GUIDELINES FOR THE PREVENTION, INVESTIGATION, AND CONTROL OF COVID-19 OUTBREAKS IN CHILD CARE SETTINGS

Wisconsin Department of Health Services | Division of Public Health
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INTRODUCTION
Background, Purpose, and Scope

COVID-19 is an illness caused by a type of coronavirus called SARS-CoV-2.\textsuperscript{1,2} Symptoms of COVID-19 include cough, fever or chills, shortness of breath or difficulty breathing, fatigue, muscle or body aches, sore throat, new loss of taste or smell, congestion or runny nose, nausea, vomiting, diarrhea, and headache.\textsuperscript{1} COVID-19 is easily transmitted from person to person in close contact through the respiratory droplets released by infected persons during coughing, sneezing, or even talking. The World Health Organization (WHO) declared the COVID-19 outbreak a global pandemic in March 2020. Prevention of COVID-19 includes frequent and thorough handwashing, properly covering coughs and sneezes, practicing physical distancing, staying at home when you are ill, and wearing a cloth face covering.\textsuperscript{1}

Outbreaks of respiratory illnesses are common in child care settings. Viruses that cause respiratory illnesses, including COVID-19, are typically transmitted from person to person (including between infants and children, child care providers, staff, parents, and visitors). Although at this time the incidence of COVID-19 appears to be lower in children, the possibility of an outbreak in a child care setting is real and must be addressed. This novel form of coronavirus can persist in the environment for hours to days depending on the surface, and, as a result, disinfection of the environment also plays a role in preventing transmission.

Measures can be taken to identify COVID-19 outbreaks early by recognizing typical symptoms of illness, and can be controlled by promptly implementing aggressive infection prevention and control measures to prevent environmental or person-to-person transmission. When appropriate prevention and control measures are not implemented immediately, outbreaks can continue to cause illnesses and spread throughout a facility and to close contacts of those who are ill, leading to hospitalization in some cases.

Purpose of this Guidance Document

This guidance was developed to assist child care facility staff and local health departments in preventing, investigating, and controlling outbreaks of COVID-19 in child care facilities. The guidance includes multiple tools and resources that can be used by child care facility staff.

Child care facilities should also carefully review the available prevention and planning guidance in full from the following sources and implement as many prevention strategies as possible for the facility:

- The Wisconsin Department of Children and Families (DCF) has provided several guidance documents for child care programs who will be reopening and operating, to preserve the health and safety of children, their families, and our child care workers.
• The Centers for Disease Control and Prevention (CDC) has comprehensive recommendations for the prevention of COVID-19 transmission in the child care setting.

Because the status of child care facility operations varies across public health jurisdictions and counties in the state, child care facilities should review state and local public health orders for any guidance or restrictions on child care operations applicable to their facility.

This guidance is designed to apply to a broad range of child care programs, including:

• Family child care programs, also known as home-based child care
• Group child care programs
• Certified child care programs
• Private child care centers
• Day camps for children
• Temporary child care centers operated by municipalities for the children of essential service providers, such as first responders, healthcare workers, transit workers, and other industries where a parent cannot stay home
• Child care centers that partner with healthcare facilities to support healthcare workers who need child care
• Note: Pre-K (Pre-kindergarten) programs and Head Start and Early Head Start programs should also consult the DHS Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin since these programs may combine elements of both child care facilities and schools.

Notes on Language:

• We understand that children have a variety of caregivers, including parents, step-parents, guardians, grandparents, nannies, etc. For purposes of this guidance and the ease/flow in reading, the term “parents” will be used with the intention that all types of child caregivers are included in this single reference.
• Additionally, in this document, the term “local health department” refers to local and tribal health departments.
• The term “child care facility” is used in this document to refer to the child care program as an operation, the program director and/or staff, and the physical environment where the child care takes place, whether it be at a child care center, a private residence, or other building.
• The term “groups” will be used throughout this document to refer to the subgroups of children in the child care setting which may also be known as pods, groups, or cohorts.

How This Document Was Developed

The Wisconsin Department of Health Services, Division of Public Health (DPH), Bureau of Communicable Diseases developed these recommendations with input from multiple sources,
including the Wisconsin Department of Children and Families (DCF), a review of available literature, and guidance from the U.S. Centers for Disease Control and Prevention (CDC). More detailed guidance on the reopening of child care facilities and specific infection prevention recommendations for facilities to implement can be found on the CDC, DCF, and DHS websites.

These recommendations are not exhaustive and implementation of all strategies and measures may not be appropriate or feasible in all situations and child care environments. Facility-level assessment of the situation should be made by local health departments in consultation with the child care facility, regional licensing specialists from DCF, county/tribal certifiers, and epidemiologists at DPH, as appropriate. Intervention and control measures should be based on the most recent guidance available from local, state, and federal public health and regulatory authorities. This guidance does not supersede applicable federal, state, and local laws and policies for child care programs. This guidance is subject to change as more is learned about COVID-19 epidemiology, risk factors, and effective control measures.

How to Use This Guidance Document

For Child Care Facilities
- Review Part 1 carefully and implement as many outbreak prevention measures as possible.
- Have a plan in place for how the facility will respond to cases or outbreaks of COVID-19 in the facility, ideally before a case is identified.
- Print copies of key resource documents to have on hand for quick reference.
  - Outbreak Investigation and Control Checklist for Child Care Facilities (p. 60)
  - Cleaning Schedule and Checklist for Child Care Facilities: Routine Cleaning and Deep Cleaning (p. 79)
  - COVID-19 Return to School or Child Care Table: Determining When a Student, Child Care Attendee, or Staff Member can Return to School or Child Care (p. 68)
  - Illness Log / Line List Template (p. 64)

For Local Health Departments
- Become familiar with the best practices presented in Part 1: Outbreak Prevention Measures in the Child Care Facility to understand infection prevention and control recommendations presented to child care facilities.
- Work closely with child care facilities to determine who will be responsible for carrying out specific steps in an outbreak investigation.

About COVID-19
People with COVID-19 have a range of symptoms, from mild symptoms to no symptoms to people being severely ill and dying. Symptoms of COVID-19 may include cough (new onset or worsening of
chronic cough), shortness of breath, fever, chills, sore throat, runny nose, nasal congestion, muscle pain, headache, or new loss of taste or smell. Some people may also experience fatigue or gastrointestinal symptoms such as nausea, vomiting, diarrhea, or abdominal pain. Not everyone with COVID-19 has all of these symptoms and for many, symptoms are mild, with no fever. Symptoms of COVID-19 may appear in as few as two days or as long as 14 days (median 4-5 days) after exposure to the virus or someone who has COVID-19.³

Some people with COVID-19 have no symptoms at all. Asymptomatic people (people without symptoms) are just as capable of transmitting the virus to other people as those with symptoms and can act as “silent spreaders” within a facility, which is why child care facility operators must remain vigilant for any illnesses in their facility that could be COVID-19 and respond immediately to prevent spread.⁴

COVID-19 infection appears differently in children and adults (Table 1). The majority of children infected with COVID-19 experience milder illness,⁵ have fewer symptoms,⁶-¹¹ and may be less likely to experience symptoms of fever, cough, and shortness of breath as compared to adults.¹⁰ Relatively few children with COVID-19 are hospitalized. While COVID-19 infection in children is generally mild, infants in particular can experience more severe illness.¹², ¹³ A very small percentage of children seem to have a delayed reaction to being infected with the novel coronavirus, now referred to as Multisystem Inflammatory Syndrome in Children (MIS-C) by the CDC.¹⁴

**Table 1. Comparison of COVID-19 Infection Characteristics between Children and Adults⁶, ¹⁶, ¹⁷**

<table>
<thead>
<tr>
<th></th>
<th>Children</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Symptoms</strong></td>
<td>Cold-like symptoms (fever, runny nose, cough), difficulty taking deep breaths, vomiting, diarrhea</td>
<td>Cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, new loss of taste or smell</td>
</tr>
<tr>
<td><strong>Symptom Severity</strong></td>
<td>Most illnesses mild or asymptomatic infections; rarely multisystem inflammatory syndrome in children.</td>
<td>Mild to severe symptoms; older adults and people with severe underlying medical conditions seem to be at higher risk for developing more serious complications.</td>
</tr>
<tr>
<td><strong>Onset of Infectiousness</strong></td>
<td>Two days before symptom onset</td>
<td></td>
</tr>
<tr>
<td><strong>Duration of infectiousness</strong></td>
<td>Children and adults are considered infectious for 10 days after symptom onset or positive test result (if asymptomatic)</td>
<td></td>
</tr>
<tr>
<td><strong>Duration of Illness</strong></td>
<td>Mild cases typically recover within 2 weeks; severe or critical cases may take 3 to 6 weeks to recover</td>
<td></td>
</tr>
</tbody>
</table>

Preliminary studies suggest that approximately 20% of COVID-19 cases in children are asymptomatic.⁵, ¹⁵ Because children are more likely to have mild or no symptoms, they may play an important role in...
covert COVID-19 transmission.\textsuperscript{10} Adults of all ages that care for children in the child care setting are at higher risk of infection, particularly in caregivers with underlying medical conditions.
PART 1:
Outbreak Prevention Measures in the Child Care Facility

Regardless of the level of transmission in a community, every child care program should have a plan in place to protect staff, children, and their families from the introduction of COVID-19 into the facility as well as the spread of COVID-19 within the facility. Prevention of COVID-19 includes frequent and thorough handwashing, properly covering coughs and sneezes, practicing physical distancing, staying at home when you are ill, wearing a cloth face covering, and cleaning and disinfecting the environment.

List of Key Resources:

- COVID-19 Disease Activity Level (DHS website)
- DHS Daily COVID-19 Health Screening Checklist for Children (p. 87) (portrait and landscape versions)
- DHS Daily COVID-19 Health Screening Checklist for Staff Members (p. 89)
- DHS At-Home COVID-19 Health Screening Instructions and FAQs for Parents and Guardians (p. 90)
- COVID-19 Return to School or Child Care Table: Determining When a Student, Child Care Attendee, or Staff Member can Return to School or Child Care (p. 68)
- Cleaning Schedule and Checklist for Child Care Facilities (p. 79)

A. Policies, Plans, and Systems to Prevent and Respond to COVID-19 in Child Care Facilities

Health Screening at Entry

CDC and DHS recommend that child care providers implement a system of health screening each morning before a child or staff member is allowed to enter the facility. Screening for COVID-19 symptoms upon facility entry can reduce the chances of introducing the virus into your facility from symptomatic individuals.

Facilities may consider several methods of temperature and symptom screening. The most protective methods incorporate physical distancing (maintaining a distance of 6 feet from others) or physical barriers to eliminate or minimize exposures due to close contact to a child or staff member who has symptoms during screening. Refer to the CDC website for descriptions and detailed instructions for three example screening methods including: 1) Reliance on Physical Distancing, 2) Reliance on Barrier/Partition Controls, and 3) Reliance on Personal Protective Equipment (PPE).
DHS has created health screening checklists that facilities can use to screen child care attendees (p. 87) and staff members (p. 89) to determine when someone should not be allowed to enter the facility. The checklists list COVID-19 symptoms to screen for before allowing children and staff into the facility as well as questions about exposure to people diagnosed with COVID-19. An additional handout for parents that describes the health screening process and provides instructions for how to perform an at-home “pre-screen” of their child before sending them to child care is also available in the resources section of this document (p. 90).

Facilities may take an indirect or direct in-person approach to health screening. Regardless of the approach chosen, the list of screening questions asked each day should be standardized, the screening should be conducted in the same way each day, and the same tools should be used. Staff must be trained in how to properly perform the screening to ensure standardization of the process and parents should be instructed on when their child should not attend child care.

Indirect Health Screening Approach
An indirect health screening approach relies on parents to assess temperature and symptoms at home before arrival and to have staff complete daily screening questionnaires. Parents should affirm upon arrival that the child does not have a fever (≥100.4°F) or any symptoms of COVID-19. Parents should also be asked if their child has been exposed to someone with COVID-19 in the last 14 days. Staff can ask these questions of parents/guardians in person or can develop a reporting tool such as an online survey that can be completed each morning by the parent before bringing their child to the facility. The indirect approach:

- Allows for some degree of screening when PPE and/or thermometers are in short supply.
- May be more feasible in larger centers than a direct screening approach.
- Does rely on parent honesty and ability to measure temperature accurately at home.

Direct In-Person Health Screening Approach
Facilities that implement in-person health screening must take precautions, including providing proper personal protective equipment (PPE) to protect the screener and/or instituting combinations of physical barriers or distance safeguards (physical distancing) and PPE to protect the screener. If physical distancing or barrier/partition controls cannot be implemented during screening, PPE can be used when within 6 feet of a child. However, reliance on PPE alone is a less effective control and more difficult to implement, given PPE shortages and training requirements.

If a facility chooses to rely solely on using PPE for direct screening, staff performing the screenings must be trained in how to properly put on and take off PPE and the facility must have enough PPE for all staff performing the screenings. Proper PPE includes disposable gloves, a facemask, and eye protection (goggles or disposable face shield that fully covers the front and sides of the face). A gown
could be considered if extensive contact with a child is anticipated. The CDC has recommended sequences for putting on and taking off PPE on their website. The direct approach:

- Relies on availability of PPE and materials to build partitions.
- Is more likely to identify symptomatic and/or feverish individuals than indirect approach
- Requires proper training of staff.
- May take longer to complete if using a thermometer that requires contact.

DPH recommends that child care programs conducting temperature screenings upon arrival use only a “non-touch” (infrared) thermometer to take children’s temperature. If programs use a thermometer that touches the child (under the tongue or arm, forehead, etc.), staff should only check temperatures if they suspect a fever, and they should properly disinfect the thermometer with isopropyl alcohol between each person.

**Additional Screening Questions**
As part of the health screening process, children and staff should also be asked about any potential recent exposures to individuals with COVID-19. People who have someone in their household with COVID-19 cannot attend or work at child care until they have successfully completed their quarantine period.

**Consideration of Local COVID-19 Activity Levels**
In areas where community transmission is high, health screening may be more valuable than in areas of low community transmission. In areas where community transmission of COVID-19 is low, health screenings may be more likely to identify other childhood diseases or pre-existing conditions.

Child care programs may consult their local health department (or consult the DHS Disease Activity by Region and County website) as to the level of community transmission and how it should affect their screening practices. Direct in-person screening is strongly encouraged in areas of high community transmission or in the case of a facility outbreak when feasible. In areas with low community transmission, an indirect health screening approach may be sufficient. Because it is difficult to maintain physical distancing among young children, direct screening adds another layer of protection.

**When to Send Home an Ill Child or Staff Member**
Children and staff members should be asked to stay home or return home if any of the following applies:

- If they have tested positive for COVID-19, with or without having symptoms, and their isolation period (per public health guidelines) has not been completed.
- If they have come in close contact with anyone who has COVID-19 in the last 2 weeks (they should be at home in quarantine; see definition of Close Contact on p. 33).
Note that if a household member of an in-home provider (family child care provider) tests positive for COVID-19, they must isolate in a separate bedroom with separate bathroom and have no interaction with any environment shared with program children or staff during their isolation period. The provider would also be considered a close contact (see definition on p. 33) and would need to quarantine at home. The provider should temporarily close for the duration of their quarantine period, which is determined by local public health, and should not provide child care during their quarantine period.

Child care program staff should use the following criteria to identify if an individual is showing or reporting symptoms of COVID-19. These criteria include clinical signs that may suggest symptoms of COVID-19 in infants, although these are not included in CDC’s list of COVID-19 symptoms. When in doubt, if a symptom is due to a pre-existing medical condition, refer to the individual’s health history form or consult the parent. Symptoms that are “new and different” from what a child normally has are cause for concern. See the resource, At-Home COVID-19 Health Screening Instructions and FAQs for Parents and Guardians (p. 90), for more information on evaluating whether a symptom is “new and different.”

An individual should be sent home to self-isolate if, in the last 24 hours, they have had:

At least two of the following symptoms:
- fever (measured or subjective)*
- chills
- rigors (shivering associated with chills/fever)
- myalgia (muscle/body aches)
- headache
- sore throat
- nausea (feeling sick to stomach) or vomiting*
- diarrhea*
- fatigue (being very tired; infants may appear lethargic)
- congestion (stuffy nose) or runny nose
- poor eating/feeding (in infants)
- extreme fussiness (in infants)

OR

Any one of the following symptoms:
- cough
- shortness of breath
- difficulty breathing
- new olfactory disorder (e.g., loss of smell)
- new taste disorder (e.g., loss of taste)

*Any individual with fever, vomiting, or diarrhea should not attend or work at child care with any one of these symptoms and should be sent home immediately. Since fever, vomiting, and diarrhea can also be COVID-19 symptoms, they are included in the list.

NOTE: See the section, Exclude Ill Children and Staff (p. 37) in Part 2 for guidance on what to do if a facility needs to send a child or staff home due to illness.
Safe Drop-Off and Pick-Up

Develop and implement a protocol for safe parent drop-off and pick-up

The following considerations should be addressed:

- Quarantined parents (contacts of cases) should not drop off or pick up the child from child care.
- Remind staff and parents of the importance of physical distancing measures.
- Stagger arrival and pick-up times to avoid a large number of people congregating in the drop-off/pick-up area.
- To the extent possible, have child care providers greet children outside as they arrive to prevent parents from having to enter the building. Curbside drop-off and pick-up should limit direct contact between parents and staff members and adhere to physical distancing.
- Parents, staff, and children aged 2 years and older who are able to properly and safely wear and remove a cloth face covering should wear one.
- Designate a staff member within each classroom (or area) to be the drop-off/pick-up volunteer to walk all children to their classroom at the beginning and end of the day.
- Infants can be transported in their car seats. Store car seat out of children’s reach.
- Ideally, the same person should drop off and pick up the child every day. If possible, older people (e.g., grandparents) or those with serious underlying medical conditions should not pick up children because they are more at risk for severe illness from COVID-19.
- Set up hand hygiene stations at the entrance of the facility, so that children can wash their hands after passing the health screening checkpoint but before they enter program areas. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol. Keep hand sanitizer out of young children’s reach and supervise use; hand sanitizer can be toxic to children.

Parent Check-In

- Where possible, place sign-in/check-in stations outside or in an area where families can maintain physical distancing while waiting.
- Where possible, have the staff member conduct the sign in and sign out so that parents are not touching papers, pens, clipboards, tablets, keyboards, etc. If tablets or keyboards are used by multiple staff, they should be disinfected between each use.
- If sign-in is not electronic, provide hand sanitizer containing at least 60% alcohol for parents to use before signing in and after signing out. Pens should not be shared. Parents should use their own pen when signing in.
- If check-in is electronic, provide alcohol wipes and frequently clean the screens or keyboards.
Facility Access and Attendance

Limit Access to Your Program
- Cancel the use of volunteers and restrict nonessential visitors from entering the facility.
- Establish drop-off/pick-up procedures that limit parents from entering the building or minimize time they are inside the building.
- People should avoid visiting child care facilities (including dropping off or picking up children) if they:
  - Have COVID-19 or symptoms of COVID-19
  - Have been in close contact with someone confirmed or suspected of having COVID-19 in the last 14 days
  - Are at higher risk of getting COVID-19 or having more severe disease.

