



DIRECTIVE OF THE HEALTH OFFICER No. 2020-14

**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: May 26, 2020

By this Directive, the Health Officer of the City and County of San Francisco (the “Health Officer”) issues industry-specific direction that childcare providers as described below must follow as part of the local response to the Coronavirus Disease 2019 (“COVID-19”) pandemic. This Directive constitutes industry-specific guidance as provided under Section 6 of Health Officer Order No. C19-07e issued on May 22, 2020 (the “Stay-Safe-At-Home Order”) and, unless otherwise defined below, initially capitalized terms used in this Directive have the same meaning given them in that order. This Directive goes into effect immediately upon issuance and compliance is required before a Childcare Provider is permitted to begin operations pursuant to the Stay-Safe-At-Home Order, and this Directive remains in effect until suspended, superseded, or amended by the Health Officer, as further provided below. This Directive has support in the bases and justifications set forth in the Stay-Safe-At-Home Order. As further provided below, this Directive automatically incorporates any revisions to the Stay-Safe-At-Home Order or other future orders issued by the Health Officer that supersede that order or reference this Directive. This Directive is intended to promote best practices as to Social Distancing Requirements and sanitation measures, helping prevent the transmission of COVID-19 and safeguard the health of workers, children, their families, and the community.

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

- 1. The Stay-Safe-at-Home Order allows educational or recreational institutions or programs that provide care or supervision for children of any age to open for all children. This Directive applies to such programs that primarily serve children 0-5 year of age that the Stay-Safe-At-Home Order permits to operate in the City and County of San Francisco (“Childcare Providers”). Summer camps are addressed separately in Health Officer Directive No. 2020-13. After school programs will be addressed in a separate Health Officer directive at a later date when more is known about how K-12 schools in San Francisco will re-open for in-person attendance).**
- 2. Attached as Exhibit A to this Order is a list of best practices that apply to Childcare Providers (the “Best Practices”). This Directive and the attached Best Practices 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. Each Childcare Provider must stay updated regarding any changes to the Stay-Safe-At-Home Order and this Directive by checking the San Francisco City Administrator’s website (<https://www.sfgsa.org>) or the Department of Public Health website (<https://www.sfdph.org/dph/alerts/coronavirus.asp>) regularly.**
- 3. Each Childcare Provider must create, adopt, and implement a written health and safety plan (a “Health and Safety Plan”) addressing all applicable Best Practices**



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attached to this Directive as Exhibit A. The Health and Safety Plan must address each requirement listed in the Best Practices, whether by describing the plan for implementing the requirement or indicating why the requirement does not apply. The Best Practices attachment is not itself intended to serve as the Health and Safety Plan, such as by having the Essential Business simply check off items that have been or will be done. Rather, the contents of the Best Practices must be adapted into a separate Health and Safety Plan that describes how the business will comply with each listed requirement. A form-fillable electronic document that may be used for this purpose is available online at <https://www.sfcdep.org/covid19> (open the “Businesses and Employers” area of the “Information and Guidance for the Public” section), as is a sample Health and Safety Plan. But a Health and Safety Plan may be hand-written or otherwise completed in any format that addresses the substance of all the listed requirements in the Best Practices.

4. Each Childcare Provider must (a) provide a copy or summary of the Health and Safety Plan to all Personnel working on site, and to the parent(s) or guardian(s) of each child it serves and (b) post the plan at the entrance to any physical location that the Childcare Provider operates within the City.
5. Each Childcare Provider must complete the online registration form available at <https://www.dcyf.org/care>.
6. Childcare Providers that were operating as an essential business prior to May 26, 2020, must prepare and implement a Health and Safety Plan and complete the online registration form no later than June 15.
7. Childcare Providers that are beginning or resuming operations on May 26, 2020, or later, must prepare and implement a Health and Safety Plan before they can begin operating.
8. Each Childcare Provider must require the parent/guardian of each child that participates in the program to sign an acknowledgement of health risks containing the following language:

The collective effort and sacrifice of San Francisco residents staying at home limited the spread of COVID-19. But community transmission of COVID-19 within San Francisco continues, including transmission by individuals who are infected and contagious, but have no symptoms. Infected persons are contagious 48 hours before developing symptoms (“pre-symptomatic”), and many are contagious without ever developing symptoms (“asymptomatic”). Pre-symptomatic and asymptomatic people are likely unaware that they have COVID-19.

