Guidance for Reopening
Child Care Programs in San Francisco

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June 26, 2020
Summary of Changes

As of June 26, 2020

Guidance has been updated to include:

- Group Size and Ratio Update
- FAQs for San Francisco Health Orders (June 15, 2020)

Purpose

This document provides guidance for early care and education programs to support a safe, clean environment for employees, children, and families. The guidance is not intended to revoke or repeal any employee rights, either statutory, regulatory, or collectively bargained, and is not exhaustive, as it does not include county health orders, nor is it a substitute for any existing safety and health-related regulatory requirements such as those of the San Francisco Department of Public Health; California Department of Social Services, Community Care Licensing Division (CCLD); or the California Division of Occupational Safety and Health (Cal/OSHA).

Important Resources

Programs are responsible for staying current on changes to public health guidance and national, state, and local orders as the COVID-19 situation continues.

Local:

- San Francisco Department of Public Health
  - COVID-19 SFDPH Information and Guidance: What’s New
    https://www.sfcdcp.org/communicable-disease/diseases-a-z/covid19whatsnew/
  - COVID-19 Interim Guidance for Child Care Programs and Summer Day Camps (May 22, 2020)
  - Public Health Order No. C19-07e (May 22, 2020)
  - FAQs for San Francisco Health Orders (June 15, 2020)
  - Health Directive for Child Care Programs (June 5, 2020)
State:

- California Childcare Health Program
  - Safe and Effective Cleaning, Sanitizing, and Disinfecting (available in English, Spanish, and Chinese)
    https://cchp.ucsf.edu/content/safe-and-effective-cleaning-sanitizing-and-disinfecting
  - California Department of Social Services, Community Care Licensing Division (CCLD)
    - Child Care Licensing Provider Information Page (for most up to date information)
      https://cdss.ca.gov/inforesources/child-care-licensing
    - PIN 20–06–CCP: Social and Physical Distancing Guidance
  - California Division of Occupational Safety and Health (Cal/OSHA)
    - Interim General Guidelines on Protecting Workers from COVID–19
      https://www.dir.ca.gov/dosh/coronavirus/General-Industry.html
    - COVID–19 Infection Prevention Program in Child Care Programs (May 5, 2020)

National:

- Centers for Disease Control and Prevention (CDC)
  - Interim Guidance for Resuming Child Care Programs (May 2020)
  - Cleaning and Disinfecting
    - No known exposure to COVID–19
    - Known exposure to COVID–19
  - Clean and Disinfect (including toys and bedding)
Preparation/Planning for Reopening

Cleaning

Remove the personal possessions of all children and staff who will not be in attendance, then clean and disinfect all surfaces and objects using a product that is EPA-approved for use against the virus that causes COVID-19 (https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf). Consider removing all materials and items that cannot be easily cleaned and sanitized.

Setting Up the Environment

Health and Safety

- Set up sanitizing stations in shared spaces (i.e., playgrounds, bathrooms) with proper sanitation products, including hand sanitizer and sanitizing wipes. Install hand sanitizer dispensers (touchless if possible) at site and classroom entrances as well as community spaces.
- If the facility has poor ventilation, consider installing portable high-efficiency air cleaners, upgrading the building’s air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in all working areas.
- Set up reception areas where daily health checks and temperature scans will be conducted.
  - Reception areas can be set up indoors or outdoors.
  - Set up hand hygiene stations (sink or hand sanitizer with at least 60% ethanol or 70% isopropanol) and post handwashing procedures.
  - Ensure that daily health check stations stay operational and stocked at all times:
• Disposable gloves or hand sanitizer
• Thermometers (preferably no-touch)
• Alcohol wipes or disinfecting wipes
• Facial coverings
  o Reception areas should be warm and welcoming as well as efficient and easily cleaned; for example:
    ▪ Create visual aids to help children and adults with new arrival protocols
    ▪ Add visual aids on the floor to support physical distancing
  o Develop protocols for arrivals, for example:
    ▪ Drop-off: teachers receive children at the door, family members bring children into the classroom, etc.
    ▪ Procedures for handwashing (by adults and children) prior to entry into the classroom
    ▪ Strategies to reduce crowding in reception areas (e.g., staggered arrivals)
• Provide storage space for staff to keep one or two changes of clothing.
• Take steps to ensure that all water systems are safe to use after a prolonged facility shutdown.
  o Disable drinking fountains and provide individual servings of water instead.
• Ensure that children’s personal care items (e.g., clothing, bottles) are labeled and individually stored in cubbies, bins, or bags.