Require Sick Children and Staff to Stay Home
- Do not let children and staff who arrive with fever or symptoms of COVID-19 into the facility. Send them home immediately and recommend isolation and testing.
- Communicate to parents the importance of keeping children home when they are sick.
- Communicate to staff the importance of being vigilant for symptoms in children and in staff and notifying facility management if or when they suspect an illness.
- Establish procedures to ensure children and staff who become sick at the child care facility are isolated away from well persons and sent home as soon as possible.
- Refer to the DHS resource COVID-19 Return to School or Child Care Table (p. 68) to determine when an ill child or staff member can safely return to the child care program. This chart summarizes public health exclusion requirements for COVID-19 as well as other diseases.

Support Flexible Attendance for Children
- Review attendance and sick leave policies and communicate them to families.
- Encourage families and staff to communicate regularly with the child care program in regard to their child’s attendance.
- Ask parents and staff to report the reason for their child’s absence. If a child or staff member is ill, record their symptoms and onset date in the Illness Log / Line List (p. 64) to monitor absenteeism.
- Remember that some children may need to be quarantined for 14 days or longer if a member of their household or another contact has COVID-19.
- Alert local health officials about large increases in child or staff absenteeism, particularly if absences appear due to respiratory illnesses (like the common cold or the “flu,” which have symptoms similar to symptoms of COVID-19).
- Parents of children at increased risk for severe illness should discuss with their health care provider whether those children should stay home in case of program-based cases or community spread.
Offer Flexible Leave Policies and Illness Prevention Practices for Staff

- Ensure that a clear, fair, and safe policy on workers with illness is in place, and identify and remove barriers to absence due to illness or caring for a sick family member.
- Consider developing a sick leave policy that provides compensation or other non-punitive approaches to encourage self-reporting of ill staff and appropriate exclusion. The policy should clearly outline staff responsibilities for when and how to inform management of illness so appropriate isolation measures can be instituted. Exclusion of ill staff is an essential transmission control strategy.
- Staff at increased risk for severe illness should have a plan to stay home if there are program-based cases or community spread.
- Staff who have pre-existing medical conditions that put them at risk of more severe disease should be allowed to wear PPE and should consider removing themselves from the program or changing work duties to those that don’t involve close contact with children or staff to decrease their risk, if possible.
- Ensure all employees are educated about relevant policies.

Cleaning and Disinfection in the Child Care Facility

The virus that causes COVID-19 is easily killed by common household disinfectants. The virus is believed to survive several hours to days in the environment depending on the surface. The terms cleaning, sanitizing, and disinfecting are sometimes used interchangeably, which can lead to confusion and result in cleaning procedures that are not effective (see Table 2 for definitions). For example, if a diaper changing or table surface is visibly dirty, clean it with detergent and water before spraying the surface with a sanitizer or disinfectant. Using a sanitizer or disinfectant as this “first step” is not effective because the purpose of the solution is to either sanitize or disinfect. The EPA registration label on the cleaning product will describe the product as a cleaner, sanitizer, or disinfectant (21). Cleaning of visibly dirty surfaces with soap and water followed by disinfection is the best way to prevent spread of COVID-19 and other viral respiratory illnesses (22).

Table 2. Differences between cleaning, sanitizing, and disinfecting.

<table>
<thead>
<tr>
<th>Task</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean</td>
<td>To remove dirt and debris by scrubbing and washing with a detergent solution and rinsing with water. The friction of cleaning removes most germs and exposes any remaining germs to the effects of a sanitizer or disinfectant used later.</td>
</tr>
<tr>
<td>Sanitize</td>
<td>To reduce germs on inanimate surfaces.</td>
</tr>
<tr>
<td>Disinfect</td>
<td>To destroy or inactivate most germs on any inanimate object.</td>
</tr>
</tbody>
</table>

Assess Handwashing, Cleaning, and Disinfection Supply Inventory

Plan ahead to ensure adequate supplies for hand washing and routine cleaning of objects and surfaces, including personal protective equipment (PPE). There will be an increased need for support (e.g., waste management, cleaning, and disinfecting) as well as the increased consumption of some materials (e.g.,
paper towels, hand soap, PPE). Estimate the quantities of essential materials and equipment that would be needed in the event of an outbreak. Maintain and monitor supply inventory to avoid running out of supplies.

Select appropriate disinfection products

- Diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective for disinfection. See List N: Disinfectants for Use Against SARS-CoV-2. Follow the manufacturer’s instructions for all products (e.g., concentration, application method, and contact time, etc.).

- Per DCF, child care facilities are encouraged to avoid the use of quaternary ammonia sanitizers and disinfectants. “Quats” are asthmagens can trigger asthma and irritate the skin. Visit this [EPA website](https://www.epa.gov) and select “Quaternary ammonium” from the drop-down list to identify products containing quaternary ammonium.

- Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer’s instructions for application and proper ventilation. Check to ensure the product is not past its expiration date and assure you are using the regular kind of bleach and not the scented or “Splash-Less” varieties, which do not disinfect. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted (see callout box on right).

- Child care facilities must have a Material Safety Data Sheet (MSDS) for each chemical used in the facility.

Ordering cleaning supplies

- If you need immediate supplies and resources, please first check your local community retailers.

- If supplies are difficult to obtain, contact your local Wisconsin Child Care Resource and Referral (CC&R) Agency to inquire about service organizations that may have additional resources. The Supporting Families Together Association includes links to the each of the eight Wisconsin regional CC&R agencies.

- If you still cannot locate what you need, contact 2-1-1 Wisconsin. 2-1-1 Wisconsin can help connect you with resources in your local community.

- If you still cannot find what you need, please contact DCF at [dcfmbcovid19@wisconsin.gov](mailto:dcfmbcovid19@wisconsin.gov) and provide your contact information and a general idea of your needs. DCF is working with the Federal Emergency Management Agency (FEMA) to secure supplies in the event of wide scale shortages.

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### Prepare a bleach solution by mixing either:

1. 5 tablespoons (1/3 cup) of 5.25%-8.25% sodium hypochlorite bleach per gallon of room temperature water

2. 4 teaspoons of 5.25%-8.25% sodium hypochlorite bleach per quart of room temperature water.

Bleach solutions will be effective for disinfection up to 24 hours.

*Source: Centers for Disease Control and Prevention*
Develop or Adopt Pandemic-Specific Cleaning & Disinfection Protocols

Routine Cleaning

During the COVID-19 pandemic, child care facilities should intensify their routine cleaning and disinfection practices.

- Review CDC recommendations on pandemic-specific cleaning and disinfection for child care facilities, including diaper changing areas and bathroom facilities, toys and other items, and identify potential gaps in practices.
- Observe current cleaning procedures to identify potential issues (e.g., overlooking high-risk surfaces, mixing clean and dirty toys, bedding, etc.).
- Identify high-risk surfaces (e.g., surfaces with frequent hand contact, food preparation surfaces, common play equipment) that would need frequent cleaning and disinfection.
- Surfaces and objects that are considered “high touch” include those that are stationary (e.g., doorknobs, light switches, classroom sink handles, countertops, cubbies) as well as those that are movable (e.g., toilet training potties, desks, and chairs) should be regularly cleaned and disinfected. Objects/surfaces that are frequently touched or used by multiple people should be cleaned more frequently than those rarely encountered.
- Maintain a printed schedule of cleaning tasks, including space for documenting dates and times of when cleaning was completed and by whom. This allows for consistency and verification that the cleaning was performed. DHS and DCF have developed a Cleaning Schedule and Checklist for Child Care Facilities (p. 79) for you to adapt to your facility that includes recommended frequencies of routine cleaning during the COVID-19 pandemic.
- In addition to a routine cleaning schedule, child care facilities should develop a protocol for “deep cleaning” of the facility in the event of a person with COVID-19 attending/working while infectious or in response to an outbreak (see the section on Deep Cleaning and Disinfection of Affected Areas of the Facility, p. 44).

Always use disinfectants in a well-ventilated space. Extensive use of disinfectant products should be done when children are not present, and the facility thoroughly aired out before children return. Cleaning products should not be used around children and should be secure and stored out of reach of children. Spot cleaning and disinfecting of frequently touched or soiled areas should be carried out regularly throughout the day, even when children are present.

Cleaning Toys

- Temporarily remove toys that are not easily cleanable (e.g., stuffed animals, pillows, etc.). Rotate toys that are out at any one time so that they can be adequately cleaned and sanitized. Toys that cannot be cleaned and sanitized should not be used.
• Set aside toys that children have placed in their mouths or that are otherwise contaminated by body fluids until they are cleaned by hand by a person wearing gloves and eye protection. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air-dry. You may also clean in a mechanical dishwasher. Be mindful of items more likely to be placed in a child’s mouth, like play food and dishes.

• Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be laundered before being used by another child.

• Do not share toys between groups unless they are washed and sanitized before being moved from one group to the other.

• Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for “soiled toys.” Keep dish pan and water out of reach from children to prevent risk of drowning. Washing with warm, soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.

• Children’s books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.

**Linens, Clothing, and Other Items That Can be Laundered**

• Use bedding (sheets, pillows, blankets, etc.) that can be washed. Keep each child’s bedding separate, and consider storing in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child. Bedding that touches a child’s skin should be cleaned weekly or before use by another child.

• Ensure laundry personnel are made aware of the potentially infected linen and are provided with appropriate PPE.

• Do not shake dirty laundry; this minimizes the possibility of spreading virus through the air.

• Wash items as appropriate in accordance with the manufacturer’s instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people’s items.

• Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.

• If parents are asked to launder bedding or other items, educate them to keep items to launder bagged until being laundered, not to shake dirty laundry, and to launder items using the warmest appropriate water setting for the items and dry items completely. Parents should practice good hand hygiene after handling dirty laundry.

**Outdoor Surfaces**

• Outdoor areas, like playgrounds in schools and parks, generally require normal routine cleaning, but do not require disinfection.
• Do not spray disinfectant on outdoor playgrounds – it is not an efficient use of supplies and is not proven to reduce risk of COVID-19 to the public.

• High touch surfaces made of plastic or metal, such as grab bars and railings should be cleaned routinely.

• Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.

Prepare for When Someone Becomes Sick

Have a plan developed and ready to implement if someone becomes sick at the facility.

• Establish procedures to ensure children and staff who become sick while at your facility are isolated away from well persons and sent home as soon as possible. Remind parents to update their emergency contact information regularly.

• When feasible, identify and set up an isolation room or area (such as a cot in a corner of the classroom) that can be used to isolate a sick individual until they can leave the facility. If the program has a health office onsite, consider using the health office for children with flu-like symptoms and a satellite location for first aid or medication distribution. Additional information about isolation in related settings can be found here: isolation at home and isolation in healthcare settings.

  o If a child becomes ill while at the facility, isolate them from others in the designated isolation room/area until they go home. Place a surgical mask or cloth face covering (if age appropriate) on a child with respiratory symptoms as soon as possible after moving them to the sick room. Have staff with personal protective equipment available to supervise an isolated child while maintaining physical distancing as much as possible.

  o Review home isolation instructions and provide them to parents to reduce transmission in the home. Recommend ill children and staff be tested for COVID-19. Let parents know that when child is at home, the family should try to keep as much separation between the child and any sick household members. Emphasize the importance of good prevention hygiene for all.

  o Clean and disinfect surfaces in the isolation area after the sick child has gone home.

• If any household member of a family residing in an in-home child care setting tests positive for COVID-19, they must not share a bathroom or any environment with children or staff attending the program during their isolation period. Additionally, the provider would likely be considered a close contact (see definition of close contact on p. 33) and would need to quarantine at home. The provider should temporarily close for the duration of their quarantine period, which is determined by local public health, and should not provide child care during their quarantine period.

• Be ready to follow CDC guidance on how to disinfect your building or facility on a broader scale if a case of COVID-19 is identified in your facility.
• Ill staff should go home immediately after notifying the facility director. Review home isolation instructions and provide them to staff to reduce transmission in the home. If the staff member meets the symptom criteria for COVID-19, recommend the staff member be tested for COVID-19.

• Review and become familiar with the DHS criteria for when children and staff can return to child care after an illness or a positive test (p. 68).

**Staffing Plans if Staff Become Ill or are Required to Quarantine**

Evaluate staffing plans to have adequate staff to cover if current staff become ill or are required to quarantine.

• Develop a contingency staffing plan that identifies the minimum staffing needs and prioritizes critical and nonessential services.

• Identify critical job functions and positions, and plan for alternative coverage by cross-training staff.

• Review the availability of substitute staff should regular staff become ill so as not to exceed the facility’s regulated capacity. Substitute caregivers should be carefully screened for COVID-19 symptoms and exposure to people with COVID-19 in the past 14 days before being allowed into the facility.

• In the event of an outbreak where staff may need to be quarantined for long periods of time, facilities should have plans for maintaining appropriate staff to child ratios as required by law and to meet the needs of the program (i.e., directors, teachers, cooks, drivers).

• Determine what level of staff absenteeism will disrupt continuity of providing adequate care for children.

• Whenever possible, do not mix groups of children to address a staffing shortage because this could spread disease between groups. If possible, avoid shifting teachers to different areas or having them cover multiple rooms to address a staffing shortage.

**Learn how to talk with children about COVID-19**

CDC has created recommendations to help adults have conversations with children about COVID-19 and ways they can avoid getting and spreading the disease. Children may worry about themselves, their family, and friends getting ill with COVID-19. Parents, family members, school staff, and other trusted adults can play an important role in helping children make sense of what they hear in a way that is honest, accurate, and minimizes anxiety or fear.

**Training Staff**

**Train Staff on Proper Use of Personal Protective Equipment (PPE)**

• Develop policies for worker protection and provide training to all cleaning staff on site prior to delegating cleaning tasks. Educate workers on how to understand and follow developed cleaning schedules and note when tasks are accomplished.
• Educate workers performing cleaning, laundry, and trash pick-up to recognize the symptoms of COVID-19. Provide instructions on what to do if they develop symptoms within 14 days after their last possible exposure to the virus.


• Train workers on when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE. The DHS website offers recommendations for PPE in various settings, includes training videos on how to properly put on and remove PPE, and provides fact sheets and links to other resources.

• Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash if possible. Gloves and gowns should be compatible with the disinfectant products being used. Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.

• Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to clean hands after removing gloves.

• Gloves should be removed after cleaning a room or area occupied by ill persons. Clean hands immediately after gloves are removed.

• Cleaning staff should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures to their supervisor.

• Cleaning staff and other adults in the program should clean hands often, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

Train All Staff on Health and Safety Policies and Procedures

Provide information to staff (e.g., in-services, notices, posters) to reinforce facility policy regarding proper hand hygiene. Ensure that staff:

• Have adequate access to handwashing stations and supplies.

• Are properly trained in how to safely conduct health screening, how to effectively clean and disinfect toys, bedding, surfaces, and other environments.

• Know how to properly put on and take off PPE.

• Understand facility policies related to wearing of cloth face coverings and how to maintain physical distancing among those to whom they are providing care.
• Are trained to recognize symptoms of illness in children under their care and in themselves and how to respond and who to notify. Maintain written protocols in a location where staff know how to access them.

**Develop Communication Plans**

Have plans for regular communication with local public health and regulatory authorities.

- Ensure that contact information for the local health department, your regional DCF licensing specialist, and other key health care partners is readily available.
- Post the local health department or health officer’s telephone number in a visible location in the facility to aid in reporting a cluster of illnesses.
- Identify a specific individual to serve as the main point of contact for communications in the event of an outbreak.

**B. Promoting Healthy Behaviors in Child Care Facilities**

**Promote Good Hygiene**

Post signs on how to stop the spread of COVID-19, properly wash hands, promote everyday protective measures, and properly wear a face covering. [Posters, signs, and fact sheets](#) are available to print.

**Wash Hands Often**

- Teach children how to properly wash hands and supervise children under age 6 during handwashing. Sing the “Happy Birthday Song” twice in a row while children wash their hands to demonstrate the 20 seconds of handwashing recommended. See the [handwashing poster](#) located on the DHS website (available in five languages).
- Ensure children and staff wash their hands:
  - Upon arrival to the program.
  - Before meals and snacks.
  - After outdoor play.
  - After using the bathroom (or after diapering).
  - Prior to going home.
  - After nose blowing or assisting a child with blowing their nose, coughing, or sneezing.
- Additionally, ensure staff wash their hands at other key times, including:
  - After assisting a child with any of the above activities.
  - Before eating, food preparation, and feeding (especially bottles).
  - Before and after providing routine care for another child who needs assistance.
- Always wash hands with soap and water if hands are visibly dirty, after using the restroom or changing diapers, and before preparing meals or eating.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. **Supervise young children when they use hand sanitizer** to prevent swallowing alcohol.
General Hygiene Practices

- Remind children and staff to:
  - Cough and sneeze into their sleeved arm or cover their nose and mouth with a tissue. Throw away the tissue after they use it and wash hands.
  - Avoid touching their eyes, nose, or mouth.
  - Avoid sharing cups and eating utensils with others.

Face Masks and Cloth Face Coverings

Wearing masks or cloth face coverings helps prevent the spread of COVID-19. Wearing cloth face coverings reduces the risk of someone infected who is not showing symptoms from spreading the disease to others. CDC recommends face coverings in settings where physical distancing measures are difficult to maintain, especially in areas of significant community-based transmission. **Facilities should be aware of state or local orders affecting requirements for the use of face coverings in child care facilities** and to what age children local ordinances apply. In the absence of a state or local requirement for individuals to wear cloth face coverings, DHS and CDC recommend the following practices in child care programs.

**Adults:**

- **DPH recommends that all child care staff wear face coverings while providing child care and while preparing food in the child care setting.**
- Adults doing drop-off and pick-up should also wear face coverings.
- Providers and staff may remove their face covering in very select instances, such as when a parent/caregiver is hearing impaired and reads lips to communicate.

**Children and adolescents:**

- CDC and DHS recommend that all children and staff aged 2 years and older who are able to properly and safely wear and remove a cloth face covering should wear one.
- CDC and DHS recommend no face coverings for children under 2-years-old. As such, children under 2-years-old must not wear face coverings.
- Face coverings are developmentally appropriate when children can properly put on, take off, and not touch or suck on the covering.
- Face coverings should not be worn if it causes the child to touch their face more frequently than not wearing it.
- Help children understand the importance of wearing face coverings to prevent the spread of germs.
- Children who have a medical reason for not wearing a face covering must not be required to wear one.
- There should be no face coverings while children are sleeping, eating, or swimming (or when they would get wet).
• Face coverings with ties are not recommended as they pose a risk of choking or strangulation.
• Face coverings may be removed during outdoor activities where children and staff can maintain physical distancing and have ready access to put them back on as needed.
• Even if cloth face coverings are worn, it is important to continue to practice proper physical distancing.

Cloth face coverings should not be put on babies and children under age two, because of the danger of suffocation. In addition, cloth face coverings should not be used on children who struggle with breathing issues (e.g., asthma), or children who struggle with anxiety and sensory processing issues surrounding use of a cloth face covering.

**Physical Distancing**

**Have Practices and Procedures in Place to Enforce Physical Distancing**
Incorporate physical distancing within groups to the degree possible, aiming for at least six feet between children and minimizing the amount of time children are in close contact with each other. Understandably, maintaining physical distancing may be a difficult task in certain age groups; however, modification of the physical environment to promote physical distancing may promote compliance.

