consider closing if:

- The individual infected with COVID-19 spent time in the childcare setting and had close contact with others while ill. Close contact includes scenarios like:
 - Being within 6 feet of the confirmed case for greater than a few minutes
 - Being coughed on or kissed by the confirmed case
 - Touching issued used by the confirmed case with a bare hand
 - Sharing utensils with the confirmed case
 - Coming into direct contact with the confirmed case's body secretions (such as blood, saliva, sputum, nasal mucus, vomit, urine, and stool)
- You are observing that high rates of absenteeism among staff and/or children hinders your ability to provide adequate services.

Steps that should be taken during a closure:

- Implement communication plans for childcare closure to include outreach to children, parents, teachers, staff, and the community
 - Include information for parents regarding labor laws, information regarding Disability Insurance, Paid Family Leave, and Unemployment Insurance.
 - California Labor and Workforce Development Guidance:



- 1. [Coronavirus 2019 \(COVID-19\) Resources for Employers and Workers](#)
- 2. [California Employment Development Department's Coronavirus 2019 \(COVID-19\) webpage](#)
 - [California Labor Commissioner's Office FAQs](#)
- Implement the [CDC's interim cleaning and disinfection recommendations for community facilities with suspected/confirmed coronavirus disease 2019](#).
- If possible, assess what close contacts the case had while ill.
- Notify the parents and close contacts to self-quarantine for 14 days and monitor for symptoms (see below for detailed instructions).
- Work on communication to families and staff to ensure that when childcare re-opens, ill people know that all children and staff who have fever WITH cough or shortness of breath should self-isolate **for 7 days or 72 hrs after fever has resolved and symptoms have improved (whichever is longer)**, if the individual has not received a COVID-19 test that confirms they do not have COVID-19. Those who have fever but NO cough and NO shortness of breath can return 24 hours after the fever has resolved and the symptoms have improved.



Instructions to be giving to parents and close contacts of the confirmed COVID-19 case:

What should I do if I am asked to self-quarantine?

- Stay home, do not go out in public, do not go to work, do not go to school.
- Do not go to public places where close contact with others might occur such as public gatherings, shopping centers, movie theaters, and stadiums.
- Do not use public transportation (bus, train, Muni, BART, taxi, ferry, Uber or Lyft)
- Monitor your health
 - Take your temperature with a thermometer 2 times a day and monitor for fever (100.4°F/38°C or higher)
 - Look out for symptoms such as cough, fever and shortness of breath

If you get sick with fever (100.4°F/38°C or higher), cough, or have trouble breathing:

- Seek medical care. Call ahead before you go to a doctor's office or emergency room.
- Tell your doctor about your recent travel and your symptoms.
- Avoid contact with others.

If you have fever WITH cough or shortness of breath, seek medical care as instructed above. In addition, self-isolate for 7 days OR until 72 hours from the time that fever has resolved (and symptoms get better) – whichever is longer.

How long should we remain closed for?



- Collaborate with SFPDH to determine the length of closure. Childcare programs can consider an initial closure for 14 days, which represents the incubation period for COVID-19. Within that timeframe, most individuals infected with COVID-19 would begin to develop symptoms, although healthy persons especially children can have very mild illness. All children and staff who have fever, cough or shortness of breath should self-isolate **for 7 days or 72 hrs after fever has resolved and symptoms have improved (whichever is longer)**, if the individual has not received a COVID-19 test that confirms they do not have COVID-19. Other children and staff who are well should self-quarantine at home and should not be gathering in other locations. Children and staff who do not develop illness may return to childcare at the end of the 14-day quarantine.

The COVID-19 situation is rapidly-evolving and we expect continued community transmission. Administrators should expect that additional cases will occur when the childcare reopens.

Scenario 3. Child Care Facility is Currently Closed and Plans to Re-Open

We recommend taking the following steps when reopening a child care facility:

- Remind staff and children to stay home when they have cough, fever, or shortness of breath, or are otherwise ill. Parents should also avoid entering the childcare if they are ill.
- Continuously communicate with all parents, children, staff, and volunteers about [steps everyone can take to protect themselves and prevent further spread](#), including: avoid ill people, frequent handwashing for at least 20 seconds, and minimize non-essential activities in the community,
- Consider collecting information about the reason for each child's absence. This information can help determine whether an outbreak investigation is needed.
- Implement all steps in Scenario 1 above
- Continue to review and update your emergency operations plan so that you can be best prepared for the possibility of more local cases.

For more information:

[CDC Guidance for School Settings](#)

[CDPH School Guidance on Novel Coronavirus or COVID-19](#)