



State of California—Health and Human Services  
Agency  
**California Department of Public Health**



September 4, 2020

**TO:** All Californians

**SUBJECT:** Guidance Related to Cohorts - UPDATED September 4, 2020

This guidance applies to groups of children and youth in controlled, supervised, and indoor environments operated by local educational agencies, non profits, or other authorized providers, including, but not limited to, public and private schools; licensed and license-exempt child care settings; organized and supervised care environments, i.e., "distance learning hubs"; recreation programs; before and after school programs; youth groups; and day camps. **Guidance and directives related to schools, child care, day camps, youth sports, and institutions of higher education are not superseded by this document and still apply to those specified settings.**

**Purpose:** To provide guidance for necessary in-person child supervision and limited instruction, targeted support services, and facilitation of distance learning in small group environments for a specified subset of children and youth, and for those programs to understand the required health and safety practices needed to prevent the spread of COVID-19 in their settings.

## Definitions:

Cohort: a cohort is a stable group of no more than 14 children or youth and no more than two supervising adults (or a configuration of no more than 16 individuals total in the cohort) in a supervised environment in which supervising adults and children stay together for all activities (e.g., meals, recreation, etc.), and avoid contact with people outside of their group in the setting.

Supervising adult: an adult assigned to one cohort of children or youth, who does not physically interact with any other cohorts. This includes child care staff, certificated or classified school staff, volunteers, participating parent or caregiver, or other designated supervising adult(s).

Supervised care environment: an environment where multiple children or youth, from multiple families or households, are being supervised simultaneously by an adult. This includes, but is not limited to, licensed child care facilities, licensed exempt child care programs, supervised programs on a school site while a school is not in session or is providing curriculum in a distance-learning format, or where some educational services are being offered to a subgroup of students as identified by a local educational agency on a school campus.

## Considerations for Cohorts

Utilizing cohorts minimizes the number of people exposed if a COVID-19 case is identified in a child or youth attendee, provider, other instructional support provider, or staff member of a particular cohort.

Children or youth, attendees and adults in supervised care environments during the COVID-19 pandemic must be in groups as small as possible. This practice decreases opportunities for exposure to or transmission of the virus; facilitates more efficient contact tracing in the event of a positive case; and allows for targeted testing, quarantine, and isolation of a single cohort instead of an entire population of children or youth and supervising adults in the event of a positive case or cluster of cases.

While present at the supervised care environment, children or youth and supervising adults in one cohort must not physically interact with children or youth and supervising adults in other cohorts, other child facility staff, or parents of children or youth in other cohorts.

### *Cohort Size*

- Cohorts must be limited to no more than 14 children and youth and no more than two supervising adults, or a configuration of no more than 16 individuals total (children and youth or adults) in the cohort.

- Requirements for adult to child ratios continue to apply for licensed child care programs.
- Cohorts can be divided, as needed, into subgroups of children and youth from the same cohort, as long as the 14-to-2 ratio is not exceeded.
- The maximum cohort size applies to all children and youth in the cohort, even when all children are not participating at the same time. For example:
  - A cohort may not include 6 children or youth who attend full-time, 6 children on Mon/Wed/Fri, and 6 children on Tue/Thu (total of 18).
  - A cohort may not include 8 children or youth who attend for the entire day, 4 who attend mornings only, and 4 who attend afternoons only (total of 16).

#### *Cohort Mixing*

- Prevent interactions between cohorts, including interactions between staff assigned to different cohorts.
  - Assign children and youth who live together or carpool together to the same cohort, if possible.
  - Avoid moving children and youth from one cohort to another, unless needed for a child's overall safety and wellness.
  - Cohorts must be kept separate from one another for special activities such as art, music, and exercise. Stagger playground time and other activities so that no two cohorts are in the same place at the same time.
- The requirement to prevent interaction between cohorts can be met either by having each cohort in a separate room or space created by partitions.
- One-to-one specialized services can be provided to a child or youth by a support service provider that is not part of the child or youth's cohort.
- Specialized service includes but not limited to occupational therapy services, speech and language services, and other medical, behavioral services, or educational support services as part of a targeted intervention strategy.
- Services must be provided consistent with the industry guidance for Limited Services (PDF).

## **Considerations for Staff**

Supervising adults should be assigned to one cohort and must work solely with that cohort, unless serving children five years of age and younger in which case an adult may be assigned to no more than 2 cohorts. Avoid changing staff assignments to the extent practicable. Substitute providers who are covering for short-term staff absences are allowed but must only work with one cohort of children per day.

Meetings among the staff from different cohorts must be conducted remotely, outdoors, or in a large room in which all providers wear cloth face coverings and maintain at least 6 feet distance from other providers. Outdoor meetings and meetings in large rooms with the windows open are preferred over meetings in small rooms with windows closed.

## **Precautions and Considerations**

Physical distancing, in combination with the use of face coverings, decreases the risk of COVID-19 from respiratory droplets. Physical distancing between adults must be maintained as much as possible, and adults and students must use face coverings at all times, pursuant to the CDPH Schools Guidance regarding face coverings. Physical distancing between young children in the same cohort should be balanced with developmental and socio-emotional needs of this age group. Supervised care settings should follow applicable industry guidance on appropriate use of face coverings by children and youth.

See the CDPH Guidance on Schools and School Based Programs (PDF) and on Child Care (PDF) for additional considerations regarding, face masks, meals, cleaning, drop off and pick up and health screening.

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