**Physical Distancing within the Classroom**
• Keep children in same small groups with the same staff member throughout the day so that spread—if it occurred—would likely be limited to a small group of people. Ideally, staff should not move between groups or care for multiple groups.
• Follow DCF ratio and group size requirements.
• Where possible, reduce group sizes to no larger than 10 people total, including children and adults (e.g., one adult and nine children, two adults and eight children, etc.). The size of the groups should take into consideration the number of students, age of students, number of caregivers, amount of physical space in the child care environment, and the ability to maintain distance between groups. They must also meet required DCF staff-to-child ratios.
• Keep each group of children in a separate room, to the extent possible.
• Limit the number of children in each program space to encourage physical distancing. Additionally, programs should limit the movement of children across spaces.
• Don’t use common spaces and limit movement between classrooms.
• Limit the mixing of children by staggering playground times and keeping groups separate for special activities such as art, music, and physical activity. Consider bringing the activities to the children to prevent mixing of students and using common spaces.
• Avoid activities that involve forceful exhalation or that may allow direct contact with respiratory secretions, like playing musical instruments (e.g., kazoo, recorder, harmonica, whistle, etc.) or blowing out birthday candles, blowing bubbles, or blowing up balloons.
• Plan activities that do not require close physical contact between multiple children.
• Increase spacing of materials and resting equipment to keep children 6 feet apart (e.g., increase crib or cot/nap mat spacing, arranging children head to toe).

Physical Distancing Outside the Classroom
• Avoid gathering in larger groups for any reason. Eliminate large group activities, field trips, and group travel. Cancel or postpone special events such as festivals, holiday events, picnics, and special performances.
• Outside time and lunch should be taken with the same small group. Consider having children eat lunch in the classroom.
• Minimize time standing in lines, such as when using the bathroom, at pick-up times, and when waiting to go outside.
• Limit corridor use/traffic.
• Incorporate additional outside time and open windows frequently.
• Adjust the HVAC system to allow more fresh air to enter the program space.
• If vans or buses are used for group transport, create space between students riding the bus/van. Examples include closing every other row of seats, reducing maximum occupancy of bus/van, and assigned seating. Additional information can be found in the Wisconsin Department of Public Instruction Interim COVID-19 Transportation Guidance.

Physical Distancing During Outside Play
Decisions about whether to allow children access to play structures on child care facility property is up to the individual provider. Child care programs will need to assess whether or not the play structure (configuration) can support groups of children along with additional processes for proper handwashing (before/after) and cleaning of high-touch surface areas.
• Offer outdoor play in staggered shifts with individual groups/classrooms using the playground at separate times. Keep groups of children together during outside play.
• If multiple groups are outside at the same time, maintain a minimum of six feet of open space between play areas or have groups visit these areas in shifts to avoid congregating.
• Review with children which outdoor areas or pieces of equipment they have access to and which they should avoid.
• Consider closing off areas or structures that might be hard to clean.
• Outdoor playgrounds generally require normal routine cleaning, but not disinfection. See recommendations for cleaning outdoor surfaces in resources section (p. 15).
• Children may use sandboxes but should wash hands before and after playing in the sand. Programs may choose to close or cover sandboxes located on the playground if feasible.
• Establish daily routines for cleaning playground equipment such as rubber balls, jump ropes, etc. Set up a system and educate children about how to care for equipment when they start and end play. Label containers for clean, unused playground equipment and for equipment that needs to
be cleaned. Consider color coding or labeling with simple symbols so children of all ages can help with this daily activity.

- Instruct children to maintain proper distance when lining up to go back indoors. Provide clear visualization of rows for lining children up, including placement of tape Xs on the pavement or other indication of spaces 6 or more feet apart.
- Provide access to tissues for children to blow their noses.
- Make hand sanitizer available outdoors for children to use if they sneeze, cough into their hands, or blow their nose.
- Place a trash can outside for disposal of soiled tissues, gloves used during sanitizing, etc.

**Limit Sharing of Items and Spaces**

- Limit item sharing, including materials, supplies, equipment, and toys. If items are shared, remind children not to touch their faces and wash their hands after using these items. Minimize sharing of communal or common spaces.
- Limit use of water or sensory tables. Wash hands immediately after using these items.
- Consider having dedicated receptacles for children to keep their toys in and away from others.
- Label containers for clean, unused toys/equipment and for toys/equipment that needs to be cleaned. Consider color coding or labeling with simple symbols so children of all ages can help with this daily activity.

**Safe Meals and Snack Time**

- Provide meals and snacks in the classroom to prevent a large group gathering and avoid using common spaces. Children should be seated with 6 feet of distance in between each other whenever possible.
- If you provide meals or snacks in a large lunchroom, stagger meal times and make sure tables are at least 6 feet apart. Space children as far apart as you can at the table. Clean and sanitize tables before and after each group eats.
- Family-style meal service is not recommended; instead staff (kitchen staff or child care providers) should handle utensils and serve food using gloves or provide individual pre-plated meals.
- All food service workers should have and wear PPE, such as gloves and face masks.
- Stop tooth brushing activities at this time.

**Special Considerations for Infants and Toddlers**

Have precautions in place for providers who care for infants and toddlers.

**Holding Infants and Toddlers**

Infants and toddlers need to be held. To protect themselves, child care providers who care for infants and toddlers should follow certain precautions:

- Wear a long-sleeved, button down, oversized shirt over their clothing and wear long hair up or tied back.
• Change outer clothing if body fluids from the child get on it.
• Change the child’s clothing if body fluids get on it.
• Place any soiled clothing in a plastic bag until it is washed.
• Wrap infants in a thin blanket when you hold them.
• Wash hands and anywhere else the child touched (e.g., neck or arm) after holding a child.

Protecting Others from Accidental Contamination
• Infants, toddlers, and their providers should have multiple changes of clothes on hand in the child care center or home-based child care.
• Change the child’s clothes if any respiratory secretions are on the child’s clothes.
• Contaminated clothes should be placed in a plastic bag or washed in a washing machine, and hands washed.

Bottles
Child care providers should wash their hands before and after handling infant bottles prepared at home or prepared in the facility. Bottles, bottle caps, nipples, and other equipment used for bottle-feeding should be thoroughly cleaned after each use by washing in a dishwasher or by washing with a bottlebrush, soap, and water.

Diapering
Since the SARS-CoV-2 virus can be detected in the stool of infected persons (although the risk of infection through that route is still unknown), caregivers should protect themselves during diapering as well. When diapering a child, wash your hands and wash the child’s hands before you begin, and wear gloves. Follow safe diaper changing procedures. Procedures should be posted in all diaper changing areas. Steps include:
• Prepare (includes putting on gloves)
• Clean the child
• Remove trash (soiled diaper and wipes)
• Replace diaper
• Wash child’s hands
• Clean up diapering station
• Wash hands

After diapering, wash your hands (even if you were wearing gloves) and disinfect the diapering area with a fragrance-free bleach that is EPA-registered as a sanitizing or disinfecting solution. If other products are used for sanitizing or disinfecting, they should also be fragrance-free and EPA-registered. If the surface is dirty, it should be cleaned with detergent or soap and water prior to disinfection.

If reusable cloth diapers are used, they should not be rinsed or cleaned in the facility. The soiled cloth diaper and its contents (without emptying or rinsing) should be placed in a plastic bag or into a plastic-
lined, hands-free covered diaper pail to give to parents/guardians or laundry service. CDC has a poster outlining safe diapering procedures that is available for download and printing.
PART 2:  
Outbreak Guidance for Child Care Facilities

Investigating an outbreak of COVID-19 in any setting involves the same basic public health principles: detecting cases, isolating ill persons, identifying close contacts, isolating cases and quarantining close contacts, conducting laboratory testing, and instituting control measures at the facility to prevent additional transmission. This section provides guidance on completing these activities in a child care facility.

List of Key Resources:

- Illness Log / Line List Template (p. 64)
- Contact Tracing Checklist for Cases in Child Care Facilities (p. 65)
- Contact Tracing Tool for Child Care Programs (p. 66)
- Identifying Close Contacts in a Child Care Setting (p. 67)
- Template Notification Letters to Parents/Guardians:
  - Confirmed COVID-19 Case(s) in Child Care Program (p. 71)
  - Confirmed COVID-19 Case(s) in Child Care Program with Decision to Temporarily Close (p. 73)
  - Close Contact to a COVID-19 Case at Child Care (p. 75)
  - Sending a Sick Child Home (p. 77)
- DHS flyer – Next Steps: after you are diagnosed with COVID-19 (instructions for Self-Isolation) (available in 5 languages)
- DHS flyer – Next Steps: close contacts of someone with COVID-19 (instructions for Self-Quarantine) (available in 6 languages)
- DHS flyer – Next Steps: while you wait for your COVID-19 test results (available in 6 languages)
- Cleaning Schedule and Checklist for Child Care Facilities (p. 79)
A. Detecting COVID-19 Cases and Outbreaks in the Child Care Facility

Outbreak Definitions
By law, in addition to reporting any reportable communicable disease, both suspected and confirmed outbreaks of COVID-19 must be reported to the local health department, as soon as it is recognized (see Wis. Admin. Code § DHS 145.04 (1)). Table 3 provides definitions for suspected and confirmed COVID-19 outbreaks used for reporting purposes.

Table 3. Definitions of suspected and confirmed outbreaks for reporting outbreaks in a child care facility.

<table>
<thead>
<tr>
<th>Suspected Outbreak</th>
<th>Confirmed Outbreak</th>
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<tbody>
<tr>
<td>At least two laboratory-confirmed (PCR positive) cases of COVID-19 in the same building with onset dates within 14 days of each other.</td>
<td>Two or more laboratory-confirmed (PCR positive) cases of COVID-19 are identified in the same building with onset dates within 14 days of each other, AND the public health investigation identifies an epidemiologic link between the illnesses and the facility (e.g., close contact occurred at facility, illnesses in same room, shared staff member among cases).</td>
</tr>
</tbody>
</table>

Both suspected and confirmed outbreaks are investigated by public health staff in coordination with the child care facility. Significant efforts should be undertaken to determine if the illnesses are related, how they may have been acquired, and if they are part of a larger outbreak. Specific infection prevention and outbreak control measures should be implemented at a facility where an outbreak occurs to prevent further transmission in the facility and keep children and staff safe.

All facility staff should be alert to, monitoring for, and reporting any symptoms of COVID-19-like illness among their attendees (children) and staff to their directors year-round, as infection prevention and control is everyone’s responsibility. Since the scientific community is not yet sure if COVID-19 will become a more seasonal disease in the future or not, a heightened level of surveillance should be maintained all year until more information is available.

Roles of Parents, Staff, and Local Health Departments in Detecting Cases
Table 4 outlines the roles that parents, staff, and local health departments play in detecting cases of COVID-19 early. Communication between care providers in different areas of the facility is essential. Reporting signs and symptoms of COVID-19-like illness in children and staff to the facility director (or other designated individual) immediately, is key to identifying an outbreak early and controlling the spread.
Table 4. Roles of parents, facility teachers/staff, and health departments in detecting cases of COVID-19 in the child care facility.

<table>
<thead>
<tr>
<th>Parents</th>
<th>Caregivers / Facility Staff</th>
<th>Local Health Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Use the parental screening tool (p. 87) to monitor child’s temperature and symptoms daily.</td>
<td>• Screen children and staff upon entry (p. 6) to identify illnesses consistent with COVID-19 infection.</td>
<td>• Notify child care facility when any single probable or confirmed COVID-19 case attending their facility (child or staff member) is reported.</td>
</tr>
<tr>
<td>• Notify the facility when child is ill and inform the facility if child is experiencing COVID-like symptoms.</td>
<td>• Systematically collect information on absenteeism of ill children and staff using a single Illness Log / Line List (p. 64). Facility director should review the list daily.</td>
<td>• Work with facility staff to identify close contacts of cases within and outside the facility.</td>
</tr>
<tr>
<td>• Notify the facility when child has had close contact with a probable or confirmed case of COVID-19 and keep the child home to self-quarantine (p. 38).</td>
<td>• Be alert to any children experiencing COVID-19-like symptoms while under their care.</td>
<td>• Review other COVID-19 cases in their jurisdiction for mention of attending or working at the same daycare in the 28 days leading up to when the case/outbreak was identified.</td>
</tr>
<tr>
<td></td>
<td>• Report signs and symptoms of COVID-19-like illness in children and staff to the facility director immediately.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Assist local health department to identify close contacts of cases in a facility.</td>
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</tbody>
</table>

Establish a System for Monitoring Illness

Each facility should have a surveillance mechanism in place that will monitor for any illnesses in children and staff throughout the facility to rapidly identify when an area, classroom, age group, or floor has an increase in illness that may signal an outbreak.

Maintain an Illness Log / Line List

Maintaining an illness log (i.e., line list) of ill persons and absentees among attendees and staff is an effective tool for detecting suspected COVID-19 cases and outbreaks early and when conducting an active outbreak investigation in real time. A line list maintained for surveillance purposes (when an outbreak is not actively occurring) can help a child care facility identify when the number of ill children or staff is above what is expected. DPH has developed an illness log / line list template (p. 64) for child care facilities to use during outbreaks or as part of their normal surveillance practices. Record information in the illness log / line list systematically and consistently to identify and control an outbreak promptly.

Maintaining a single line list to record information about all illnesses will likely be more successful in identifying an outbreak than if separate line lists for respiratory and gastrointestinal disease are
maintained. While names and personal information can be recorded on a line list/illness log, it is important to protect the privacy of the individuals by not sharing the names of ill children/staff publicly and keeping line lists in a secure location.

Other line list considerations:

- Electronic line lists are preferred (Microsoft Excel spreadsheets are a good option).
- **Data/files must be emailed securely (i.e., encrypted)** because the file contains personally identifiable information and health information. If security is a concern, the line list template can be printed out, filled out, and faxed to the recipient.
- **When completing line lists it is important that:**
  - The line list be **maintained in real time** so it can be used as a management tool.
  - All fields be filled out completely so the outbreak can be fully assessed (see call out box on the right).
  - The line list may be shared with the local health department securely, as necessary, so the health department can review it and coordinate the appropriate follow-up (i.e., contact tracing) and documentation.
- In the event of an outbreak, a final outbreak line list should be provided to the local health department 28 days after the last case developed symptoms.

**Report Illnesses, Cases, and Outbreaks in the Facility**

**Reporting within the Child Care Facility**

Facility staff should immediately report any children or staff member(s) with a sudden onset of COVID-19-like symptoms to the facility director, who should immediately take appropriate action.

**Reporting to Licensing Specialists and “Sister” Facilities**

- Licensed child care facilities are required to notify the Wisconsin Department of Children and Families (DCF) when they identify one or more case(s) of COVID-19 in their facility. Facilities should follow DCF guidance on next steps as well.
- If applicable, notify “sister” facilities that may share staff, facilities, or other resources with the affected facility or unit/area so they can implement proper infection prevention and control measures and monitor for illness.
Reporting to Local Public Health

- Alert local public health officials about large increases in child or staff absenteeism, particularly if absences appear due to respiratory illnesses (e.g., common cold or the “flu,” which have symptoms similar to symptoms of COVID-19).
- Facilities should immediately notify the local health department when they identify a single case of COVID-19 or a suspected or confirmed outbreak of COVID-19 within their facility. Consult with the local health department about the next steps in identifying potentially exposed attendees and staff and controlling the outbreak.

B. Conducting Case and Outbreak Investigations in a Child Care Facility

Whenever a probable or confirmed case of COVID-19 is identified among children or staff, begin a case investigation as soon as possible. Case and outbreak investigations include a number of necessary steps, although the steps are not always sequential. Steps may need to be revisited more than once during the course of an outbreak.

Local COVID-19 activity levels and public health capacity will vary across jurisdictions in the state. There is also a great deal about COVID-19 that we still do not know. Outbreak response measures should be adaptable, and local public health departments should evaluate each outbreak on a case-by-case basis. Recommendations provided in this section present child care facilities and local health departments with the best available guidance given unlimited resources; they are not designed to be a list of prescribed investigation requirements or present undue burden on local health departments. Local health departments are encouraged to adapt these recommendations according to local conditions both when responding to outbreaks and in developing local policies to prevent outbreaks.

Roles and Responsibilities in Outbreak Investigations

Child care facilities should work closely with their local health departments to determine roles and responsibilities for each step in the outbreak investigation. Table 5 describes the steps in an outbreak investigation and considerations when determining roles and responsibilities for completing these steps. Each of these steps is outlined in further detail in the pages below.
Table 5. Steps in the outbreak investigation and accompanying roles, responsibilities, and considerations of facility staff and local health departments.

<table>
<thead>
<tr>
<th>Step</th>
<th>Roles, Responsibilities, and Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hold initial meeting</td>
<td>The local health department should hold an initial call with the child care facility to communicate important information about COVID-19 and gather information about the facility context, size, and scope of the outbreak, and current prevention measures in place.</td>
</tr>
<tr>
<td>Create and maintain a line list</td>
<td>The local health department and facility staff should decide who will maintain the line list and how to share personally identifiable information confidentially. The line list should be used to track illnesses within a facility while an outbreak is occurring in real time.</td>
</tr>
<tr>
<td>Conduct contact tracing</td>
<td>Local health departments and facility staff should work together to decide who will be responsible for identifying close contacts of the case patient(s). Consider local resources, existing working relationships, and interest, resources, and skill level of all partners.</td>
</tr>
<tr>
<td>Interview cases and close contacts</td>
<td>Local health department and facility staff should work together to decide who will conduct case and contact interviews or how to share responsibility for interviews as appropriate.</td>
</tr>
<tr>
<td>Provide public health recommendations and determine duration of exclusion from facility</td>
<td>Local health departments and facility staff should work together to decide who will provide isolation and/or quarantine instructions for cases and close contacts. Determine how long a child/staff member should be excluded from child care.</td>
</tr>
<tr>
<td>Notify families and staff</td>
<td>Facility staff must notify all staff and families when one or more case(s) of COVID-19 is identified in a facility (see p. 36).</td>
</tr>
</tbody>
</table>

**Hold Initial Meeting**

Upon identification of one or more case(s) of COVID-19 in a child care facility, the local health department should hold an initial call with the child care facility to learn more about the situation and offer guidance on next steps. The goals of this call are to:

- Learn more about the type of facility, size, number of attendees and staff, how children are grouped by age, any shared spaces/equipment, and what COVID-19 prevention measures are already in place.
- Establish infectious period(s) for case-patient.
- Identify the last possible date of exposure to persons in facility.
- Identify all attendees/staff who could have been exposed to the case-patient during the case-patient’s infectious period.
- Evaluate the potential for transmission to multiple age groups/rooms from shared staff.
- Evaluate the potential for transmission among staff.
• Gauge the scope/magnitude of the outbreak and the likely extent of spread and potential exposure in the facility.
• Communicate to the director of the facility important information about the disease, including communicability, mode of transmission, incubation period and exclusion recommendations.
• Review Immediate Infection Prevention and Control Recommendations (p. 60)

**Continue to Maintain Illness Log / Line List**
A line list, or a log of all illnesses occurring in a facility, if not already begun, should be initiated as soon as possible, and should be updated in real time. At the beginning of each investigation, decide who will maintain the line list, and how information that may be personally identifiable will be shared confidentially. Additional details about maintaining a line list including critical information to include in the line list are provided in the section above (p. 28). A template illness log/line list (p. 64) is provided in the resources section.

**Conduct Contact Tracing**
Regardless of how a probable or confirmed COVID-19 case is detected in the child care facility, contact tracing should begin as soon as possible to quickly identify anyone who may have been exposed at the facility. During contact tracing, individuals who have COVID-19 are interviewed to identify everyone with whom they had close contact during the timeframe that they may have been infectious. Those close contacts are then notified to let the contact know that they may have been exposed to COVID-19 and what steps they should take next to protect themselves and others. This typically involves quarantine at home, symptom monitoring, and/or COVID-19 testing, depending on the circumstances.

Children or staff who are identified as close contacts to a person with COVID-19 must be excluded from the child care facility (quarantined) until 14 days after their last known exposure to the case. This period may be shortened if certain conditions (p. 39) are met.