The availability of childcare is an important step in the resumption of activities. However, the decision by the Health Officer to allow childcare and summer camps for all families at facilities that follow required safety rules, does not mean that attending childcare or summer camp is free of risk. Enrolling a child in childcare or summer camp could increase the risk of the child becoming infected with COVID-19. While the majority of children that become infected do well, there is still much more to learn about coronavirus in children,



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including from recent reports of Multisystem Inflammatory Syndrome in Children (MIS-C).

Each parent or guardian must determine for themselves if they are willing to take the risk of enrolling their child in childcare/summer camp, including whether they need to take additional precautions to protect the health of their child and others in the household. They should particularly consider the risks to household members who are adults 60 years or older, or anyone who has an underlying medical condition. Parents and guardians may want to discuss these risks and their concerns with their pediatrician or other health care provider.

More information about COVID-19, MIS-C, and those at higher risk for serious illness is available on the Centers for Disease Control and Prevention website at <https://www.cdc.gov/coronavirus/2019-ncov/>.

I understand the risks associated with enrolling my child in childcare/summer camp, and agree to assume the risks to my child and my household. I also agree to follow all safety requirements that the childcare program/summer camp imposes as a condition of enrolling my child.

9. Each Childcare Provider is required to take certain steps in the Health and Safety Plan related to its Personnel, including the actions listed in Sections 2.1 through 2.4 of the Best Practices if Personnel are sick. Each Childcare Provider is prohibited from taking any adverse action against any Personnel for staying home in the circumstances listed in Sections 2.1 through 2.4 of the Best Practices. Personnel of each Childcare Provider are prohibited from coming to work if they are sick and must comply with the Directive, including the rules for returning to work listed in Sections 2.1 through 2.4 of the Best Practices. For purposes of this Directive and the attached Best Practices, Personnel means employees; contractors and sub-contractors; independent contractors; volunteers; and other individuals who regularly provide services onsite at the request of the Childcare Provider.
10. Childcare Providers may not enroll children for fewer than three weeks.
11. State-licensed Childcare Providers for children ages 0-5 years must currently limit group size to 10 children per room or space under state licensing requirements (if the state increases the permitted group size, Childcare Providers may increase the size of their groups accordingly, not to exceed 12 children), and all other Childcare Providers must limit group size to 12 children per room or space.
12. If any Childcare Provider fails to comply with the requirements of this Directive or fails to abide by its Health and Safety Plan, then it must cease operating until it can fully comply and demonstrate its compliance. Further, as to any non-compliant operation, any such Childcare Provider is subject to immediate closure and the fines and other legal remedies described below, as a violation of the Stay-Safe-At-Home Order.
13. Implementation of this Directive augments—but does not limit—the obligations of each Childcare Provider under the Stay-Safe-At-Home Order including, but not



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limited to, the obligation to prepare, post, and implement a Social Distancing Protocol under Section 6 and subsection 15.h of the Stay-Safe-At-Home Order. The Childcare Provider must follow these industry-specific Best Practices and update them as necessary for the duration of this Directive, including, without limitation, as this Directive is amended or extended in writing by the Health Officer and consistent with any extension of the Stay-Safe-At-Home Order, any other order that supersedes that order, and any Health Officer order that references this Directive.

This Directive is issued in furtherance of the purposes of the Stay-Safe-At-Home Order. Where a conflict exists between this Directive and any state, local, or federal public health order related to the COVID-19 pandemic, including, without limitation, the Social Distancing Protocol, the most restrictive provision controls. Failure to carry out this Directive is a violation of the Stay-Safe-At-Home Order, constitutes an imminent threat and menace to public health, constitutes a public nuisance, and is a misdemeanor punishable by fine, imprisonment, or both.

A handwritten signature in blue ink that reads "Tomás Aragón".