**Indoor and Outdoor Environment**
• Set up sanitizing stations in shared spaces (i.e., playgrounds, bathrooms) with proper sanitation products, including hand sanitizer and sanitizing wipes. Install hand sanitizer dispensers, touchless if possible, at site and classroom entrances as well as community spaces.
• Set up hand hygiene stations (sink or hand sanitizer with at least 60% ethanol or 70% isopropanol) and post handwashing procedures.
• Avoid crowding and mixing of primary groups
  o If you are able, consider creating two primary groups of 5 children in a space for 10 children. Space permitting, arrange the environment so that different
activities (e.g., eating, small groups) can take place in different parts of the space.

- Create mini-classrooms with separate learning areas for each primary group, using signage or photos to let children know who can use each area.
- Set up the environment to maximize space between children and activities (e.g., place fewer chairs around tables, open up the dramatic play area to reduce crowding).
- Space children as far as possible for individual activities

- Do as many activities as possible outside.

- Select materials to support learning and health
  - If possible, have at least two sets of materials to rotate: one that is being used and one that is being cleaned. You may want to consider having more than two sets of materials if you serve infants, toddlers, or other children who frequently put items in their mouths.
  - Toys that cannot be cleaned and sanitized easily should not be used.
  - Machine-washable cloth toys (check labels) should be used one child at a time and washed before use by another child.
  - Remember that soft elements offer comfort and variety for children, so consider ways to include softness in the environment using items that are more durable and easily cleaned (e.g., soft mats and cushions as opposed to plush toys).
  - Provide containers for storing toys that children have put in their mouths after each use to be cleaned and sanitized.
  - For non-mobile infants, provide individual a mat, rug, or blanket for each child.
Program Planning

Daily Schedules and Routines

- Modify drop-off and pick-up procedures as needed.
  - Ideally, the same family member or designated person should drop off and pick up the child every day.

- Meal/Snack Times:
  - Consider staggering meal/snack times.
  - Consider having staff eat at separate times, so that they don’t remove their face coverings at the same time as children or other staff.
  - Space children as far apart as possible during meals and snacks, when face coverings are removed.
  - Consider having snack and meals outside.

- Nap Time:
  - Space children as far apart as possible, ideally at least 6 feet apart.
  - Arrange the head of each bed alternately, in opposite directions.

- Outdoor Time:
  - Weather permitting, schedule different times for each group.

Group Size and Ratios

- Group sizes should be cared for in the smallest primary groups possible, not exceed 12 children per classroom or space (see CCLD PIN 20–06–CCP: Social and Physical Distancing Guidance; https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2020/CCP/PIN_20-06-CCP.pdf).

- Maintain adequate staff:child ratios.
- Restrict mixing between groups.
- Child Care Centers:

<table>
<thead>
<tr>
<th>Age</th>
<th>Staff : Child Ratio</th>
<th>Group Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–18 months (infant)</td>
<td>1 : 4</td>
<td>12</td>
</tr>
<tr>
<td>18–36 months (toddler)</td>
<td>1 : 6</td>
<td>12</td>
</tr>
</tbody>
</table>
3 years-kindergarten entry (preschool) & kindergarten entry + school age | 1:10 | 12
0 to school age | 1:6 | 12

• Family Child Care Homes:
Small and large family child care homes may serve a total capacity of no more than 14, and group size may not exceed 12 children, unless more restrictive group sizes are required by state, federal or local authorities. (Over twelve children will require an additional staff or assistant to maintain group sizes of ten or fewer children.)

In other words, if there are more than 12 children in care, then the children need to be divided into two small groups and kept separate from the other group of children each day, to the greatest extent possible. It is important to keep the same children and teacher or staff with each group and include children from the same family within the same group, whenever possible.

<table>
<thead>
<tr>
<th>Family Child Care Homes</th>
<th>Required Ratios for Infants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Staff : Child Ratio</td>
</tr>
<tr>
<td>Infants only</td>
<td>1:4 Infant</td>
</tr>
<tr>
<td>No more than two infants when 6 children are present</td>
<td>1:6 (2 Infants + 4 children)</td>
</tr>
</tbody>
</table>

Primary Care
Children should be cared for in primary groups and mixing between primary groups should be restricted. If existing primary groups are reconfigured, assignments should take into consideration the following:

• Children, particularly infants and toddlers, should be kept with their attachment figures whenever possible.
• Siblings from the same household should be kept together whenever possible and if their respective developmental needs can be met.

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1 Primary care: a system in which each child is assigned to one special teacher who is principally responsible for that child’s care. Primary care works best when teachers team up, support each other, and provide a backup base for security for each other’s primary care children. Primary care does not mean exclusive care.

http://www.pitc.org/about
• Peer relationships should be maintained whenever possible.
• Developmental, individual, and family needs should be accommodated when possible.