**Identify Close Contacts**
The local health department and child care facility should establish what roles each will play in the contact tracing process, depending on available resources of both entities. Since child care program staff are most familiar with the classrooms, play areas, and other areas visited by ill individuals, as well as their playmates, friends, classmates, and caregivers, facility staff are an essential partner in the contact tracing process. Facilities are encouraged to consult with their local health department if they have any questions about the contract tracing process or if they are unsure about appropriate dates or exclusions. See the callout box below for important definitions related to the contact tracing process.
Special Considerations for Identifying Close Contacts in a Child Care Setting

The definition of close contact in the box above was developed for adults. Child care providers should extrapolate the definition to include exposures unique to the child care setting that could possibly reflect close contact or direct contact with respiratory secretions (including coughs, sneezes, saliva). When in doubt, include all exposures you think may be high risk/close contact and ask local health department staff to evaluate whether they would qualify as close contact. For example, close contact behaviors in a child care setting may include:

- Infants or babies using pacifiers or mouthing toys (e.g., teether, stacking rings, rattles, grasping toys, etc.) that are inadvertently shared with others.
- Caregivers hugging or holding a child for an extended period of time.
- Children quickly grabbing food off of another child’s plate or grabbing a bottle, sippy cup, or glass to drink from before a caretaker realizes it has occurred.
• Infants and toddlers putting books into their mouths. These may not be considered when cleaning of toys takes place.
• Playing active games indoors during inclement weather (e.g., duck, duck, goose, calisthenics) or engaging in activities that involve physical closeness (e.g., twister, dancing).
• Using sensory tables or sensory bins without implementation of strict hand hygiene.
• Close contact outside on the playground.
• Close contact associated with carpooling or center-provided transportation.

The ability of children to maintain physical distance and avoid close contact with other children and staff in the facility will vary considerably with age. Infant care requires direct contact with staff. Toddlers and younger children may not understand, nor be able to maintain, strict physical distancing at child care, despite the best efforts of the facility. If close contacts cannot be reliably obtained or discerned, the local health department may decide to quarantine entire rooms or groups instead of individuals. Public health and child care facility staff should use their professional judgement as to the likelihood that close contact occurred between individuals and take into consideration the child’s age and shared environments.

**Contract Tracing Resources**

- Contract Tracing Checklist for Cases in Child Care Facilities (p. 65)
- Contract Tracing Tool for Child Care Programs (p. 66)
- Identifying Close Contacts in a Child Care Setting (p. 67)

**Additional Contract Tracing Resources for Local Health Departments**

If the number of cases or contacts surpasses local capacity, local health departments may contact the Department of Health Services Contact Tracing Team (CTT) for assistance.

**Interview Cases and Close Contacts**

Local health departments should interview cases and close contacts to identify potential exposures and prevent further transmission in the facility. In some cases, local health departments and the child care facility may decide to share the responsibility of interviewing cases and contacts. Goals of the case and contact interviews are described in Table 6.

For interviews with children under the age of 16, first speak to and offer to conduct the interview through a parent or guardian. Children whose parents give consent to conduct the interview directly with their child should generally be age 12 or older (old enough to understand the questions and provide the necessary information). All responses should remain confidential, and should be shared only with public health and healthcare personnel.
Table 6. Goals of the case and contact interview.

<table>
<thead>
<tr>
<th>Goals of the Case Interview</th>
<th>Goals of the Contact Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Assess symptoms</td>
<td>• Confirm the exposure reported during the case interview</td>
</tr>
<tr>
<td>• Calculate the infectious period</td>
<td>• Ask if anyone else was present when or where he/she was potentially exposed</td>
</tr>
<tr>
<td>• Identify potential exposures</td>
<td>• Gather contact information for others with shared exposure</td>
</tr>
<tr>
<td>• Identify potential for transmission to others during infectious period, both within and outside the facility</td>
<td>• Assess symptoms</td>
</tr>
<tr>
<td>• Provide initial self-isolation guidance</td>
<td>• Refer to healthcare provider for testing and evaluation</td>
</tr>
<tr>
<td>• Give an estimated date for returning to the child care facility</td>
<td>• Provide self-quarantine guidance</td>
</tr>
<tr>
<td>• Answer questions</td>
<td>• Answer questions</td>
</tr>
<tr>
<td>• Collect contact information (phone, email)</td>
<td>• Collect contact information (phone, email)</td>
</tr>
<tr>
<td>• Let them know what to expect next</td>
<td>• Let them know what to expect next</td>
</tr>
<tr>
<td>• Identify whom they can contact with additional questions</td>
<td>• Identify whom they can contact with additional questions</td>
</tr>
</tbody>
</table>

Considerations for Local Health Departments

• If resources allow, gather information about the case-patient contacts, activities, and exposures inside (with the help of the child care facility) and outside the child care facility. Inquire about illnesses in household members or other contacts. Exposure information helps guide intervention and helps determine whether transmission is linked to the child care facility versus another more likely source (e.g., ill household contact with onset before child care case).

• If resources allow, in large outbreaks, consider developing a supplemental interview questionnaire that is specific to activities and exposures in the child care facility to help identify where transmission might have occurred and what infection control practices or control measures should be instituted (or adjusted) to prevent further cases. The questionnaire would be administered to the primary caregiver(s) or persons most familiar with a child’s activities in the facility. It could be administered directly to an ill staff member.

Provide Public Health Follow Up

Once confirmed and probable cases have been identified and contacted, public health staff should recommend quarantine and self-monitoring for all close contacts and household contacts of the case(s). They should explain and provide information on how to self-quarantine and self-isolate using the DHS Next Steps: close contacts with someone with COVID-19 flyer. For detailed guidance on quarantine, refer to the Isolate Cases and Quarantine Close Contacts (p. 38) section of this document. Public health staff should follow contacts throughout the quarantine period to make sure they are self-
monitoring, have not developed symptoms, and have questions or concerns addressed. During quarantine, contacts should:

- Stay home for 14 days from last exposure. This period may be shortened if certain conditions (p. 39) are met.
- Monitor for symptoms and check temperature twice daily for 14 days. Public health staff can offer a symptom monitoring log or use the email-based monitoring system in WEDSS.
- Notify the local health department and school-based health care provider if symptoms of COVID-19 develop.
- Promptly isolate in the home and seek medical evaluation if symptoms of COVID-19 present.
- Get tested for COVID-19.
- Maintain contact with the local health department and the child care facility for advice on when to return safely to the child care facility.

**Notify Families and Staff**

The child care facility must notify all facility staff and families of attendees when at least one confirmed or probable case of COVID-19 is identified in a facility. The notification should:

- Outline the situation at hand.
- Describe signs/symptoms of the disease and when to seek medical attention.
- Remind parents and staff to keep ill persons home when they are sick.
- Inform families and staff about what interventions are already in place, what the facility (in coordination with local public health) is doing to identify new cases and potentially exposed persons, and control the outbreak.
- Provide a point of contact at the facility for questions (unless the letter is being released by the local health department instead of the facility). Facilities must obtain the health department’s permission to list them as a specific resource for questions in a letter.

**Other Considerations**

- It is recommended that the entire facility—not just families/staff in affected classrooms—be notified. Providing information directly to parents and staff from a credible source is less likely to cause spread of misinformation.
- If one building on a campus of several buildings is affected, only the families with children in the affected building need to be notified unless staff or children also attend/work in other buildings. In the latter case, families with children in all potentially-affected buildings should be notified.
- Notifications may also include a recommendation that staff and parents of children at increased risk for severe illness discuss with their health care provider whether they should stay home in case of program-based cases.
- IMPORTANTLY, notifications should not divulge the name or identity of the person(s) who are ill. Confidentiality must be maintained as required by the Americans with Disabilities Act (ADA), the
Family Education Rights and Privacy Act (FERPA), and the Health Insurance Portability and Accountability Act (HIPAA). It is not legal to share the name of the infected individual. It may not be hard for children or staff to determine who the person is, but that is different from an intentional release of private medical information about someone.

- If facilities choose to temporarily close the facility (partially or fully) to control spread of the virus, they should notify families and staff of this decision and explain why it is important.
- Template notification letters for multiple scenarios are available in the resources section (p. 71 - 77).

C. Implementing Infection Control Measures

When a probable or confirmed COVID-19 case or a suspected or confirmed outbreak is identified in a child care facility, the facility should implement infection control recommendations immediately. This will help to reduce additional transmission and prevent the re-introduction of the virus into the facility as well as create a safe child care environment for attendees and staff.

**Immediate Infection Control Measures**
- Exclude ill children and staff
- Isolate cases and quarantine close contacts
- Perform deep cleaning and disinfection of affected areas of the facility
- Consider short-term closure
- Implement enhanced surveillance

**Non-immediate Infection Control Measures**
- Review and improve infection prevention strategies
- Monitor for new cases in the child care facility

*Exclude Ill Children and Staff*

Children are less likely than adults to present with a fever, and are more likely to have mild or even sub-clinical COVID-19 infection. Child care facilities are encouraged to use a liberal approach when determining whether to send a child home due to illness. In other words, if a child is displaying mild symptoms, it may be best to send them home in case it is the beginning of a COVID-19 infection. This decision-making can reduce the risk of the virus transmitting to one or more children or staff in the facility. Clear communication between parents, caregivers, and staff can encourage acceptance of this approach.
If a child or staff member develops symptoms consistent with COVID-19 infection (p. 8) while at the facility, the facility staff should:

- **Immediately separate the ill child/staff member from others** and isolate them in the designated location (isolation room) while facility staff contact the parents and/or emergency contact to pick the child up. Have staff with personal protective equipment available to remain with an isolated child while waiting for family to arrive for pickup.
- Maintain as much physical distancing as possible.
- Encourage staff and families of children excluded from child care to seek COVID-19 testing, ideally from their primary care provider (PCP) or medical home. Provide them with a copy of the DHS flyer “Next Steps: while you wait for your COVID-19 test results” and ask them to follow recommendations to prevent spread, even if they haven’t been tested yet.
- Staff with symptoms should inform their supervisor, leave work immediately and get tested for COVID-19 if their symptoms are consistent with COVID-19. Provide staff with the same flyer, referenced above.
- The child care facility should have a system in place to track when people who are in isolation or quarantine can return to child care.

**Isolate Cases and Quarantine Close Contacts**

In order to contain the outbreak, local public health officials will recommend a combination of isolation and quarantine (Table 7 explains the difference between isolation and quarantine). Isolating ill or positive individuals and quarantining exposed close contacts are tried and true methods public health professionals use to control the spread of infectious diseases. These strategies are designed to temporarily remove infectious and exposed individuals from the facility for the duration of time they can spread the disease to others so that they cannot make anybody else in the facility sick.

Some local public health jurisdictions will issue written isolation or quarantine orders while others will give verbal instructions to quarantine or isolate for a specified period of time. It is expected that people follow the isolation and quarantine instructions from local public health. Child care facilities can help control spread in their facilities by ensuring persons who are quarantined or isolated at home do not return to the facility before they are supposed to according to local public health recommendations. Doctor’s notes are not required to return to child care after the appropriate isolation period is complete.
Table 7. Differences between isolation and quarantine.

<table>
<thead>
<tr>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Isolation</strong></td>
</tr>
<tr>
<td>The confinement of a person with symptoms who is suspected of having COVID-19 or who has tested positive for COVID-19 (or a person with a positive test result but no symptoms) at home away from other people until they are completely recovered so they do not make other people sick. They should stay at home and away from others for at least 10 days since the first symptoms began AND be fever free without the use of fever-reducing medications for 24 hours AND with improvement of symptoms.</td>
</tr>
<tr>
<td><strong>Quarantine</strong></td>
</tr>
<tr>
<td>The confinement of well persons who were exposed to the virus through an ill person, positive person, or a person with a positive test result but no symptoms. This confinement involves the person remaining at home and away from other people for 14 days after the time of exposure, which is the safest strategy for preventing asymptomatic transmission of COVID-19. In this way, if they develop symptoms during that time, they will not make other people sick.</td>
</tr>
</tbody>
</table>

In December 2020, the CDC revised its guidelines, shortening the standard quarantine period from 14 days to 10 days for people who remain asymptomatic, provided that daily symptom monitoring continues for the full 14 day period (see [DHS Health Alert #23](#)). The duration of quarantine may be further shortened to 7 days if the result of a diagnostic COVID-19 test collected on day 6 or 7 is negative and if no symptoms were reported during daily monitoring. Note that quarantine for 14 full days after the time of exposure remains the safest strategy for preventing asymptomatic transmission of COVID-19. For shortened quarantine periods to be acceptable, the following conditions must be met:

- The quarantined person monitors for and reports symptoms twice daily for 14 days.
- The quarantined person does not experience any symptoms of COVID-19.
- The quarantined person agrees to immediately self-isolate and contact the local public health authority and/or a healthcare provider if symptoms develop.
- The quarantined person adheres strictly to all recommended COVID-19 prevention measures (i.e., consistent mask use, social distancing, and avoiding crowds) for 14 days.
  - This recommendation applies for any activities such as classroom activities, playground activities, games, bussing, and other special activities where proper physical distancing (6 ft) cannot be maintained.
  - Children and staff who are be unable to safely and consistently wear masks or maintain physical distancing should quarantine for a full 14-days.
**Exclusion Requirements for Children and Staff**

One of the most effective measures for halting respiratory transmission in an indoor, shared space is to identify and isolate sick persons and quarantine the household contacts and close contacts of those who are ill (or positive). In the child care setting, isolation and quarantine should be the primary strategy for COVID-19 outbreak mitigation. The following information is summarized in the COVID-19: Return to School or Child Care Table in the resources section (p. 68). The CDC recommends that public health staff use symptom improvement, rather than two negative test results collected at least 24 hours apart, to determine when to return to work safely. This guidance also follows a symptom-based approach.

This guidance recognizes there will be multiple viruses circulating throughout the year in addition to COVID-19, and uses testing as a way to rule-out COVID-19. This guidance also recognizes that local prevalence of COVID-19 and other respiratory diseases will vary across the state. **Note that when an individual’s symptom, contact, or test status changes, their quarantine or isolation requirements should be reassessed.** Child care facilities and local health departments should reassess isolation and exclusion requirements as new information becomes available.

A note about masks: While wearing a mask or cloth face covering does reduce the risk of transmission to others, it does not exempt an individual from quarantine. Quarantine is still recommended for individuals identified as close contacts, even if the person exposed was wearing a mask, the case-patient was wearing a mask, or both were wearing masks at the time of exposure.

**People Who Did NOT Have Close Contact to a COVID-19 Case**

The following isolation and quarantine periods apply to children and staff who are not close contacts to a COVID-19 case. Child care facilities should use these criteria, in consultation with the local health department to determine when children and staff can return to the facility.

Children and staff who are not tested for COVID-19 infection but meet the symptom criteria described above in the section, When to Send Home an Ill Child or Staff Member (p. 8):

- The individual must remain home for at least 10 days since the first symptoms began AND be fever free without the use of fever-reducing medications for 24 hours AND with improvement of symptoms.
- Siblings and household members should be sent home and follow guidelines for a Close Contact to a COVID-19 Case (p. 42) below.
- If diagnosed with another condition that explains the symptoms, such as influenza or strep throat, no isolation is needed for the symptomatic person and siblings and household members do not need to quarantine. Follow guidance from the health care provider and exclusion period of the diagnosed disease as listed on the Wisconsin Childhood Communicable Diseases Wall Chart.
• The local health department should be consulted before allowing child back into the child care facility following completion of the isolation period.

Children and staff who **test negative** for COVID-19 infection by PCR* and **have symptoms**:  
• The individual can return when symptoms have improved and they have been fever-free for 24 hours without the use of fever-reducing medications.
• If diagnosed with another condition, the individual must complete the exclusion period for the diagnosed disease as listed on the [Wisconsin Childhood Communicable Diseases Wall Chart](#). An alternative diagnosis is not required.
• Siblings and household members do not need to quarantine.
• The local health department should be consulted before allowing child back into the child care facility following completion of the isolation period.

*A negative antigen test result from a symptomatic child or staff member should be confirmed with a PCR test, collected within 48 hours of the initial test. The child or staff member should isolate and siblings and household members should quarantine while waiting for the PCR results.*

Children and staff who **test positive** for COVID-19 infection by antigen* or PCR and **have symptoms**:  
• The individual must isolate at home for at least 10 days since the first symptoms began AND be fever free without the use of fever-reducing medications for 24 hours AND with improvement in symptoms. Repeat testing is NOT recommended for making decisions about when people can return to work or school.
• Siblings, household members, and other close contacts should be sent home and follow guidelines for a [Close Contact to a COVID-19 Case (p. 42)](#) below.

Students and staff who **test positive** for COVID-19 infection by antigen* or PCR but **have no symptoms** (are asymptomatic):  
• The individual must isolate at home for 10 days after the day the sample was collected.
• Siblings, household members, and other close contacts should be sent home and follow guidelines for a [Close Contact to a COVID-19 Case (p. 42)](#) below.

*A positive antigen test from an asymptomatic child or staff member should be confirmed with a PCR test, collected within 48 hours of the initial test. The child or staff member should isolate and close contacts should quarantine while waiting for the PCR results. If the PCR test is negative the case may be released from isolation and close contacts released from quarantine.*

**Note:** The above criteria should be used when the symptomatic person is a child or staff member in the facility. The criteria used is more conservative compared to the public. There is a higher index of suspicion that symptomatic individuals in child care facilities may have COVID because of the high potential of asymptomatic spread in children. Since children and staff have greater potential exposure to asymptomatic individuals, and thus are more likely to have been exposed but not know it, we are asking their household contacts to quarantine.
People with Close Contact to a COVID-19 Case

The following isolation and quarantine periods apply to students and staff who are close contacts (p. 33) of a confirmed or probable COVID-19 case. Child care facilities should use these criteria, in consultation with the local health department, to determine when children and staff can return to the facility.

Children and staff who remain asymptomatic during their quarantine period and are either not tested or test negative for COVID-19 infection by PCR or antigen test:

- Must quarantine for 14 days from the date of last exposure before returning to child care. Quarantine may be shortened to 10 days after the date of last exposure, provided people still monitor for symptoms, wear a mask, and physical distance for the full 14 days. Quarantine may be shortened further to 7 days after the date of last exposure if a person receives a negative test result (PCR or antigen) that was collected on day 6 or 7 provided people still monitor for symptoms, wear a mask, and physical distance for the full 14 days.
- If the exposure is to a household member and the case cannot properly isolate away from others at home, the last date of contact may be the last day of isolation for the case.

Children and staff who remain asymptomatic during their quarantine period and test positive for COVID-19 infection by antigen or PCR:

- Must isolate at home for 10 days from the day the sample was collected.
- Siblings, household members, and other close contacts should be sent home and also follow the Close Contact to a COVID-19 Case (p. 42) to determine quarantine length.

Children and staff who develop COVID-19 symptoms during quarantine and are not tested for COVID-19 infection:

- The individual must quarantine for 14 days after the last contact with the COVID-19 positive person. If the exposure is to a household member and the child/staff member cannot properly isolate away from others at home, the last date of contact may be the last day of isolation for the person with COVID-19.
- The individual must also remain home for at least 10 days since the first symptoms began AND be fever free without the use of fever-reducing medications for 24 hours AND with improvement of symptoms.
- The criteria in both of the above bullets must be met before returning to school.
- Siblings, household members, and other close contacts should be sent home and also follow the Close Contact to a COVID-19 Case (p. 42) to determine quarantine length.