Tomás J. Aragón, MD, DrPH,
Health Officer of the
City and County of San Francisco

Date: May 26, 2020



Exhibit A to Health Officer Directive No. 2020-14 (issued 5/26/20)

Best Practices for Childcare Providers

In addition to preparing, posting, and implementing the Social Distancing Protocol required by Section 6 and subsection 15.h of Health Officer Order No. C19-07e (the “Stay-Safe-At-Home Order”), each Childcare Provider that operates in the City must, as further provided in Section 6 and Appendix C-1 of the Stay-Safe-At-Home Order and Health Officer Directive No. 2020-14 to which these Best Practices are attached, create, adopt, and implement a Health and Safety Plan that addresses each item below. State-licensed Childcare Providers must comply with California Department of Social Services (CDSS) requirements—including those set forth in PIN 20-06-CCP regarding Social and Physical Distancing Guidance and Healthy Practices for Child Care Facilities in Response to the Global Coronavirus (Covid-19) Pandemic, available at <https://www.cdss.ca.gov/inforesources/child-care-licensing>, as it may be updated or amended by CDSS. In the event of a conflict or inconsistency between this Directive and CDSS requirements, state-licensed Childcare Providers should comply with the CDSS requirements.

Directions: The Health and Safety Plan must address each item listed in each section below. The Health and Safety Plan must describe the plan for implementing the requirement or indicate why the requirement does not apply. The list below is not intended to be used as the Health and Safety Plan by simply checking off items as having been done. Rather, the Health and Safety Plan must be a separate document. A form-fillable electronic document for this purpose allowing descriptions after each listed item is available online at <https://www.sfcdep.org/covid19> (open the “Businesses and Employers” area of the “Information and Guidance for the Public” section), as is a sample Health and Safety Plan. But a Health and Safety Plan may be hand-written or otherwise completed in any format that addresses all the listed requirements.

Requirements:

1. Section 1 – Signage and Education:

- 1.1.** Post a copy of the Social Distancing Protocol at each public entrance to the facility or location.
- 1.2.** Post a copy of the Health and Safety Plan at each public entrance to the facility or location.
- 1.3.** Distribute to all Personnel copies of the Social Distancing Protocol and the Health and Safety Plan (or a summary of each item with information on how copies may be obtained) and any educational materials required by the Health and Safety Plan.
- 1.4.** Create and implement an education plan for all Personnel covering all items required in the Social Distancing Protocol and the Health and Safety Plan that apply to them.
- 1.5.** Update the Health and Safety Plan as appropriate while the Directive is in effect.

2. Section 2 – Requirement Regarding Personnel:

- 2.1.** Instruct all Personnel orally and in writing not to come to work or the facility if they are sick.
- 2.2.** Provide a copy of the attachment to this Exhibit, titled “Information for Personnel (Employees, Contractors, Volunteers) of Additional Business and Other Businesses Permitted



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To Operate During the Health Emergency” (the “Attachment”), to all Personnel who regularly work at the facility or location in hardcopy format or electronically. PDF and translated versions of the Attachment can be found online at www.sfchcp.org/covid19 (open the “Businesses and Employers” area of the “Information and Guidance for the Public” section). If the Attachment is updated, provide an updated copy to all Personnel.

- 2.3. Review the criteria listed in Part 1 of the Attachment on a daily basis with all Personnel in the City who regularly work at the facility or location before each person enters work spaces or begins a shift. Instruct any Personnel who answered yes to any question in Part 1 of the Attachment to return home or not come to work and follow the directions on the Attachment.
- 2.4. Instruct Personnel who stayed home or who went home based on the criteria listed on the Attachment that they must follow the criteria as well as any applicable requirements from the quarantine and isolation directives (available online at www.sfdph.org/dph/alerts/coronavirus-healthorders.asp) before returning to work. If they are required to self-quarantine or self-isolate, they may only return to work after they have completed self-quarantine or self-isolation. If they test negative for the virus (no virus found), they may only return to work after waiting for the amount of time listed on the Attachment after their symptoms have resolved. Personnel are not required to provide a medical clearance letter in order to return to work as long as they have met the requirements outlined on the Attachment.
- 2.5. In the coming weeks the Department of Public Health may issue guidelines requiring Childcare Providers and other permitted businesses to comply with COVID-19 testing requirements for employers and businesses. Periodically, check the following website for any testing requirements for employers and businesses: www.sfchcp.org/covid19. If requirements are added, ensure that the Health and Safety Plan is updated and that the Childcare Provider and all Personnel comply with testing requirements.
- 2.6. If an employee or other Personnel tests positive for COVID-19, follow the guidance on “Business guidance if a staff member tests positive for COVID-19,” available online at sf.gov/business-guidance-if-staff-member-tests-positive-covid-19.
- 2.7. Provide Face Coverings for all Personnel, with instructions that they must wear Face Coverings at all times when at work, as further set forth in the Face Covering Order. A sample sign is available online at <https://www.sfchcp.org/covid19/> (open the “Schools, Childcare, and Youth Programs” area of the “Information and Guidance for the Public” section). Allow Personnel to bring their own Face Covering if they bring one that has been cleaned prior to the shift. In general, people should have multiple Face Coverings (whether reusable or disposable) to ensure they use a clean one each day.
- 2.8. Provide a sink with soap, water, and paper towels for handwashing, for all Personnel working onsite at the facility or location. Require that all Personnel wash hands at least at the start and end of each shift, after sneezing, coughing, eating, drinking, using the restroom, helping a child use the restroom, changing a child’s diaper or soiled clothes, when changing tasks, and frequently during each shift.
- 2.9. Provide hand sanitizer effective against COVID-19 throughout the facility or location for Personnel. Keep hand sanitizer out of the reach of young children, and supervise use. If sanitizer cannot be obtained, a handwashing station with soap, water, and paper towels will