Staff

Program leaders are encouraged to remember that staff may need additional support as programs prepare to reopen. Some staff members may be experiencing a variety of stressors, such as:
• Their own child care or elder care responsibilities
• Concerns about the health of family members or friends
• Fears about keeping program children (and themselves) healthy
• Questions about post shelter-in-place job responsibilities and priorities
• Financial hardship due to under- or unemployment during shelter-in-place
• Logistical challenges (e.g., commuting on public transportation)
• Feelings of loss, grief, depression, anxiety, anger, etc.

There may also be feelings of excitement and relief about returning to work. Program leaders are encouraged to provide adequate time and space for staff to check in with each other, become reacquainted with teaching teams, and reconnect with children and families. Additionally, program leaders should have ongoing conversations at regular meetings in order to provide guidance, encouragement, and support as needed.

Staff Training

Prior to reopening, staff should receive training on the following topics:
• Information on COVID-19, how to prevent it from spreading, and which underlying health conditions may make individuals more susceptible to contracting the virus
• Self-screening at home, including temperature and/or symptom checks following SFDPH Handout for Personnel guidance (https://www.sfcdcp.org/wp-content/uploads/2020/05/COVID19-Personnel-ScreeningV2-Handout-FINAL-5.15.2020.pdf see below for different languages)
• The importance of not coming to work if employees have a frequent cough, fever, difficulty breathing, chills, muscle pain, headache, sore throat, recent loss of taste or smell, or if they or someone they live with has been diagnosed with COVID-19.
- To seek medical attention if their symptoms become severe, including persistent pain or pressure in the chest, confusion, or bluish lips or face.
- The importance of frequent handwashing with soap and water, including scrubbing with soap for 20 seconds (or using a hand sanitizer with at least 60% ethanol or 70% isopropanol when a sink or handwashing station is not available, per CDC guidance for healthy hand hygiene behavior [https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#HandHygiene]).
- The importance of physical distancing, both at work and off work time (see Physical Distancing Guidelines, below).
- Proper use of facial coverings, including:
  - Facial coverings are required for staff, children 13 years and older, and members of the public (including family members).
  - Face coverings do not protect the wearer and are not personal protective equipment (PPE).
  - Face coverings can help protect people near the wearer, but do not replace the need for physical distancing and frequent handwashing.
  - Employees should wash or sanitize hands before and after using or adjusting face coverings.
  - Avoid touching the eyes, nose, and mouth.
  - Face coverings should be washed after each shift.

- Information on employer- or government-sponsored leave benefits the employee may be entitled to receive that would make it financially easier to stay at home.
- Intensified cleaning and disinfection efforts. Keeping objects and surfaces in a child care setting as clean and free of pathogens as possible requires a combination of:
  - Frequent cleaning; and
  - When necessary, an application of a sanitizer or disinfectant.

Facilities should follow a routine schedule of cleaning, sanitizing, and disinfecting.

Post Signage for Face Coverings
Cleaning, sanitizing and disinfecting products should not be used in close proximity to children, and adequate ventilation should be maintained during any cleaning, sanitizing or disinfecting procedure to prevent children and caregivers/teachers from inhaling potentially toxic fumes. Caring for Our Children (CFOC) sets national policy for cleaning, sanitizing and disinfection of educational facilities for children.

- New or revised program policies and job responsibilities
- How to teach healthy hygiene practices to children based on developmental and individual need

Give a copy of Handout for Personnel (Employees, Contractors, Volunteers) of Essential Business and Other Businesses Permitted to Operate During the Health Emergency (May 18, 2020) to Personnel who work in the City outside their household during this emergency.

Required Handout for Personnel of Essential Business and Other Businesses Permitted to Operate During the Health Emergency (SDFPH, Updated 5/15/2020) [Chinese] [Spanish] [Tagalog] [Vietnamese] [Russian]
Family Engagement/Education/Training/Communication

- Communicate with families about the program’s prevention and response plan (see below). A sample checklist for parents can be found: https://www.cdc.gov/coronavirus/2019-ncov/downloads/schools-checklist-parents.pdf
- Communicate with families about the risks associated with child care as required by the San Francisco Health Officer’s Directive 2020-14b (See Appendix A: Parent/Guardian Risk Acknowledgement & Appendix B: Sample Enrollment Agreement)
- Encourage children and families to take everyday preventive actions to stop the spread of germs (e.g., staying home when sick, practicing cough/sneeze etiquette, washing hands often).
- Gather and respond to input from families on their needs and concerns with respect to the program’s health and safety practices (as well as any other program practices).
- 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.
- Communication with families is always important, but especially important if children will be experiencing a change of primary caregiver. Remember that family members, not just children, develop relationships with their caregivers. Allow plenty of time and space for families (and staff) to understand, adjust to, and process these changes.