Children and staff who develop COVID-19 symptoms during quarantine and test negative for COVID-19 infection while symptomatic:
The individual must quarantine for 14 days after the last contact with the COVID-19 positive person. If the exposure is to a household member and the child/staff member cannot properly isolate away from others at home, the last date of contact may be the last day of isolation for the person with COVID-19.

If the individual tested negative on a PCR test, they must also be fever-free for 24 hours without the use of fever-reducing medications AND if diagnosed with another condition, they must complete the exclusion period for the diagnosed disease as listed on the Wisconsin Childhood Communicable Diseases Wall Chart. An alternative diagnosis is not required.

If the individual tested negative on an antigen test, they must also isolate at home for at least 10 days since the first symptoms began AND be fever free without the use of fever-reducing medications for 24 hours AND with improvement in symptoms. Follow-up PCR testing is recommended for these individuals within 48 hours of the negative antigen test.

The criteria in both the first bullet AND either the second or third bullet above must be met before returning to child care.

Children and staff who develop COVID-19 symptoms during quarantine and test positive for COVID-19 infection while symptomatic can return to the child care facility after meeting the following:

- The individual must isolate at home for at least 10 days since the first symptoms began AND be fever free without the use of fever-reducing medications for 24 hours AND with improvement in symptoms. Repeat testing is NOT recommended for making decisions about when people can return to work or the child care facility.

- Siblings, household members, and other close contacts should also follow the Close Contact to a COVID-19 Case (p. 42) to determine quarantine length.

Close contacts who previously had a positive COVID-19 PCR test, or who had a positive antigen test while symptomatic, within the last 90 days and do not have symptoms, do not need to quarantine. If symptoms develop, they should follow the COVID-19 isolation procedures and consult with a medical provider.

**Household Contacts**

If a child or staff member lives in the same household as a person who has COVID-19 (i.e., is a household contact), the child or staff member is required to stay home for the duration of the household member’s isolation period, plus an additional 14 days of self-quarantine. The quarantine period may be shortened if certain conditions (p. 39) are met. An exception to this extended quarantine period may occur if appropriate isolation practices were instituted immediately within the home that would prevent any transmission between the case-patient and household contacts (e.g., isolation in a separate bedroom with separate bathroom, no interaction with other household members during isolation period). However, for many household situations it will be impossible or very difficult to fully implement these guidelines. Determining if the isolation measures in place were sufficient to prevent transmission can only be made by the local health department.
In an in-home child care setting (family child care), if any household member tests positive for COVID-19, they must isolate in a separate bedroom with separate bathroom, and have no interaction with any environment shared with program children or staff during their isolation period. Given the potential difficulty in achieving this level of isolation and considering that the provider will likely meet the criteria of a close contact and need to quarantine (p. 33), a temporary facility-wide closure may be most appropriate.

If siblings or other household contacts attend child care or school, the siblings must quarantine according to the nature of their exposure and whether they were both close contacts of someone at the facility, or if only one was and the other is just considered a household contact.

Contacts of Contacts (Secondary Contacts)
Contacts of persons identified as close contacts of a case (i.e., a contact of a contact) do not need to self-quarantine unless the individual exposed to the case (i.e., the close contact) develops COVID-19 symptoms or tests positive for COVID-19. For example, if a child who is a close contact of a confirmed case develops symptoms during her quarantine, her little brother—who attends the same child care program—must now quarantine (and cannot attend the child care program) because his big sister now has symptoms of COVID-19.

If a parent is a contact to someone positive for COVID-19 (i.e., a case), then the children may still attend child care if the child did not have direct contact to the case. If the parent develops symptoms or tests positive, the child should be removed from child care to quarantine at home. If the parent tests negative for COVID-19 after becoming symptomatic and the child remains well, the child may return to child care.

Deep Cleaning and Disinfection of Affected Areas of Facility
In response to any case of COVID-19, a deep and thorough cleaning of any rooms/areas where ill persons visited while they were infectious and at the facility should be performed. A “deep clean” is simply the completion of all tasks included on the routine cleaning schedule, but completed all in the same 1-2 day period rather than according to their routine monthly or weekly schedule.

Deep cleaning must occur before the room is made available again to child care attendees or staff. Refer to the cleaning instructions outlined in Part 1 (p. 12) following the Cleaning Schedule and Checklist for Child Care Facilities (p. 79). The same cleaning checklist can be used to ensure all necessary deep cleaning tasks are completed before reopening the affected room/rooms to others. Because the virus that causes COVID-19 is killed by the same disinfectants that kill influenza and other common germs in the child care setting, there is no need to change the disinfectant used during a “deep clean” (as long as it is on the list of EPA-registered disinfectants effective against SARS-CoV-2).

For more information, see the CDC’s cleaning recommendations.

When performing a deep clean of an affected area:
• Close off areas used by the case(s) to others, if possible. Keep the children and staff that were in the same room as the case-patient in the same room until their parents come to get them. Do not mix children and staff from the affected room with children or staff from non-affected rooms.

• After the room is empty, open outside doors and windows to increase air circulation in the affected areas.

• Wait up to 24 hours (or as long as possible) after the person with COVID-19 was last in the room before cleaning and disinfecting.

• Clean and disinfect all areas used by the person who is sick, such as school busses, classrooms, offices, bathrooms, and common areas, and shared electronic equipment like tablets, touch screens, keyboards, and remote controls.

• Focus on objects that are frequently touched, such as doorknobs, light switches, bathroom sink and flush handles, desks, chairs, lockers, and playground structures.

• Clean and disinfect surfaces starting from the areas with a lower likelihood of virus contamination to areas with highly contaminated surfaces (e.g., frequently handled items). This includes cleaning common areas of the facility prior to rooms where ill persons were present.

• Vacuum the space if needed. Use a vacuum equipped with high-efficiency particulate air (HEPA) filter, if available. Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night, for common spaces, or during the day for private rooms.

• Temporarily turn off in-room, window-mounted, or on-wall recirculation HVAC to avoid contamination of the HVAC units. Do NOT deactivate central HVAC systems. These systems tend to provide better filtration capabilities and introduce outdoor air into the areas that they serve.

• Consider temporarily turning off room fans and the central HVAC system that services the room or space, so that particles that escape from vacuuming will not circulate throughout the facility.

• For soft (porous) surfaces such as carpeted floors or rugs, clean the surface with detergents or cleaners appropriate for use on these surfaces, according to the textile’s label.

• After cleaning, disinfect with an appropriate EPA-registered disinfectant on List N: Disinfectants for use against SARS-CoV-2.

• Follow the disinfectant manufacturer’s safety instructions (such as wearing gloves and ensuring adequate ventilation), concentration level, application method and contact time.

• Allow sufficient drying time if vacuum is not intended for wet surfaces.

• Once area has been appropriately disinfected, it can be opened for use.

If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary; the facility will only need your routine cleaning and disinfection to reopen. This is because the virus that causes COVID-19 has not been shown to survive on surfaces longer than this time.
Consider Short-term Closure

If there are one or more cases of COVID-19 among children or staff, with potential exposures to others in the facility because the ill person attended while contagious, the facility should consider short-term closure of the facility in order to more quickly complete necessary contact tracing and carry out thorough deep cleaning. Closure may be recommended for the whole facility or just for one or more specific areas of the facility in which the infected person spent time.

Benefits of temporary facility closure:

- Children and staff are immediately separated from each other and quarantined at home, preventing any further contact and transmission among children and staff in the facility.
- Closure more easily enables a thorough deep cleaning and disinfection of the facility without children being present.
- Facility and public health staff can use closure time to identify close contacts of cases, determine if other groups could have been exposed, and decide appropriate next steps (e.g., expansion of scope or duration of closure, quarantine of additional contacts).

Advantages of closures must be weighed against the economic burden placed on staff and children’s parents, loss of key members of the workforce, and impacts on social-emotional health of children. Facilities and health departments should take into consideration the needs and well-being of the staff and families served and decide what is best for the situation. Decisions to close should be made in consultation with the local health department and/or regional DCF licensing specialists.

The duration of the closure should be based on the estimated amount of time the facility and local health department think it will take to complete anticipated contact tracing and remediation activities in the facility, given the resources of the local health department and the facility. In response to a single case, a short-term closure of 3-5 days is generally sufficient. The duration of the closure can be extended as necessary.

In terms of scope, the closure should be limited to the smallest unit where case(s) occurred and contacts were likely exposed. Depending on the size of the child care facility and the number of areas visited by the case-patient, it may be possible to close down only certain rooms or wings of a facility (i.e., partial closure), thus excluding only the persons at highest risk while allowing the rest of the facility to continue to operate. Facility-wide closures shut down all rooms, or areas of the facility at the same time. (Note: in a large child care facility campus with multiple programs, only the affected building would need to be closed, unless persons with COVID-19 had contacts in multiple buildings). The decision as to which approach is best is made in consultation with the local health department on a case-by-case basis with consideration of the distribution of known cases and contacts, extent of potential environmental contamination, and other factors, such as how quickly contacts can be traced and the facility can be cleaned and disinfected.
In the Event of a Closure

Facilities should:

- Notify their DCF Licensing Specialist or certification worker immediately.
- Notify parents and staff immediately of their plans for closure and proposed closure and reopening dates (p. 36). Inform parents about the nature and extent of risk to their children and whether that risk indicates a need for quarantine and testing. Template notification letters are provided in the resources section (p. 71 - 77).
- Staff involved in contact tracing or environmental cleaning may need to return to the facility; however, staff known to be close contacts of a case should work on contact tracing remotely and not be involved in cleaning at the facility where they may be exposing others. Non-exposed staff who must return to the facility should practice physical distancing, wear a cloth face covering at all times, and use proper PPE when cleaning.
- Maintain regular communications with their local public health department and inform them of their cleaning, investigation, and control progress.
- Instruct children and staff to quarantine at home, limit exposures to other people, monitor for symptoms, and not attend other child care facilities or group babysitters as this may spread the disease to additional facilities. Provide families and staff members with a copy of the DHS flyer “Next Steps: while you wait for your COVID-19 test results”
- Encourage families to limit caretakers at home during the closure or quarantine period to younger household members (under age 65) so as not to potentially spread the disease to high-risk older caretakers or other families.

Extension of Closure Duration

The child care facility should work with their local health department and DCF licensing specialist/certification worker to determine when it is safe for the facility to reopen. In some cases, the proposed reopening date may need to be pushed back in response to logistics or investigation findings. A closure may need to be extended if:

- New cases are identified in a different area of the facility or if the outbreak appears to be spreading beyond the initially quarantined population.
- The proportion of cases and contacts requiring isolation and quarantine prohibits safe operation.
- In order to reopen, mixing of children or staff between groups would be necessary (this is not recommended).
Quarantine extensions following transmission among family members prevent too many staff and/or children from returning to resume normal operations.

The necessary cleaning and disinfection of the facility has not occurred by the proposed reopening date.

Contact tracing has not been completed by the proposed date of reopening.

**Implement Enhanced Surveillance and Health Screening**

If not already in place, institute temperature and symptom screening for children and staff members. Early recognition of increased illness or absenteeism and limiting the number of potential contacts is key to controlling outbreaks. Refer to more detailed instructions in the sections on *Health Screening at Entry (p. 6)* and *Detecting COVID-19 Cases and Outbreaks in the Child Care Facility (p. 27)* of this guidance.

**Review and Improve Infection Prevention Strategies**

While facility cleaning and contact tracing are underway, facility staff and managers, along with regional DCF licensing specialists (if requested), should review the infection prevention strategies already in place at the facility and revise them as necessary. Compare facility strategies with the most current guidance on COVID-19 infection control in child care settings from the CDC, DCF, and DHS to identify any possible gaps or areas for improvement (see *Part I: Outbreak Prevention Measures in the Child Care Facility, p. 6*).

First, investigate how the child/staff member may have acquired COVID-19 at the facility.

- Review their activities in the program during the two weeks before they became ill.
- Interview the case-patient(s) primary caregivers at the facility and identify which playmates and toys/equipment the case-patient(s) had frequent contact with.
- Communicate with the local health department about the results of their investigation so far and what you have learned about the kinds of exposures case-patient(s) had both before and after they became sick. Pay special attention to areas where case(s) were identified and the environments they visited.
- Without penalty, ask caretakers and cleaning staff if there had been any breakdowns in any of the prevention measures in the two weeks leading up to the outbreak (e.g., problems maintaining physical distancing, forgot to disinfect tables one day).
- Address any identified breakdowns to help prevent additional cases or future outbreaks.

Understand that it may be difficult to enforce COVID-19 prevention strategies 100% of the time when young children are involved.
Second, review and evaluate current infection prevention and control measures.

Use the Outbreak Investigation and Control Checklist for Child Care Facilities (p. 60) and refer to the best-practice outbreak prevention measures presented in Part 1 of this guidance to identify and address any possible gaps or areas for improvement in current infection prevention measures.

**Monitor for New Cases in the Child Care Facility**

The child care facility should continue to actively monitor for new cases in children and staff for one month after the latest outbreak case was last present at the facility. This includes keeping and reviewing a line list of illnesses, monitoring absenteeism and reasons for absenteeism, and being in communication with the local health department when any concerns or questions arise. Temperature and symptom screening should continue in order to decrease the likelihood of new cases entering the facility. Staff should continue to be vigilant for children who become symptomatic while in child care and immediately isolate them. Staff should also be vigilant for children or staff who should be at home in isolation or quarantine who attempt to enter the facility too early. Make note of any persons in your facility who test positive for COVID-19 when notified by the local health department and what their expected return to child care date is.

**What if additional illnesses are identified in the facility?**

If ill individuals are identified in the facility, facilities should continue to exclude them and encourage COVID-19 testing. If additional cases are identified in the facility, the facility must notify the local health department so public health follow-up can be coordinated. Facilities should continue to add ill individuals to their line list, send ill individuals home as soon as possible to isolate, assist the local health department in identifying contacts of those new cases, and share line lists and contact information with the local health department to help control the outbreak.

Facilities should review activities and exposures of the ill persons in the two weeks before they became ill to identify any links to other cases in the building through shared environments or staff. Any potential breakdowns in cleaning or management of ill children and staff should be rectified immediately to prevent further spread.
Outbreak Closeout Instructions for the Facility

An outbreak is considered to be **over when 28 days have passed since the last date of exposure in the facility without any new cases occurring in the facility.** At this point in the investigation, the facility should review their line list and present a final copy of the line list to the local health department. Any additional documentation requested from the local health department should be included. The local health department will then declare the outbreak over and close out the investigation.

This is also an appropriate time to review what went well during the outbreak response and what could be improved upon should another outbreak occur in the facility. Facilities can consider conducting a “hot wash” or after-action review of the investigation with their local health department, which can be a beneficial exercise for identifying ways in which outbreak response could be improved.
GLOSSARY AND SELECT DEFINITIONS

Asymptomatic: A state of being in which a person does not have any symptoms or clinical signs of disease, even though they might still be infected with a pathogen and/or capable of spreading disease.

CDC: U.S. Centers for Disease Control and Prevention.

Certified child care program/facility: A child care program that has committed to a voluntary form of regulation by DCF. Certification is available for family child care providers who are not required to be licensed, but who wish to care for fewer than 3 children under 7 years of age. Families who receive a child care subsidy may select either certified or licensed child care programs.

COVID-19: The name for the disease caused by infection with novel type of coronavirus called SARS-CoV-2 that was identified in late 2019.

Child care facility: For purposes of an outbreak investigation, the child care facility is the business or operation where the outbreak is taking place. The term can be used for the physical building as well as the operation itself. A child care facility may also be known as a child care program, child care center, day camp for children, and applies to both large care centers and smaller, in-home child care operations.

DCF: Wisconsin Department of Children and Families. The DCF is the state agency responsible for licensing and ongoing regulation of child care centers.

DPH: Division of Public Health, Wisconsin Department of Health Services.

Incubation Period: The time from exposure to the causative agent (i.e., pathogen) until the first symptoms develop.

Infectious period: The period of time during which an individual with a particular infection is capable of spreading the disease to other people. For COVID-19 infections, this is the period beginning 2 days before the onset of clinical symptoms until 10 days have passed from symptom onset AND symptoms have improved AND the patient has been fever-free for 24 hours. For persons who test positive but are asymptomatic, their infectious period is two days before the date their positive specimen was collected until 10 days after their positive specimen was collected.

Isolation: Confinement of an ill person (or person with a positive test result but no symptoms) at home away from other people until they are completely recovered so they do not make other people sick. Notes:
- Sick people are isolated until 10 days have passed since their symptoms started and they have been fever-free for 24 hours and symptoms have improved.
- Asymptomatic positive people are isolated until 10 days have passed since their tested specimen was collected.
Licensed child care programs/facilities: Under Wisconsin law, no person may provide care and supervision for four (4) or more children under the age of 7 for less than 24 hours a day unless that person obtains a license to operate a child care center from DCF. This does not include a relative or guardian of a child who provides care and supervision for the child; a public or parochial school, a person employed to come to the home of the child's parent or guardian for less than 24 hours a day; or a county, city, village, town, school district, or library that provides programs primarily intended for recreational or physical purposes.

There are 3 different categories of state licensed child care:

- Licensed Family Child Care Centers provide care for between 4 and 8 children under age 7. This care is usually in the provider's home. Also known as Family Providers.
- Licensed Group Child Care Centers provide care for 9 or more children under age 7. These centers are usually located somewhere other than a residence and may be small or large in size. Also known as Group Centers.
- Licensed Day Camps are seasonal programs that provide experiences for 4 or more children 3 years of age and older. These programs usually operate in an outdoor setting.

Note: Certified child care programs are programs that provide care for 3 or fewer children under age 7 and undergo a voluntary certification process.

Local Health Departments (LHDs): Health departments in place at the local level, many of which are tribal-, county- or municipality-based. Wisconsin is a home rule state and therefore, local health departments are the first avenue for investigating and responding to an outbreak.

PPE: Personal protective equipment (e.g., gloves, gowns, surgical masks, face shields, goggles). The PPE recommended for use depends upon the nature of the task and potential infectious or environmental hazards expected for that task.

Quarantine: For COVID-19, the confinement of well persons who were exposed to the SARS-CoV-2 virus away from other people for 14 days so that if they develop symptoms during that time, they will not make other people sick. Quarantine may be shortened to 10 days after the date of last exposure, provided people still monitor for symptoms, wear a mask, and physical distance for the full 14 days. Quarantine may be shortened further to 7 days after the date of last exposure if a person receives a negative test result (PCR or antigen) that was collected on day 6 or 7 provided people still monitor for symptoms, wear a mask, and physical distance for the full 14 days.