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suffice for Personnel who are on-site at the Childcare Provider. Information on hand sanitizer, including sanitizer effective against COVID-19 and how to obtain sanitizer, is available online from the Food and Drug Administration here: <https://www.fda.gov/drugs/information-drug-class/qa-consumers-hand-sanitizers-and-covid-19>.

- 2.10. Frequently disinfect any break rooms, bathrooms, and other common areas throughout the day.
- 2.11. Consider advising Personnel that it is recommended for them to change clothes and shoes before or upon arriving at home after a shift in order to reduce the chance of their clothing or shoes exposing anyone in the household to the virus and that such clothing should be cleaned before being used again.

3. Section 3 – Stable and Separate Groups of Children:

- 3.1. State-licensed Childcare Providers for children ages 0-5 years must currently limit group size to 10 children per room or space under state licensing requirements (if the state increases the permitted group size, Childcare Providers may increase the size of their groups accordingly, not to exceed 12 children), and all other Childcare Providers must limit group size to 12 children per room or space. A group can have no more than 10 or 12 children or youth, even if not all children or youth attend the program at the same time. For example,
 - o A Childcare Provider may not have a group of 5 children who attend full-time, 3 children on Monday/Wednesday/Friday, and 3 children on Tuesday/Thursday (total of 11).
 - o A Childcare Provider may not have a group of 8 children who attend for the entire day, 4 who attend mornings only, and 4 who attend afternoons only (total of 16).
- 3.2. State-licensed Childcare Providers for children ages 0-5 years must adhere to the teacher:child ratios set by the California Department of Social Services, which is currently set forth in PIN 20-06-CCP regarding Social and Physical Distancing Guidance and Healthy Practices for Child Care Facilities in Response to the Global Coronavirus (Covid-19) Pandemic, available at <https://www.cdss.ca.gov/inforesources/child-care-licensing>. All other Childcare Providers must have a minimum of 2 staff persons per group. Minors ages 14-17 years of age who are employed as program staff, including interns, are considered staff and are not included in the maximum number of children per group.
- 3.3. Keep children and youth with the same group each day, for the entire session, unless a change is needed for a child or youth's overall safety and wellness.
- 3.4. Assign children and youth from the same family to the same group, if possible.
- 3.5. Keep staff with the same group to the greatest extent possible.



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- 3.6.** If a program has more than one group of children or youth, each group should be in a separate room or space. Interactions between the groups should be minimized to the greatest extent possible.
- 3.7.** For large indoor spaces like gymnasiums or auditoriums, more than one group may use the space if:
- The space has at least 144 square feet (12' x 12') per child or youth, or about 1750 square feet for a group of 10 or 12;
 - The designated areas for each group are clearly marked, and separated by a 10-12 feet "no-go" buffer zone that neither group uses;
 - The space can be adequately ventilated, for example, by opening windows or doors;
 - Partitions (e.g., a gym divider curtain) are placed to keep air from flowing directly from one group to another; and
 - Both groups are from the same program.

When choosing activities that will take place in the shared space, consider the potential to create respiratory droplets or aerosols, and try to do higher-risk activities outdoors. For example, a vigorous game of basketball is higher risk than a quiet, sedentary activity.