Post Signage on Facial Coverings and Social distancing.
Download posters here:

Site-Specific Health and Safety Plan

- Establish a written, site-specific Health and Safety plan (required by Health Officer’s Directive 2020-14b) at every location, including strategies to reduce the spread of COVID-19 and other infectious diseases (e.g., seasonal influenza), including:
  - Social distancing Protocol required by SDFPH (https://sf.gov/sites/default/files/2020-04/Social%20Distancing%20Protocol%20for%20Businesses%20%28fillable%29.pdf), based on feasibility given the unique space and needs of the program (see CDC guidance on social distancing: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#SocialDistancing)
    - Face coverings
    - Group sizes and ratios
    - Primary care
  - Train and communicate with employees and employee representatives on the plan.
  - Procedures for identifying and isolating children, staff, and visitors who arrive sick or become sick at the facility (see Drop-Off and Pick-Up, above)
  - Plans for monitoring and responding to child and staff absenteeism
    - Child and staff sick/sick leave policies
    - Staff coverage/substitutes
  - Procedures for hygiene and sanitation (see Cleaning and Disinfecting Protocols below)
  - Procedures for handling temporary program closure (e.g., continuation of meal programs and other services)
  - Strategies for identifying close contacts (within six feet or 15 minutes or more) of an infected employee, child, or family member and take steps to isolate COVID-19 positive individuals and close contacts
  - Ways to accommodate the needs of children, families, and staff who are at higher risk for serious illness from COVID-19
  - Protocols for two-way communication with staff, families, and local health officials, as appropriate, about:
    - Information about steps being taken by the program to prepare, and how additional information will be shared
• Emergent information about the pandemic, disease surveillance, response to exposure illnesses
• Reasons for child and staff absenteeism
• New or modified policies and practices (e.g., drop-off and pick-up procedures)

• Perform a comprehensive risk assessment of all work areas and designate a person at each site to implement the prevention and response plan.
  o Regularly evaluate the site for compliance with the plan and document and correct deficiencies identified.
  o Investigate any COVID-19 illness and determine if any work-related factors could have contributed to risk of infection. Update the plan as needed to prevent further cases.
  o Post contact information for the local health department for communicating information about COVID-19 outbreaks among employees, children, or families.

• Adhere to the guidelines below. Failure to do so could result in illnesses that may cause the program to be temporarily closed or limited.
Daily Operations After Reopening

Individual Control Measures and Screening

- Provide temperature and/or symptom screenings for all employees at the beginning of their shift and any vendors, contractors, or other visitors entering the site. Make sure the temperature/symptom screener avoids close contact with employees to the extent possible. Both screeners and employees should wear face coverings for the screening.
- If requiring self-screening at home, ensure that screening was performed prior to the employee leaving the home for their shift and follows CDC guidance, as described in the Staff Training section, above.
- Encourage employees who are sick or exhibiting symptoms of COVID-19 to stay home.
- Employers should provide and ensure employees use all required protective equipment, including face coverings and gloves where necessary.
- Face coverings are strongly recommended when employees are in the vicinity of others. Staff should have face coverings available and wear them when at work or in a vehicle during work-related travel with others. Face coverings must not be shared.
- Sites must take reasonable measures, including posting signage in strategic and highly visible locations, to remind family members and visitors that they should use face coverings and practice physical distancing when onsite.

Cleaning and Disinfecting Protocols

- Implement a cleaning and disinfecting schedule (see sample Caring for Our Children: Appendix K Please note cleaning for Machine Washable toys, dress up clothes should be cleaned before use by another child)
- Perform thorough cleaning in high-traffic areas including reception areas, break rooms, stairways, and handrails. Frequently disinfect commonly used surfaces including doors, door handles, crash bars, light switches, phones, toilets, and handwashing facilities.
- Clean touchable surfaces between shifts or between users, whichever is more frequent, including but not limited to work surfaces, phones, pens, touchpads/touchscreens, keyboards, appliances, kitchen appliances and tools, keys, etc.
• Avoid sharing audio equipment, phones, tablets, laptops, desks, pens, and other work supplies whenever possible. Never share PPE.

• Provide time for employees to implement cleaning practices during their shift or hire additional staff or services to perform cleaning protocols. Cleaning assignments should be assigned during working hours as part of the employees’ job duties.