Well Date: First date when all acute symptoms have resolved.
REFERENCES


ACKNOWLEDGEMENTS

Portions of this guidance document were adapted from the following documents prepared by other state and federal public health departments and child care regulatory bodies:


**Web Resources**

**Centers for Disease Control and Prevention (CDC)**

- Sequence for Donning and Doffing Personal Protective Equipment (PPE), [https://www.cdc.gov/niosh/npptl/pdfs/PPE-Sequence-508.pdf](https://www.cdc.gov/niosh/npptl/pdfs/PPE-Sequence-508.pdf)

**Wisconsin Department of Children and Families (DCF)**

- Reopening and Operating Guidance for Child Care Providers, [https://dcf.wisconsin.gov/covid-19/childcare/providers](https://dcf.wisconsin.gov/covid-19/childcare/providers)
- COVID-19 Child Care Resources, [https://dcf.wisconsin.gov/covid-19/childcare](https://dcf.wisconsin.gov/covid-19/childcare)
Wisconsin Department of Health Services (DHS), Division of Public Health (DPH)


Other

- Wisconsin Administrative Code Control of Communicable Diseases, https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/145/l/04/1
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incubation Period</td>
<td>The time from exposure to COVID-19 until the first symptoms develop.</td>
</tr>
<tr>
<td>Infectious Period</td>
<td>The period of time during which an individual with COVID-19 is capable of spreading the disease to other people. For COVID-19 infections, this is the period beginning 2 days before the onset of clinical symptoms until 10 days have passed from symptom onset AND symptoms have improved AND the patient has been fever-free for 24 hours. For persons who test positive but are asymptomatic, their infectious period is two days before the date their positive specimen was collected until 10 days after their positive specimen was collected.</td>
</tr>
<tr>
<td>Isolation</td>
<td>The confinement of a person with symptoms who is suspected of having COVID-19 or who has tested positive for COVID-19 (or a person with a positive test result but no symptoms) at home away from other people until they are completely recovered so they do not make other people sick. They should stay at home and away from others for at least 10 days since the first symptoms began AND be fever free without the use of fever-reducing medications for 24 hours AND with improvement of symptoms.</td>
</tr>
</tbody>
</table>
| Quarantine           | The confinement of well persons who were exposed to the virus through an ill person, positive person, or a person with a positive test result but no symptoms. This confinement involves the person remaining at home and away from other people for 14 days after the time of exposure, which is the safest strategy for preventing asymptomatic transmission of COVID-19. In this way, if they develop symptoms during that time, they will not make other people sick. Quarantine may be shortened to 10 days after the date of last exposure, provided people still monitor for symptoms, wear a mask, and physical distance for the full 14 days. Quarantine may be shortened further to 7 days after the date of last exposure if a person receives a negative test result (PCR or antigen) that was collected on day 6 or 7 provided people still monitor for symptoms, wear a mask, and physical distance for the full 14 days. For shortened quarantine periods to be acceptable, the following conditions must be met:  
  • The quarantined person monitors for and reports symptoms twice daily for 14 days.  
  • The quarantined person does not experience any symptoms of COVID-19.  
  • The quarantined person agrees to immediately self-isolate and contact the local public health authority and/or a healthcare provider if symptoms develop.  
  • The quarantined person adheres strictly to all recommended COVID-19 prevention measures (i.e., consistent mask use, physical distancing, and avoiding crowds) for 14 days. |
| Close Contact        | An individual is considered a close contact if any of following is true. If they:  
  • Were within 6 feet of a person with COVID-19 for more than 15 minutes total in a day,  
  • Had physical contact with the person,  
  • Had direct contact with the respiratory secretions of the person (i.e., from coughing, sneezing, contact with dirty tissue, shared drinking glass, food, or other personal items),  
  • Live with or stayed overnight for at least one night in a household with the person, unless strict separation was maintained. This includes no shared bathroom, bedrooms, or spaces. |
Outbreak Definitions (for reporting purposes)

<table>
<thead>
<tr>
<th>Suspected outbreak</th>
<th>At least two laboratory-confirmed case of COVID-19 in the same building with onset dates within 14 days of each other.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed outbreak</td>
<td>Two or more laboratory-confirmed cases of COVID-19 are identified in the building with onset dates within 14 days of each other, AND the public health investigation identifies an epidemiologic link between the illnesses and the facility (e.g. close contact occurred at facility, illnesses in same room, shared staff member among cases).</td>
</tr>
</tbody>
</table>

Children and staff members should be asked to stay home or return home if any of the following applies:

- If they have tested positive for COVID-19, with or without having symptoms, and their isolation period (per public health guidelines) has not been completed.
- If they have come in close contact with anyone who has COVID-19 in the last 2 weeks (they should be at home in quarantine; see definition of Close Contact on p. 33).

An individual should be sent home to self-isolate if, in the last 24 hours, they have had:

At least **two** of the following symptoms:

- fever (measured or subjective)*,
- chills,
- rigors (shivering associated with chills/fever),
- myalgia (muscle/body aches),
- headache,
- sore throat,

OR

Any **one** of the following symptoms:

- cough,
- shortness of breath,
- difficulty breathing,
- new olfactory disorder (e.g., loss of smell)
- new taste disorder (e.g., loss of taste)

*Any individual with fever, vomiting, or diarrhea should not attend or work at child care with these symptoms and should be sent home immediately. Since fever, vomiting, and diarrhea can also be COVID-19 symptoms, they are included in the list.
## Outbreak Investigation and Control Checklist for Child Care Facilities

Use this checklist when you are made aware of a **single case** (children or staff) or suspected or confirmed **outbreak** of COVID-19 in the child care facility.

### Report and inform

- [ ] Report the case and/or outbreak to:
  - The Local Health Department.
  - Your regional DCF licensing specialist.
- [ ] Participate in an initial conference call with the local health department to discuss the current situation and next steps.
- [ ] Notify all families of attendees and staff members of the situation and what they are to do.
- [ ] Remind all staff about COVID-19 infection prevention, how to recognize symptoms, and how to report illnesses to management and isolate ill children.
- [ ] Maintain a line list of all ill children and staff.

### Implement immediate infection control measures

- [ ] Immediately isolate and send home any ill children or staff. Follow local health department recommendations regarding exclusion (isolation/quarantine) to help contain spread.
- [ ] Consider whether it is necessary to quarantine entire groups or if temporary closure of affected areas is necessary, in consultation with the local health department.
- [ ] Assist the local health department with identifying persons who could have had close contact with the ill individual(s) using the Contact Tracing Checklist. Record names and contact information for close contacts in the Contact Tracing Tool.
- [ ] Ensure staff are trained in cleaning and disinfection procedures.
- [ ] Ensure cleaning staff know what PPE to use in what situations and how to properly put on and take off the PPE.
- [ ] Perform a deep cleaning of any areas of the facility where ill persons were present, including surfaces, toys, bedding, mats, and other items. Follow the Cleaning and Disinfection guidance and Cleaning Checklist.
- [ ] Provide sufficient gloves, gowns, aprons, masks, goggles, and face shields, and ensure that they are easily accessible to cleaning staff.

### Identify and remedy any potential gaps in current infection prevention strategies (see Section 1)

- [ ] If not already in place, institute health screening of children and staff before entry (temperature and symptom monitoring).
- [ ] Implement procedures for safe parent drop-off and pick-up.
- [ ] Have plans and procedures in place to keep sick children and staff out of the facility and to limit access of nonessential visitors.
- [ ] Review routine cleaning and disinfection practices in the facility.
  - [ ] Ensure adequate handwashing, cleaning, and disinfection supplies are available.
- [ ] Have plans and procedures in place for ensuring that children and staff who become sick while at the facility are isolated away from well persons and sent home as soon as possible.
  - [ ] Ensure all staff are aware of the plans and procedures.
- [ ] Have a plan for regular communication with local public health and DCF licensing specialist.
- [ ] Ensure all staff are trained in all health and safety policies and procedures.
- Promote good hygiene – reinforce handwashing and other personal illness prevention strategies with children and staff.
- Ensure that all children and staff over the age of 2 wear cloth facial coverings while in the facility or outside in cases where physical distancing is difficult to maintain.
- Practice physical distancing within the classroom, outside the classroom, and during outside play.
- Limit sharing of items such as materials, supplies, equipment, toys, and communal spaces.
- Review and/or implement precautions during meals and during snack time.

**Monitor for New Cases in the Child Care Facility**

- Continue to actively monitor for new cases in children and staff for one month after the latest outbreak case was last at the facility.
  - Maintain and regularly review a line list of illnesses, monitor absenteeism and reasons for absenteeism, and communication with the local health department when any concerns or questions arise.
<table>
<thead>
<tr>
<th>Report and inform</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ When notified of a suspected outbreak, obtain all facility details, contact information, and outbreak details and report the outbreak using the WEDSS outbreak module.</td>
</tr>
<tr>
<td>☐ Hold an initial conference call or meeting with the facility and members of your investigation team. The goals:</td>
</tr>
<tr>
<td>☐ Communicate important information about the disease, including communicability, mode of transmission, incubation period, and exclusion recommendations.</td>
</tr>
<tr>
<td>☐ Gather information about the child care facility:</td>
</tr>
<tr>
<td>• Full name and address of the facility</td>
</tr>
<tr>
<td>• Number of children and staff</td>
</tr>
<tr>
<td>• Names and phone numbers of key contacts at the facility</td>
</tr>
<tr>
<td>• COVID-19 prevention measures already in place</td>
</tr>
<tr>
<td>☐ Gather information about each case or outbreak:</td>
</tr>
<tr>
<td>• Number of COVID-19 cases (confirmed or probable) and whether in children and/or staff</td>
</tr>
<tr>
<td>• How the case(s) was detected or reported</td>
</tr>
<tr>
<td>• Symptoms</td>
</tr>
<tr>
<td>• Onset date(s)</td>
</tr>
<tr>
<td>• Date of last exposure at the facility (date last attended while symptomatic or before testing positive)</td>
</tr>
<tr>
<td>• Number of any other absent children or staff and their symptoms</td>
</tr>
<tr>
<td>• Known exposures or close contacts at the facility</td>
</tr>
<tr>
<td>• Known location(s) in the facility where case patient(s) spent time</td>
</tr>
<tr>
<td>• Contact information of case(s) and their parent(s)/guardian(s)</td>
</tr>
<tr>
<td>• Contact information for any additional absent (ill) children or staff</td>
</tr>
<tr>
<td>☐ Determine next steps, specific action items, and responsibilities of each person.</td>
</tr>
<tr>
<td>☐ Explain the contact tracing process to the facility director, the definition of close contact, and the need to work with facility staff and caregivers to identify and exclude any close contacts ASAP.</td>
</tr>
<tr>
<td>☐ Obtain information about known exposures and contacts and begin public health follow-up.</td>
</tr>
<tr>
<td>☐ Review immediate infection prevention and control recommendations with the facility.</td>
</tr>
<tr>
<td>☐ Encourage notification of attendee families and staff.</td>
</tr>
<tr>
<td>☐ Establish communications and set a check-in schedule with the facility.</td>
</tr>
<tr>
<td>☐ Start a line list with the help of facility staff.</td>
</tr>
<tr>
<td>☐ Manage outbreak data.</td>
</tr>
<tr>
<td>☐ Begin the contact tracing process in collaboration with the facility (see Contact Tracing section) and quarantine any household and close contacts.</td>
</tr>
<tr>
<td>☐ Recommend testing of all ill individuals and exposed contacts.</td>
</tr>
<tr>
<td>☐ Isolate any confirmed cases and quarantine close contacts and household contacts according to test results. Conduct public health follow-up for cases including routine interview, any supplemental interview developed, and contact tracing interview. Provide public health education.</td>
</tr>
<tr>
<td>☐ Ask facility to review best practices for COVID-19 prevention and help to identify any areas for improvement.</td>
</tr>
</tbody>
</table>
- Calculate release from isolation dates and release from quarantine dates for children and staff according to current DHS guidelines, or if delegating this task to the child care facility, provide instructions and refer them to the exclusion guidance. Encourage the facility to contact you with any questions.

- Continue to monitor for new illnesses, review and improve child care facility policies/practices as necessary, evaluate efficacy of control measures put in place and revise as necessary.

- Determine when outbreak is over and complete outbreak closeout procedures according to instructions in the PCA Portal.
# Illness Log / Line List Template

**Child Care Facility Name:**

_______________________________________

**Facility Address:**

_______________________________________________

**Contact info:**

_________________________________

<table>
<thead>
<tr>
<th>First name</th>
<th>Last name</th>
<th>Street Address</th>
<th>City</th>
<th>Parent / Guardian name(s) (if child)</th>
<th>Staff or Parent/Guardian phone number(s)</th>
<th>DOB</th>
<th>Sex (M/F)</th>
<th>Symptom onset date</th>
<th>SYMPTOMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example:</td>
<td>John</td>
<td>Doe</td>
<td>123</td>
<td>City</td>
<td>123-456-7890</td>
<td>1/1/18</td>
<td>M</td>
<td>6/10/2020</td>
<td>C, Fe (100.4); ST, Fa</td>
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<td></td>
<td></td>
<td></td>
<td>Main St</td>
<td>Donna Doe</td>
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</tr>
</tbody>
</table>

**Attendee [A] or Staff [S]:**

<table>
<thead>
<tr>
<th>Last date attended/ visited/ worked in facility</th>
<th>Areas in facility attended/ visited/ worked in 2 days before symptom onset until the time they left facility (e.g., 2yo room, bathrooms, play room)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>6/10/2020, 2 yo room A, 2 yo room B</td>
</tr>
</tbody>
</table>
# Contact Tracing Checklist for Cases in Child Care Facilities

When a new case of COVID-19 is identified in a child care attendee or staff member, the child care facility and/or local health department should:

- **Identify all COVID-19 cases in the facility AND also record any other symptomatic children and staff in, or recently in, the facility on a line list.**

- **Determine the date and time that symptoms first started and the last date and time that the person with COVID-19 was in the child care facility (e.g., before being sent home or excluded). Record the person’s name and these dates on a copy of the [Contact Tracing Tool for Child Care Facilities](#).**

- **Identify all the areas where the person with COVID-19 spent time, visited, or used during the time period beginning **two days before** the onset of symptoms until the time they were last in the facility. This includes classrooms, bathrooms, play areas, program-sponsored transportation, lunch tables, other common areas, break rooms, etc. The [Contact Tracing Tool for Child Care Facilities](#) is designed to help you collect this information and provides additional instructions.**

- **The next step is to **identify all of the children and staff the ill individual could have had close contact with during their infectious period** and list those people on the Contact Tracing Tool.**
  - When in doubt of whether a person had close contact with the ill individual, err on the side of caution and include them as a close contact. This is more protective and more likely to stop spread of the virus to others.
  - If a person cannot recall who they did or did not have close contact with, or it cannot be determined whether all children/staff in a room would have had close contact or not, all children/staff in the same group/classroom should be considered to be close contacts.
  - Note: a person identified as a close contact should still be considered a close contact even if they were wearing a mask or cloth face covering. This is also true if the ill person was wearing a mask or cloth face covering at the time the exposure occurred. The only exception to this is if a staff member is wearing proper personal protective equipment for the duration of the exposure that includes a surgical mask (not a cloth face covering), gloves, gown (if needed), and eye protection.

- **Provide the completed Contact Tracing Tool or line list and contact information for all identified close contacts to the local health department so they can perform additional public health follow up.**
  - **Update the health department whenever a new case or contact is identified.**
  - **Contact the local health department with any questions about the process.**
**Contact Tracing Tool for Child Care Facilities**

Date form completed: ___ / ___ / ___           Completed by: _________________________

**Instructions**: Enter the name of the person with COVID-19 and date their symptoms started (or date of positive test, if symptom start date is unknown). Calculate the start of the infectious period, which is when the person positive for COVID-19 was first able to spread the virus to other people. Using the definition of close contact* and the instructions on the back of this page, identify all people (children and staff members) that the person with COVID-19 likely had close contact with between the start of their infectious period and the date and time when they were sent home (or were last in the facility). These people are considered to have been exposed to the virus and must be sent home to self-quarantine for 14 days (this period may be shortened if certain conditions are met (p. 39)

### INFORMATION ON PERSON WITH COVID-19

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date symptoms started: _____ / _____ / ______</th>
<th>Start of infectious period: (2 days before symptoms started) _____ / _____ / ______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date last attended/worked in child care program: _____ / _____ / ______</td>
<td>Time last attended/worked in child care program (if known): _____ : ______ PM</td>
<td></td>
</tr>
</tbody>
</table>

### INFORMATION ON CONTACTS

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Sex (Male, Female, Other)</th>
<th>Age</th>
<th>Parent/guardian name(s) [if child]</th>
<th>Parent/guardian phone number</th>
<th>Date of last exposure to person with COVID-19</th>
<th>Nature of contact with person with COVID-19 (e.g., direct contact, within 6ft for &gt;15 min., shared cup, etc.)</th>
<th>Does this contact have any symptoms?</th>
<th>If YES, date symptoms started</th>
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*close contact*
Identifying Close Contacts in a Child Care Setting

To effectively identify close contacts in a child care setting, the definition of close contact must be interpreted to include specific activities and behaviors that occur in the child care setting but may not occur in other settings. Consider the types of activities that would result in a child/staff member having physical contact with the person positive for COVID-19 or would result in direct contact with their respiratory secretions (from their nose, throat, mouth, and lungs). When in doubt about whether close contact occurred or not, include the person on the list and the local health department can make a final determination based on your description of the activity/behavior.

To determine whether a person had close contact with a person with COVID-19, consider/ask the following questions. If the answer is “yes” to any of the following questions, answer “Yes” to the person having close contact in the list on the first page and describe the nature of the exposure.

- Did the child/staff member have physical contact with the person with COVID-19?
- Was the child/staff member within 6 feet of the positive person for more than 15 minutes total in a single day (whether or not each was wearing a mask)?
- Does the child/staff member live with or did they stay overnight in the home of the positive person?
- Could the child/staff member have had contact with any of the positive person’s respiratory secretions or saliva? Examples include: being coughed/sneezed on; contact with a dirty tissue; sharing items that have been in the positive person’s mouth (drinking glass, bottles, eating/feeding utensils, food, towels, bedding, pacifiers, toys), or other personal items).
- Did the child/staff member engage in any of following close contact behaviors in a child care setting?
  - Sharing pacifiers or mouthing toys (e.g., teethers, stacking rings, rattles, grasping toys, etc.) with others
  - Hugging between children or staff, or when a caregiver is comforting a child
  - Sharing or stealing food from plates or bottles, sippy cups, or glasses from other children
  - Use and sharing of toys that may allow direct contact with respiratory secretions, like musical instruments (e.g., kazoo, recorder, harmonica, whistle, etc.).
  - Putting board books, soft cloth books, and plastic books that haven’t been cleaned into their mouths.
  - Carrying out active games indoors during inclement weather (e.g., duck duck goose, calisthenics)
  - Certain games or activities that involve increased or more intense physical closeness (e.g., twister, dancing, etc.)
  - Use of sensory tables or sensory bins without implementation of strict hand hygiene
  - Close contact outside on the playground
  - Close contact associated with any carpooling or center-provided transportation
COVID-19 Return to School or Child Care Table
Determining When a Student, Child Care Attendee, or Staff Member can Return to School or Child Care

Purpose
The purpose of this document is to assist school health care staff, child care staff, and public health officials in determining when a student, child care attendee, or faculty/staff member needs to be excluded from the facility for COVID-19 quarantine or isolation. The chart uses three criteria to determine this: close contact, symptoms, and COVID-19 test status.

How to Use
The first step is to determine if the individual was a close contact to a person with COVID-19 based on the definition below and then selecting the appropriate chart on the next page. The second step is to determine if the individual is showing symptoms of COVID-19 (symptomatic) or not. Finally, determine if they were tested for COVID-19 and the result of the test. Key definitions are provided below. When an individual’s symptom, contact, or test status changes, their quarantine or isolation requirements should be reassessed.

Definitions
Isolation means keeping sick people away from healthy ones. This usually means that the sick person rests in their own bedroom or area of your home and stays away from others. This includes staying home from school or child care.

Quarantine means separating out people who were around someone who was sick, just in case they get sick. Since people who were around other sick people are more likely to get sick themselves, quarantine prevents them from accidentally spreading the virus to other people even before they realize they are sick. Usually people who are in quarantine stay at home and avoid going out or being around other people. This includes staying home from school or child care.