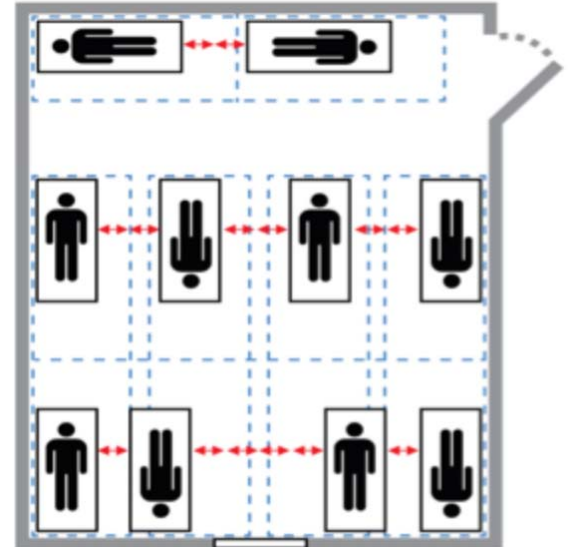
- 3.8.** Implement strategies to limit the mixing of children and youth. For example:
- Stagger playground time and other activities so no two groups are in the same place at the same time.
 - Keep groups separate for special activities such as art, music, and exercising.
 - Consider staggering meal/snack times. Considering having staff eat at separate times, so that they do not remove their face coverings at that same time as children, youth or other staff.
 - Encourage individual activities like painting, crafts, and building with blocks, and other materials.
 - Space children as far apart as possible, ideally at least 6 feet apart, for individual activities and especially during meals and snacks, when face coverings are removed.



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- At naptime, place children’s mats or cribs as far apart as possible, ideally at least 6 feet apart. Try to have children lie on their mats so that they are head-to-toe. (See diagram.)
- Involve children in developing social distancing plans, using chalk and materials like pool noodles and yarn to create personal space areas.
- Do as many activities as possible—including snack and meals—outside.
- Cancel or postpone special events that involve parents and families, such as festivals, holiday events, and special performances.
- Do not hold gatherings that bring large groups of children together, even if held outdoors.



3.9. Sports with shared equipment or physical contact may be played, but only within the same stable group of up to 10-12 children and youth. Clean equipment at least once a day.

3.10. Drop-in childcare is not permitted. Childcare Providers may not enroll children for fewer than three weeks.

4. Section 4 – Symptom Screening for Children:

4.1. Ask parent(s)/caregiver(s) and child about possible symptoms of COVID-19 when they arrive and before they are allowed into the facility or area. Specifically, ask whether the has had any one or more of these symptoms within the past 24 hours, which is new or not explained by a pre-existing condition:

- Fever, Chills, or Repeated Shaking/Shivering
- Cough
- Sore Throat
- Shortness of Breath
- Difficulty Breathing
- Feeling Unusually Weak or Fatigued
- Loss of Taste or Smell
- Muscle pain
- Headache
- Runny or congested nose
- Diarrhea

4.2. Either (a) ask parents/caretakers to take a child’s temperature before arrival and report it; or (b) take the child’s temperature with a “no-touch” (infrared) thermometer upon arrival. For details on how to safely take a child’s temperature with a no-touch thermometer, see San Francisco department of Public Health’s Guidance Interim Guidance for Child Care Programs and Summer Day Camps, available at <https://www.sfcdep.org/communicable-disease/diseases-a-z/covid19whatsnew/>.



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- 4.3. Look at the child or youth. Look for signs of illness like flushed cheeks, rapid breathing or difficulty breathing, fatigue, or extreme fussiness.
- 4.4. Children with symptoms or a fever should be sent home and encouraged to seek COVID-19 testing. Instruct the parent or caretaker of any child who is sent home that the child must follow the criteria as well as any applicable requirements from the quarantine and isolation directives (available online at www.sfdph.org/dph/alerts/coronavirus-healthorders.asp) before returning to the program. If they are required to self-quarantine or self-isolate, they may only return to the program after they have completed self-quarantine or self-isolation. If they test negative for the virus (no virus found), they may only return to program after waiting for the amount of time listed on the Attachment to this Exhibit after their symptoms have resolved. Children are not required to provide a medical clearance letter in order to return to the program as long as they have met the requirements outlined in the Attachment.
- 4.5. Personnel conducting the screening should stand at least 6 feet away from the child and parent/caregiver.
- 4.6. Children who pass the screening should wash their hands with soap and water or clean their hands with hand sanitizer before they enter the building or program.