• Ensure that handwashing and sanitizing stations always stay operational and stocked. Provide additional soap, paper towels, and hand sanitizer when needed.

• Increase fresh air circulation by opening windows or doors, if possible, to do so.

• Suspend use of shared food items such as serving dishes and utensils, pitchers, etc.

• Dirty linens such as bibs, sheets, and blankets should be removed after each use.

• Continue to follow existing codes regarding requirements for sanitizing (rather than disinfecting) food contact surfaces.

• Bleach solutions must be made fresh daily to remain effective.

⚠️ Physical Distancing Guidelines Apply to Adults

• Staff meetings and trainings should be conducted virtually or in areas that allow for appropriate physical distancing between individuals. Food and beverages should not be shared.

• Eliminate person-to-person contact for delivery of goods whenever possible. Designate drop-off locations to receive deliveries away from high-traffic areas. Maintain physical distance of at least six feet with delivery drivers.
Additional Resources

San Francisco Office of Early Care and Education (OECE):

- COVID-19 Information and Resources:
  https://sfoece.org/2020/03/18/covid-19-coronavirus-information-and-resources/

San Francisco Department of Public Health:

- Shelter in Place: What Does This Mean for Childcare Programs, K-12 Schools, and Universities in the Bay Area? (SFDPH, 5/8/2020):
- Face Coverings for Children in Public and in Programs for Youth (SFDPH, 5/3/2020):
- Information for COVID-19 Testing for Essential and Frontline Workers in San Francisco:
  https://sf.gov/get-tested-covid-19-citytestsf
- Flyer, Posters, Fact Sheets, and Social Media Graphics:
- Health and Safety Plan for Childcare Providers Template:
- Social Distancing Protocol for Businesses:
  (Spanish, Chinese, Vietnamese, Arabic)

Centers for Disease Control and Prevention

- CDC Child Care Decision Tree to assist directors and administrators in making (re)opening decisions during the COVID-19 pandemic
- Guidance for Schools and Childcare:
- Guidance for Child Care Programs that Remain Open
Appendix A: Parent/Guardian Risk Acknowledgement

Risk Acknowledgment by Parent/Legal Guardian

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 is free of risk. Enrolling a child in childcare 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, City and County of Department of Public Health San Francisco Health Officer Directive Health Officer Directive No. 2020-14 3 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, 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, 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.

___________________________________________  ____________________________
Signature of Parent/Legal Guardian            Date

___________________________________________
Name of Child/Children

June 26, 2020
Appendix B: Sample Enrollment Agreement

Child’s Name(s): ________________________________

Effective Start date: ____________________________

I have enrolled my child at ______________________ Child Care facility. I understand that the facility is making some changes to typical early care settings intended to keep everyone safe during this critical time. I commit to adhering to these enhanced health and safety protocols, and to any further enhancements to these protocols as they are made.

- I WILL immediately notify the facility if I, any member of my household, or anyone my household has been in close contact with:
  - A suspected or confirmed case of COVID-19 (for example – close contact at school, work, religious service, social gathering)
  - For medical professionals: If contact occurs while wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), that contact will NOT be considered close contact for purposes of this policy
- I WILL BE FAMILIAR WITH AND CONFORM TO ENHANCED PROTOCOLS. These include:
  - At both pick-up and drop-off, I will use the provided hand sanitizer or disinfectant wipe outside each classroom door to clean my hands and my child’s hands
  - I will not enter the classrooms at pick-up and drop-off. A teacher will accept my child into the classroom and bring my child to the classroom door when I arrive to pick up
  - I will wipe down any pens, thermometer, or sign in forms (if applicable) after checking my child in and out
  - I will pick up my child at the agreed time AND call the facility should there be a situation that requires me to be late and other arrangements have been made for pick up.
  - I will practice physical distancing and facial covering protocols when picking up or dropping off my child.

I also understand that The Department or Licensing Agency shall have the authority to interview children, or staff, and to inspect and audit child and facility records without prior consent. The facility shall make provisions for private interviews with any children or staff member; and for the examination of all records relating to the operation of the child care center. The Department has the authority to observe the physical condition of the children, including conditions that could indicate abuse, neglect, or inappropriate placement. (section 101200b and c)
San Francisco Department of Public Health Risk Acknowledgment

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.

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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 and agree to assume the risks to my child and my household. I also agree to follow all safety requirements that the childcare program imposes a condition of enrolling my child.

Signature of Parent or Guardian: ________________________________ Date: ____________

Signature of Parent or Guardian: ________________________________ Date: ____________