Close contact: An individual is considered a close contact if any of following is true. If they:
- Were within 6 feet of a person with COVID-19 for more than 15 minutes total in a day,
- Had physical contact with the person,
- Had direct contact with the respiratory secretions of the person (i.e., from coughing, sneezing, contact with dirty tissue, shared drinking glass, food, or other personal items),
- Live with or stayed overnight for at least one night in a household with the person.

These close contact criteria apply regardless of mask use, face shields, or physical barriers such as Plexiglas or plastic barriers. The only exception is if a healthcare worker in a school setting is wearing the proper personal protective equipment.

Symptoms
Symptoms are considered consistent with COVID-19 when one of the symptoms marked with a (^) or two of the other symptoms are present above baseline for that individual.

Cough^ Shortness of breath or difficulty breathing^ New loss of taste or smell^ Congestion or runny nose
Fever or chills* Nausea or vomiting* Diarrhea* Headache Fatigue Muscle or body aches Sore throat

*Note: Vomiting, diarrhea, and fever — alone or together — should exclude a person from school or child care.
**Individual is NOT a known close contact to a COVID-19 case:**

<table>
<thead>
<tr>
<th>Symptoms?</th>
<th>Test Result</th>
<th>Recommendations for isolation or quarantine and when individuals can return to school</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>POSITIVE (PCR or antigen)</td>
<td>Must isolate at home for at least 10 days since the first symptoms began AND be fever free without the use of fever-reducing medications for 24 hours AND with improvement in symptoms. Repeat testing is NOT recommended for deciding when people can return to work or school. Siblings, household members, and other close contacts should follow the close contact chart below.</td>
</tr>
</tbody>
</table>
| YES       | Negative (PCR, not antigen*) | Must be fever free for 24 hours without the use of fever-reducing medications if negative by PCR. If diagnosed with another condition, the individual must complete the exclusion period for the diagnosed disease as listed on the [Wisconsin Childhood Communicable Diseases Wall Chart](#). An alternative diagnosis is not required. Siblings and household contacts do not need to quarantine.  
*A negative antigen test* result from a symptomatic child or staff member should be confirmed with a PCR test, collected within 48 hours of the initial test. The child or staff member should isolate and siblings and household members should quarantine while waiting for the PCR results. |
| YES       | Not tested             | The individual must remain home for at least 10 days since the first symptoms began AND be fever free without the use of fever-reducing medications for 24 hours AND with improvement of symptoms. Siblings and household members should follow the close contact chart below for exclusion.  
If diagnosed with another condition that explains the symptoms, such as influenza or strep throat, the symptomatic person does not need to isolate and household members do not need to quarantine. Follow guidance from the health care provider and exclusion period of the diagnosed disease as listed on the [Wisconsin Childhood Communicable Diseases Wall Chart](#). |
| No        | POSITIVE (PCR or antigen*) | Must isolate at home for 10 days after the day the sample was collected. Siblings, household members, and other close contacts should follow the close contact chart below.  
*A positive antigen test from an asymptomatic child or staff member should be confirmed with a PCR test, collected within 48 hours of the initial test. The child or staff member should isolate and close contacts should quarantine while waiting for the PCR results. If the PCR test is negative the case may be released for isolation and close contacts released from quarantine. |
| No        | Negative (PCR or antigen) | May attend school or child care if negative by PCR or antigen test. |
| No        | Not tested             | May attend school or child care. |
**Individual IS a known close contact to a COVID-19 case:**

<table>
<thead>
<tr>
<th>Symptoms?</th>
<th>Test Result</th>
<th>Recommendation for isolation/quarantine and when can return to school</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YES</strong></td>
<td>POSITIVE (PCR or antigen)</td>
<td>Must isolate at home for at least 10 days since the first symptoms began AND be fever free without the use of fever-reducing medications for 24 hours AND with improvement in symptoms. Repeat testing is NOT recommended for deciding when people can return to work or school. Siblings, household members, and other close contacts should also follow this chart to determine quarantine length.</td>
</tr>
</tbody>
</table>
| **YES**   | Negative (PCR or antigen) | • Must quarantine for 14 days after the last contact with the COVID-19 positive person. If the exposure is to a household member and the case cannot properly isolate away from others at home, the last date of contact may be the last day of isolation for the case.  
• If tested by **PCR test**, the individual must also be fever free for 24 hours without the use of fever-reducing medications AND if diagnosed with another condition, they must complete the exclusion period for the diagnosed disease as listed on the [Wisconsin Childhood Communicable Diseases Wall Chart](https://wisconsin.gov/health/cdc/wisconsin-childhood-communicable-diseases-wall-chart). An alternative diagnosis is not required.  
• If tested by **antigen test**, the individual must also isolate at home for at least 10 days since the first symptoms began AND be fever free without the use of fever-reducing medications for 24 hours AND with improvement in symptoms. Follow-up PCR testing is recommended for these individuals within 48 hours of the negative antigen test.  

**The criteria in the first bullet AND either the second or third bullet above must be met before returning to school or child care.** |
| **YES**   | Not tested           | • Must quarantine for 14 days after the last contact with the COVID-19 positive person. If the exposure is to a household member and the case cannot properly isolate away from others at home, the last date of contact may be the last day of isolation for the case.  
• The individual must also remain home for at least 10 days since the first symptoms began AND be fever free without the use of fever-reducing medications for 24 hours AND with improvement of symptoms.  

**The criteria in both of the above bullets must be met before returning to school or child care.** |
| **NO**    | POSITIVE (PCR or antigen) | Must isolate at home for 10 days from the day the sample was collected. Siblings, household members, and other close contacts should also follow this chart to determine quarantine length.                                                                                                                                                                                                                                                                                                                                                                                                 |
| **NO**    | Negative (PCR or antigen) | If the individual’s test result was collected on or after day 6 of quarantine, quarantine may end after day 7. The individual must continue to monitor for symptoms for the full 14 days from last exposure before returning to school or child care. If the exposure is to a household member and the case cannot properly isolate away from others at home, the last date of contact may be the last day of isolation for the case.  

**No** | Not tested | • Must quarantine for 14 days from the date of last exposure before returning to school or day care. Quarantine may be shortened to 10 days after the date of last exposure, provided people still monitor for symptoms, wear a mask, and physical distance for the full 14 days. Quarantine may be shortened further to 7 days after the date of last exposure if a person receives a negative test result (PCR or antigen) that was collected on or after day 6 provided people still monitor for symptoms, wear a mask, and physical distance for the full 14 days.  
• If the exposure is to a household member and the case cannot properly isolate away from others at home, the last date of contact may be the last day of isolation for the case. |
Template Letter to Parents/Guardians – Confirmed COVID-19 Case(s) in Child Care Program

[Date]

Dear Parents/Guardians of [Program name] Attendees,

This letter is to notify you that [one] of our program attendees or staff members has tested positive for COVID-19. We are actively working with the [insert county/city] Health Department to quickly identify, notify, and quarantine any children or staff who may have come into close contact with [this person] and be at risk of getting sick. We are also performing a thorough deep cleaning and disinfection of the school environment to control the spread of illness.

About COVID-19

COVID-19 is an illness caused by a coronavirus. It is spread from person to person through droplets created when we cough, sneeze, talk, sing, or laugh. Most people — especially children — who get COVID-19 have mild illness, similar to having a cold or the flu. However, in others it can cause severe illness, such as pneumonia.

Symptoms of COVID-19 include:

- Fever (temperature 100.4°F or higher)
- Cough
- Trouble breathing
- Chills
- Muscle or body aches
- Loss of sense of taste or smell
- Runny nose or nasal congestion
- Fatigue
- Nausea, vomiting, or diarrhea

The CDC’s website has good information about COVID-19: [www.cdc.gov/coronavirus](http://www.cdc.gov/coronavirus)

What to Expect

If your child had close contact with the person with COVID-19, you will receive a separate letter with special instructions about monitoring, testing, and how to protect others in your home from getting sick.

If your child did not have close contact with the person with COVID-19 in our program, you will not receive another letter. You should, however, continue to stay home as much as possible, wash hands frequently, keep six feet away from others, wear a mask or cloth face covering in public, watch for symptoms of COVID-19 in your children and family. If your child has an underlying health condition, you may wish to discuss with your health care provider whether or not your child should attend child care.

Someone from the [insert tribal/county/city] Health Department may reach out to you with questions. Please assist them as they work to investigate and control COVID-19 in our child care program.
Prevent Further Spread

The following guidelines will help prevent further spread of illness in our child care program:

- Notify the child care program if your child is diagnosed with COVID-19.
- Notify the child care program if your child had contact with someone who has COVID-19.
- Keep children home when they are sick. This includes not attending child care, school, group activities, play dates, or public places.
- Encourage good habits: frequent handwashing, covering coughs and sneezes, use of face coverings in public (if over age 2), and staying home as much as possible.

If you have any questions, please call [insert full name and position] at [phone #].

Sincerely,

[Print name]

[Title]
Template Letter to Parents/Guardians – Confirmed COVID-19 Case(s) in Child Care Program with Decision to Temporarily Close

[Date]

Dear Parents/Guardians of [Program name] Attendees,

This letter is to notify you that [one] of our program attendees or staff members has tested positive for COVID-19. We are actively working with the [insert county/city] Health Department to quickly identify, notify, and quarantine any children or staff who may have come into close contact with [this person] and be at risk of getting sick. We are also performing a thorough deep cleaning and disinfection of the school environment to control the spread of illness.

In order to prevent the spread of illness within our program, we have made the decision to temporarily close for [two weeks] beginning [date]. This temporary closure will enable us to work with the [insert tribal/county/city] Health Department to quickly identify people at highest risk of becoming sick, allow for children and staff to monitor for symptoms of COVID-19 and be tested for COVID-19, and perform a thorough deep cleaning and disinfection of the child care environment. We plan to reopen our program on [date]. If this changes, we will notify you as soon as possible.

What to Expect

During the period when we are closed, we ask that you keep your child at home and monitor them for any symptoms of COVID-19. If your child had close contact with the person with COVID-19, you will receive a separate letter with special instructions about monitoring, testing, and how to keep others in your home from getting sick.

If your child did not have close contact with the person with COVID-19 in our program, you will not receive another letter. You should, however, continue to stay home as much as possible, wash hands frequently, keep 6 feet away from others, wear a mask or cloth face covering in public, watch for symptoms of COVID-19 in your children and family. If your child has an underlying health condition, you may wish to discuss with your health care provider whether or not your child should attend child care.

Someone from the [insert tribal/county/city] Health Department may reach out to you with questions. Please assist them as they work to investigate and control COVID-19 in our child care program.

About COVID-19

COVID-19 is an illness caused by a coronavirus. It is spread from person to person through droplets created when we cough, sneeze, talk, sing, or laugh. Most people — especially children — who get COVID-19 have mild illness, similar to having a cold or the flu. However, in others it can cause severe illness, such as pneumonia. Symptoms of COVID-19 include:

- Fever (temperature 100.4°F or higher)
- Cough
- Trouble breathing
- Chills
- Muscle or body aches
- Loss of sense of taste or smell
- Runny nose or nasal congestion
- Fatigue
- Nausea, vomiting, or diarrhea
The CDC’s website has good information about COVID-19: www.cdc.gov/coronavirus

Prevent Further Spread

The following guidelines will help prevent further spread of illness in our child care program:

- Notify the child care program if your child is diagnosed with COVID-19.
- Notify the child care program if your child had contact with someone who has COVID-19.
- Keep children home when they are sick. This includes not attending child care, school, group activities, play dates, or public places.
- Encourage good habits: frequent handwashing, covering coughs and sneezes, use of face coverings in public (if over age 2), and staying home as much as possible.
- Clean and disinfect frequently touched surfaces in the home at least daily, including tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.

If you have any questions, please call [insert full name and position] at [phone #].

Sincerely,

[Print name]

[Title]
Template Letter to Parents/Guardians – Close Contact to a COVID-19 Case at Child Care

(Letter can be adapted to send to exposed staff members)

[Date]

Dear [Insert parent/guardian names],

This letter is to notify you that your son/daughter [insert child’s name] has been in close contact with a person in our program who has COVID-19. This means that your child is at higher risk of becoming ill from the virus. [Insert child’s name] must stay home from the program (self-quarantine) for:

☐ 14 days
☐ 10 days

For 14 days starting today, please monitor [insert child’s name] for any symptoms of COVID-19 and notify your health care provider and the [insert tribal/county/city] Health Department at [insert phone #] right away if your child becomes sick. Household members may continue to attend child care, school, and work as long as no one in the household develops symptoms or tests positive for COVID-19. If this happens, please stay home and contact the health department.

The Wisconsin Department of Health Services and the CDC recommend that anyone who has had close contact with someone who has COVID-19 be tested, whether or not they have symptoms. The test for COVID-19 typically involves a quick swab of the inside of the nose. Your child can be tested at your regular health care provider, a local clinic, or a community testing site.

If your child will be tested, remember to call your health care provider before you go to the clinic. Tell the clinic about your child’s symptoms (if any) and that they had close contact to someone with COVID-19. Take this letter with you to show to the doctor.

Alternately, you can look for a community testing site near you at: www.dhs.wisconsin.gov/covid-19/community-testing.htm. Keep in mind that some community testing sites will not test children under a certain age. Call ahead to be sure your child can be tested.

About COVID-19

COVID-19 is an illness caused by a coronavirus. It is spread from person to person through droplets created when we cough, sneeze, talk, sing, or laugh. Most people — especially children — who get COVID-19 have mild illness, similar to having a cold or the flu. However, in others it can cause severe illness, such as pneumonia. Symptoms of COVID-19 include:

- Fever (temperature 100.4°F or higher)
- Cough
- Trouble breathing
- Chills
- Muscle or body aches
- Loss of sense of taste or smell
- Runny nose or nasal congestion
- Fatigue
- Nausea, vomiting, or diarrhea
The CDC’s website has good information about COVID-19: [www.cdc.gov/coronavirus](www.cdc.gov/coronavirus)

**Symptom Monitoring and Self-Quarantine**

Twice a day, from today until [insert quarantine end date], please take your child’s temperature and write down any signs of illness using the form on page 3 of “Next Steps: Close Contacts of Someone with COVID-19” (available at: [https://www.dhs.wisconsin.gov/publications/p02598a.pdf](https://www.dhs.wisconsin.gov/publications/p02598a.pdf)) [included]. If your child becomes sick with any COVID-19 symptoms, please call the [insert tribal/county/city] Health Department at [insert phone #].

**Get medical attention immediately** if your child has any of these warning signs:

- Trouble breathing
- Pain or pressure in the chest that isn’t going away
- New confusion or inability to be woken up
- Bluish color lips or face

**Prevent Further Spread**

The following guidelines will help prevent further spread of illness in our child care program:

- Follow the steps in the provided flier: “Next Steps: Close Contacts of Someone with COVID-19”.
- Monitor your child for symptoms.
- Keep your child quarantined for the length of time specified above.
- Contact your healthcare provider and the local health department if your child becomes sick.
- Keep students home when they are sick. This includes not attending child care, school, group activities, play dates, or public places.
- While a child is ill, child care should be provided in the home by household members as much as possible. Do not bring ill children to other child care centers or babysitting groups. Avoid having elderly persons care for ill children if possible, since they are at higher risk of severe disease from COVID-19.
- Encourage good habits: frequent handwashing, covering coughs and sneezes, use of face coverings in public (if over age 2), and staying home as much as possible.
- Clean and disinfect frequently touched surfaces in the home at least daily, including tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.

We will work with the [insert tribal/county/city] Health Department to notify you of the date when your child can return to child care. In the meantime, if you have any questions, please call [insert full name and position] at [phone #].

Sincerely,

[Print name]

[Title]
Template Letter to Parents/Guardians – Sending a Sick Child Home

[Date]

Dear [Insert parent/guardian names],

[Insert child’s name] was sent home from child care today because they were experiencing the following symptoms (check all that apply):

- Cough
- Shortness of breath/trouble breathing
- Fatigue
- New loss of sense of taste or smell
- Fever or chills
- Headache
- Sore throat
- Nausea or vomiting
- Runny nose or nasal congestion
- Diarrhea
- Muscle or body ache
- Poor eating/feeding (in infants)
- Extreme fussiness (in infants)

Based on these symptoms and under the guidance of the Wisconsin Department of Health Services and [insert tribal/county/city] Health Department, your child has symptoms consistent with novel coronavirus disease, or COVID-19.

INSTRUCTIONS FOR YOUR SICK CHILD

Please keep your child home from child care. Your child can return to child care on __________________________ [release from isolation date] as long as their symptoms have improved (gotten better), and they have not had a fever for 24 hours prior to the listed date.

Having your child tested for COVID-19 may allow them to return to child care earlier than this date. The test for COVID-19 typically involves a quick swab of the inside of the nose. Your child can be tested at your regular health care provider, a local clinic, or a community testing site. If your child will be tested, remember to call your health care provider before you go to the clinic. Tell the clinic about your child’s symptoms and if they had close contact to someone who has COVID-19. Take this letter with you to show to the doctor. Alternately, you can look for a community testing site near you at: https://www.dhs.wisconsin.gov/covid-19/community-testing.htm. Keep in mind that some community testing sites will not test children under a certain age. Call ahead to be sure your child can be tested.

If your child is tested, and the test result is positive for COVID-19, please contact your local health department and school for next steps. If your child is tested, and the result is negative for COVID-19, they can return to school (in-person instruction) when their symptoms have improved (gotten better), and they have not had a fever for 24 hours without the use of fever-reducing medications like Tylenol or Ibuprofen. Please call the child care facility ahead of time to be sure it’s okay for him/her to return to the facility.
If you seek medical care, and your child is diagnosed with something other than COVID-19, please follow your doctor’s advice on when your child can safely return to the facility. Your doctor may use the DPH childhood diseases wall chart guidelines to determine this date (https://www.dhs.wisconsin.gov/publications/p4/p44397.pdf).

INSTRUCTIONS FOR OTHERS IN THE HOUSEHOLD

Current scientific research shows that both children and adults can have COVID-19 and spread it to others without showing symptoms or feeling sick. To prevent spread to others in the child care facility, please keep all children in your household home and do not send them to child care or to in-person school until ___________________ [release from household contact quarantine date]. All persons in your household are strongly encouraged to self-quarantine following the CDC’s guidance (https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html). Self-quarantine includes staying home from work, leaving the house only when necessary, wearing a mask in public, washing hands frequently, not having visitors, not sharing utensils, towels or other personal items, and staying 6 feet from others in your home as much as possible. Monitor yourself and the others in your household for symptoms and see a doctor if you become sick.

If your child who was sent home with symptoms is tested for COVID-19 and the test result is negative, any children in your household can return to school or child care the next day, as long as they are still feeling well, and other members of the household would no longer need to self-quarantine.

We realize the burden this may place on your family, but we want to do what is best to keep you, your family, and others at the child care facility safe and well. If anyone in your household has needs that cannot be met during this isolation and self-quarantine period, please reach out to your local health department for guidance. Thank you for your cooperation.

Sincerely,

[Print name]

[Title]
Cleaning Schedule and Checklist for Child Care Facilities: Routine Cleaning and Deep Cleaning

This table provides recommendations for the frequency of cleaning, sanitizing, and disinfection of rooms, areas, and other relevant child care facility items during the COVID-19 pandemic. The table can be used as a checklist for routine cleaning or as a checklist for completing a “deep clean.” Additional information on both of these is included below.