5. Section 5 – Drop-Off and Pick-Up Procedures:

- 5.1. Require that family members and caregivers wear face coverings when dropping off or picking up children, and at all times inside the Childcare Provider's facility or area.
- 5.2. Staff should remain 6 feet apart from parents and caregivers.
- 5.3. Stagger arrival and drop-off times to limit contact between families, if possible.
- 5.4. Have staff greet children outside as they arrive. Place sign in stations (if any) outside, and provide sanitary wipes to clean pens between uses.
- 5.5. Consider curbside drop-off and pick-up, where staff come outside the facility to pick up the children as they arrive, and bring children outside to be picked up.
- 5.6. Encourage the same family member or designated person to drop off and pick up the child every day. Discourage grandparents and other older relatives from picking up children, if they are over 60 years old, since they are more at risk for serious illness.

6. Section 6 – Face Coverings:

- 6.1. All adults and youth 13 years and older should wear face masks or cloth face coverings at all times. This includes family members and caregivers waiting outside to drop-off or pick-up children.
- 6.2. Encourage children 3 to 12 years old to wear face coverings with adult supervision.



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- 6.3. Do not use face masks or cloth face coverings for children ages 2 and younger, anyone who has trouble breathing, or is asleep, unconscious, or otherwise unable to remove the mask without assistance.
- 6.4. Children should not wear face coverings at nap time.

7. Section 7 – Hygiene and Sanitation:

- 7.1. Encourage children, youth, and staff to wash their hands often with soap and water for at least 20 seconds or with hand sanitizer, especially before eating, after going to the bathroom or diapering, or after wiping their nose, coughing, or sneezing.
- 7.2. Educate children, youth and staff about basic measures to prevent the spread of infection, including covering one's coughs and sneezes and washing hands frequently.
- 7.3. Consider involving children and youth in making signs to remind people to wash their hands, cover coughs and sneezes, and stay 6 feet apart.
- 7.4. Establish a schedule for cleaning and disinfecting. In addition to regular cleaning, the space must be thoroughly cleaned and disinfected between use by different groups, for example, between sessions, with special attention to indoor eating areas where people have removed their masks.
- 7.5. Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially toys and games. This may include doorknobs, light switches, classroom sink handles, countertops, nap pads, toilet training potties, desks, chairs, cubbies, and playground structures.
- 7.6. If surfaces are visibly dirty, clean them using detergent or soap and water before disinfecting them.
- 7.7. Use cleaning products according to the directions on the label. Most household disinfectants are effective. To see if a disinfectant is on the EPA's list of products that are effective against coronavirus, go to <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>. Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.
- 7.8. Keep all cleaning materials secure and out of reach of children and ensure that there is adequate ventilation when using these products to keep children and staff from inhaling toxic fumes.
- 7.9. Do not use toys that cannot be cleaned and sanitized.
- 7.10. Set aside toys that children have put in their mouths or that are otherwise contaminated by body secretions or excretions. Clean them by hand while wearing gloves. Clean first with water and detergent, rinse, then sanitize with an EPA-registered disinfectant, and air-dry.



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- 7.11.** Set aside toys that need to be cleaned. Place in a dish pan with soapy water or in a separate container marked for “soiled toys.” Keep dish pan out of reach from children to prevent risk of drowning.
- 7.12.** Do not share toys, arts and crafts materials, or school supplies (e.g., scissors, markers, pens, pencils, glue sticks, etc.) between groups of children and youth. Wash and sanitize toys before moving them from one group to another.
- 7.13.** Machine-washable cloth toys should be used by one child at a time, or not be used at all.
- 7.14.** Books and other paper-based materials like mail or envelopes, do not need additional cleaning or disinfection.
- 7.15.** Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed.
- 7.16.** Keep each child’s bedding separate. Consider storing bedding in individually labeled bins, cubbies, or bags.
- 7.17.** Bedding that touches a child’s skin should be cleaned weekly or before use by another child.
- 7.18.** Label cots and mats for each child.
- 7.19.** Establish adequate time in the work day to allow for proper cleaning and decontamination throughout the facility or location.