The 3-step method is (1) WASH, (2) RINSE, and (3) SANITIZE or DISINFECT

**ROUTINE CLEANING**: Regular cleaning (and sanitizing or disinfecting, where applicable) of rooms, areas, and other relevant child care facility items during the COVID-19 pandemic. Employees can initial in the “Completed” column to indicate a task has been completed.

**DEEP CLEANING**: Thorough and extensive cleaning of environments that people with COVID-19 are known to have visited, as well as frequently touched surfaces. A “deep clean” is simply the completion of all tasks on a routine cleaning schedule, but completed all in the same 1-2 day period, rather than according to their routine weekly or monthly schedule.

### ROUTINE CLEANING

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Completed (Initials)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>X</td>
</tr>
<tr>
<td>Weekly</td>
<td></td>
</tr>
<tr>
<td>Before &amp; After Each Use</td>
<td></td>
</tr>
</tbody>
</table>

### DEEP CLEANING

<table>
<thead>
<tr>
<th>Completed (Initials)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Child Care Areas/Items

<table>
<thead>
<tr>
<th>Sanitize</th>
<th>Disinfect</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td>Several times during the day and at the end of the day.</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
<td>Recommended not to use during COVID-19 pandemic; instead use personal drinking cups or water bottles</td>
</tr>
</tbody>
</table>

**Sanitize**: Wash with soap and water

**Disinfect**: Use a disinfectant

**Comments**

- **MON**: Monday
- **TUE**: Tuesday
- **WED**: Wednesday
- **THUR**: Thursday
- **FRI**: Friday
- **SAT**: Saturday
- **SUN**: Sunday
### Child Care Areas/Items (continued)

<table>
<thead>
<tr>
<th>Item</th>
<th>Sanitize</th>
<th>Disinfect</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garbage cans</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upholstered furniture</td>
<td></td>
<td></td>
<td>Ideally, place bed sheet over upholstered furniture and machine wash sheet in hot water daily. If not possible, vacuum daily when children are not present. Clean and disinfect if bodily fluids are present. Link to more extensive cleaning recommendations.</td>
</tr>
<tr>
<td>Rugs and carpets</td>
<td></td>
<td></td>
<td>Vacuum daily when children are not present. Clean and disinfect if bodily fluids are present. Link to more extensive cleaning recommendations.</td>
</tr>
<tr>
<td>Floors (tile, linoleum, etc.)</td>
<td>X*</td>
<td></td>
<td>Sweep or vacuum, then sanitize.</td>
</tr>
<tr>
<td>Floors (carpet or rugs) or surfaces with bodily fluids and spit-up</td>
<td>X</td>
<td></td>
<td>Children should be moved from area contaminated prior to cleaning and disinfecting with either high heat or an EPA-registered product. Children should not return to carpeted areas until dry.</td>
</tr>
</tbody>
</table>

### ROUTINE CLEANING

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Completed (Initials)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>Before &amp; After Each Use</td>
</tr>
<tr>
<td>Weekly</td>
<td>MON</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DEEP CLEAN

<table>
<thead>
<tr>
<th>Completed (Initials)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
### Step 3

#### Comments

<table>
<thead>
<tr>
<th>Indoor Toys and Play Items</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mouthing toys</strong></td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>Remove from use after it has been in contact with mouth (or coughed or sneezed on), then clean, <strong>sanitize</strong>, rinse, and air dry prior to reuse. May also be cleaned in dishwasher.</td>
</tr>
</tbody>
</table>

| **Pacifiers** |
| X |
| Clean with soap and water between uses by same child. **Sanitize** either by boiling in hot water or washing in dishwasher once daily. **Pacifiers should never be shared.** |

| **Infant and toddler toys** (not including plush/soft toys) |
| X |
| **Toys that cannot be cleaned and sanitized should not be used.** |

| **Preschool and school age toys** (not including plush or soft toys) |
| X |
| Site specific cleaning schedule must be developed and followed. Be mindful of items more likely to be placed in a child’s mouth, like play food, dishes, and utensils. **Toys that cannot be cleaned and sanitized should not be used.** |

| **Hard books** |
| Hard books are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures. |

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### R U T I N E   C L E A N I N G

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Completed (Initials)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>Weekly Before &amp; After Each Use</td>
</tr>
<tr>
<td><strong>Sanitize</strong></td>
<td></td>
</tr>
</tbody>
</table>

| X* |

---

### D E E P   C L E A N

<table>
<thead>
<tr>
<th>Completed (Initials)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X*</td>
</tr>
</tbody>
</table>

---

**Note:**
- **X** indicates a task that should be performed.
- **X*** indicates a task that is required but may not always be completed due to various factors.
- **** Indicates important reminders or conditions.
### Step 3

**Sanitize** | **Disinfect**
---|---

#### Comments

**ROUTINE CLEANING**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Completed (Initials)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>Weekly</td>
</tr>
</tbody>
</table>

#### Indoor Toys and Play Items (continued)

<table>
<thead>
<tr>
<th>Item</th>
<th>Frequency</th>
<th>Completed (Initials)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soft/plush or cloth toys/soft-covered books</td>
<td>X</td>
<td><strong>CDC recommends removal of these objects from use during COVID-19 pandemic.</strong> Otherwise, these should be used by one individual at a time; machine wash in hot water before being used by another child.</td>
</tr>
<tr>
<td>Cloth toys and dress-up clothes</td>
<td>X</td>
<td><strong>CDC recommends removal of these objects from use during COVID-19 pandemic.</strong> Otherwise, machine wash in hot water and sanitize with bleach according to equipment manufacturer’s instructions after each child’s use.</td>
</tr>
<tr>
<td>Hats and helmets</td>
<td>X</td>
<td><strong>Cloth hats are not recommended during the COVID-19 pandemic.</strong> Otherwise, after each child’s use.</td>
</tr>
<tr>
<td>Play activity centers</td>
<td>X</td>
<td>BEFORE AND AFTER the item is shared with groups of infants and toddlers.</td>
</tr>
</tbody>
</table>

#### Sleeping Areas

<table>
<thead>
<tr>
<th>Item</th>
<th>Frequency</th>
<th>Completed (Initials)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laundry and bedding (sheets, pillows, blankets, sleep sacks, sleeping bags, etc.)</td>
<td>X</td>
<td>Machine wash in hot water and sanitize with bleach according to equipment manufacturer’s instructions. <strong>DCF rules require washing after every 5 uses, at a minimum.</strong></td>
</tr>
</tbody>
</table>
### Routine Cleaning

#### Sleeping Areas (continued)

<table>
<thead>
<tr>
<th>Item</th>
<th>Sanitize</th>
<th>Disinfect</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cribs, cots, mattresses, nap pads, and mats</td>
<td>X</td>
<td></td>
<td>Clean and sanitize before use by different child.</td>
</tr>
</tbody>
</table>

#### Toileting and Diaper Areas

<table>
<thead>
<tr>
<th>Item</th>
<th>Sanitize</th>
<th>Disinfect</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handwashing sinks, counters, toilets, sink and toilet handles, and floors</td>
<td>X</td>
<td></td>
<td>Clean at least twice a day; clean immediately if visibly soiled.</td>
</tr>
<tr>
<td>Changing tables</td>
<td>X</td>
<td></td>
<td>After each use.</td>
</tr>
<tr>
<td>Potty chairs</td>
<td>X</td>
<td></td>
<td>After each use.</td>
</tr>
<tr>
<td>Diaper trash cans</td>
<td>X</td>
<td></td>
<td>Emptied throughout the day.</td>
</tr>
<tr>
<td>Bathroom floors</td>
<td>X</td>
<td></td>
<td>Disinfectant should not be used on floors when children are present.</td>
</tr>
</tbody>
</table>

#### Food Areas

<table>
<thead>
<tr>
<th>Item</th>
<th>Sanitize</th>
<th>Disinfect</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refrigerator/freezer</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating utensils, bottles, and dishes</td>
<td>X</td>
<td></td>
<td>Disposable items recommended during COVID-19 pandemic. Otherwise, after each use. If washing by hand, use sanitizer safe for food contact as final step in process; use of automated dishwasher will sanitize.</td>
</tr>
<tr>
<td>Countertops</td>
<td>X</td>
<td></td>
<td>Use a sanitizer safe for food contact.</td>
</tr>
</tbody>
</table>

#### Deep Clean

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Completed (Initials)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td></td>
</tr>
<tr>
<td>Weekly</td>
<td></td>
</tr>
<tr>
<td>Before &amp; After Each Use</td>
<td></td>
</tr>
</tbody>
</table>

### Completed

<table>
<thead>
<tr>
<th>Completed (Initials)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X*</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>X*</td>
</tr>
</tbody>
</table>
### Food Areas (continued)

<table>
<thead>
<tr>
<th>Item</th>
<th>Frequency</th>
<th>Before &amp; After Each Use</th>
<th>Completed (Initials)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Food preparation surfaces</strong></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Food preparation sinks</strong></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Kitchen equipment (e.g., blenders, can openers, pots pans, cutting boards)</strong></td>
<td>X</td>
<td>After each use.</td>
<td></td>
</tr>
<tr>
<td><strong>Tables; high chair trays and seats</strong></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>High chairs</strong></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Kitchen floors</strong></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Staff/break room amenities (e.g., coffee maker, water cooler, tables)</strong></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outdoor Play Equipment/Toys</strong></td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Sanitize**
- **Disinfect**

- Use a sanitizer safe for food contact.
- After each use.
- Includes mixed use tables.
- Parts of high chair other than the trays and seats.
- Sweep, wash, rinse, and sanitize.
- Use a sanitizer safe for food contact. Recommend cleaning and sanitizing multiple times a day, as these are high touch items/areas.
- Limit use of shared objects when possible, or clean and disinfect between use.
### Step 3

#### Comments

**Sanitize**

**Disinfect**

<table>
<thead>
<tr>
<th>Outdoor Play Equipment/Toys (continued)</th>
<th>Frequency</th>
<th>Completed (Initials)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monkey bars and climbing structures</strong></td>
<td>Daily</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Weekly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Before &amp; After Each Use</td>
<td></td>
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<tr>
<td></td>
<td>MON</td>
<td></td>
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<tr>
<td></td>
<td>TUE</td>
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<td>WED</td>
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<tr>
<td></td>
<td>THUR</td>
<td></td>
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<td></td>
<td>FRI</td>
<td></td>
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<tr>
<td></td>
<td>SAT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SUN</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Weekly (day)</td>
<td></td>
</tr>
</tbody>
</table>

Should be cleaned, but disinfection is not required. High touch surfaces made of plastic or metal (e.g., grab bars, railings) should be cleaned at least daily or as much as possible.

<table>
<thead>
<tr>
<th>Other Areas or Common Items</th>
<th>Frequency</th>
<th>Completed (Initials)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Shared electronic equipment (tablets, touch screens, keyboards, remote controls, shared phones)</strong></td>
<td>Daily</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Weekly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Before &amp; After Each Use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MON</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TUE</td>
<td></td>
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<td></td>
<td>WED</td>
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<td>THUR</td>
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<td>FRI</td>
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<td>SAT</td>
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<td></td>
<td>SUN</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Weekly (day)</td>
<td></td>
</tr>
</tbody>
</table>

Follow manufacturer’s instruction for cleaning and disinfecting. If no guidance, use alcohol-based wipes containing at least 70% alcohol; dry thoroughly. If possible, use EPA-registered disposable sanitizing wipes; do not spray. Clean after each use by different person.

<table>
<thead>
<tr>
<th>Hampers or carts for transporting laundry</th>
<th>Frequency</th>
<th>Completed (Initials)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Daily</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Weekly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Before &amp; After Each Use</td>
<td></td>
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<tr>
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<td>MON</td>
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<td>TUE</td>
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<td>FRI</td>
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<tr>
<td></td>
<td>SAT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SUN</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Weekly (day)</td>
<td></td>
</tr>
</tbody>
</table>

Non-porous surfaces should be cleaned and disinfected according to manufacturer’s instructions. Porous surfaces should be cleaned and laundered according to manufacturer’s instructions. If unable to launder, use EPA-approved product to disinfect.
**ROUTINE CLEANING**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Before &amp; After Each Use</th>
<th>Completed (Initials)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>MON, TUE, WED, THUR, FRI, SAT, SUN</td>
<td>X</td>
</tr>
<tr>
<td>Weekly</td>
<td>MON, TUE, WED, THUR, FRI, SAT, SUN</td>
<td>X</td>
</tr>
<tr>
<td>Other Cleaning Items</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Sanitize** To reduce the amount of germs on inanimate surfaces. **Disinfect**: To destroy or inactivate most germs on any inanimate object, but not bacterial spores. Facilities should use disinfection products included on EPA List N ([https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19)). Per its website, “EPA expects all products on List N to be effective against SARS-CoV-2 (COVID-19) when used according to label directions.” It is easiest to check whether products are included on List N based on a product’s EPA Registration Number, rather than the product name.

- At times it may be necessary to clean, rinse, and sanitize/disinfect more frequently. These items should cleaned, rinsed, and sanitized or disinfected IMMEDIATELY when a child places the item in their mouth, coughs or sneezes on an item, or otherwise contaminates an item with respiratory secretions or bodily fluids.

- Unexpired household bleach will be effective against coronavirus when properly diluted. Use bleach containing 5.25%-8.25% sodium hypochlorite. Do not use a bleach product if the percentage is not in this range or is not specified. Prepare a bleach solution by mixing either: 1) 5 tablespoons (1/3 cup) of 5.25%-8.25% sodium hypochlorite bleach per gallon of room temperature water OR 2) 4 teaspoons of 5.25%-8.25% sodium hypochlorite bleach per quart of room temperature water. Bleach solutions will be effective for disinfection up to 24 hours.

Adapted from: [Oregon Health Authority’s COVID-19 Sanitation Recommendations and Cleaning Schedule for Emergency Child Care Settings](https://www.health.state.or.us/dph/childcare/COVID19/best_practices.html), the National Resource Center for Health and Safety in Child Care and Early Education’s [Routine Schedule for Cleaning, Sanitizing, and Disinfecting](https://www.nrcche.org/child-care-and-early-education/health-and-safety/routine-schedule-for-cleaning-sanitizing-and-disinfecting), and the [Centers for Disease Control and Prevention](https://www.cdc.gov).
Daily COVID-19 Health Screening Checklist for CHILDREN

The person conducting the screening should maintain 6 feet of distance from the child while asking questions. Questions should be posed to parents of small children; children old enough to understand and answer for themselves may be asked directly. This tool is intended to help programs screen for COVID-19; it should not replace other communicable disease screening tools or protocols for child care programs.

Part 1

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your child been in close contact* with anyone who tested positive for COVID-19 or was diagnosed with COVID-19 in the last 14 days?</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Has your child been diagnosed with COVID-19 by a healthcare provider in the last 10 days?</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Has your child developed any of the following symptoms within the past 24 hours?</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>• Cough</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>• Shortness of breath/trouble breathing</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>• New loss of sense of taste or smell</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

If YES to any question in Part 1, child should be sent home. If NO to all questions in Part 1, proceed to Part 2.

Part 2

Has your child developed any of the following symptoms within the last 24 hours?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sore throat</td>
<td>☐ ☐</td>
<td>Fever (≥ 100.4°F) or chills (would indicate fever)</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Unusual fatigue</td>
<td>☐ ☐</td>
<td>Muscle or body aches</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Nausea (sick to stomach) or vomiting▲</td>
<td>☐ ☐</td>
<td>Poor eating/feeding≠</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Diarrhea▲</td>
<td>☐ ☐</td>
<td>Significant changes in sleep patterns≠</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Runny nose or nasal congestion</td>
<td>☐ ☐</td>
<td>Extreme fussiness or inconsolable crying≠</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Headache</td>
<td>☐ ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

▲ In infants

If YES to 2 or MORE questions in Part 2, child should be sent home. If YES to 0 or 1 question(s) in Part 2, child may remain at facility.

Child WILL NOT BE ALLOWED to enter facility

- Record child’s name, symptoms, and the date symptoms started in your illness log/line list.
- Child should be immediately sent home to isolate and should be tested for COVID-19.

Child may remain at facility

- Child should wash (or sanitize) hands before having contact with other children or staff/caregivers.

* A person is considered to be in close contact with a COVID-19 positive person if any of following are true: (1) they were within 6 feet of a positive person for more than 15 minutes total in a day, (2) had physical contact with the person, (3) had direct contact with the respiratory secretions of the person (i.e., from coughing, sneezing, contact with dirty tissue, shared drinking glass, food, towels or other personal items), (4) lives with the person or stayed overnight for at least one night in a household with the person.

▲ Fever, vomiting, and diarrhea—alone or together—should exclude a child from child care. However, they do not necessarily indicate the need to test for COVID-19 or for COVID-19 isolation.
Daily COVID-19 Health Screening Checklist for CHILDREN

The person conducting the screening should maintain 6 feet of distance from the child while asking questions. Questions should be posed to parents of small children; children old enough to understand and answer for themselves may be asked directly. This tool is intended to help programs screen for COVID-19; it should not replace other communicable disease screening tools or protocols for child care programs.

### Part 1

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your child been in close contact* with anyone who tested positive for COVID-19 or was diagnosed with COVID-19 in last 14 days?</td>
<td></td>
</tr>
<tr>
<td>Has your child been diagnosed with COVID-19 by healthcare provider in last 10 days?</td>
<td></td>
</tr>
<tr>
<td>Has your child developed any of the following symptoms within the past 24 hours?</td>
<td></td>
</tr>
<tr>
<td>- Cough</td>
<td></td>
</tr>
<tr>
<td>- Shortness of breath/trouble breathing</td>
<td></td>
</tr>
<tr>
<td>- New loss of sense of taste or smell</td>
<td></td>
</tr>
</tbody>
</table>

**If YES to any question in Part 1, child should be sent home.**

**If NO to all questions in Part 1, proceed to Part 2.**

### Part 2: Has your child developed any of the following symptoms within the last 24 hours?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sore throat</td>
<td></td>
</tr>
<tr>
<td>Unusual fatigue</td>
<td></td>
</tr>
<tr>
<td>Nausea <em>(sick to stomach)</em> or vomiting†</td>
<td></td>
</tr>
<tr>
<td>Diarrhea†</td>
<td></td>
</tr>
<tr>
<td>Runny nose or nasal congestion</td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
</tr>
<tr>
<td>Fever <em>(≥ 100.4°F)</em> or chills <em>(would indicate fever)</em> †</td>
<td></td>
</tr>
<tr>
<td>Muscle or body aches</td>
<td></td>
</tr>
<tr>
<td>Poor eating/feeding*</td>
<td></td>
</tr>
<tr>
<td>Significant changes in sleep patterns*</td>
<td></td>
</tr>
<tr>
<td>Extreme fussiness or inconsolable crying*</td>
<td></td>
</tr>
</tbody>
</table>

* In infants

**If YES to any question in Part 1, child should be sent home.**

**If YES to 2 or MORE questions in Part 2, child should be sent home.**

**If YES to 0 or 1 question(s) in Part 2, child may remain at facility.**

- Record child’s name, symptoms, and the date symptoms started in your illness log/line list.
- Child should be immediately sent home to isolate and should be tested for COVID-19.

* A person is considered to be in close contact with a COVID-19 positive person if any of following are true: (1) they were within 6 feet of a positive person for more than 15 minutes total in a day, (2) had physical contact with the person, (3) had direct contact with the respiratory secretions of the person (i.e., from coughing, sneezing, contact with dirty tissue, shared drinking glass, food, towels or other personal items), (4) lives with the person or stayed overnight for at least one night in a household with the person.

† Fever, vomiting, and diarrhea—alone or together—should exclude a child from child care. However, they do not necessarily indicate the need to test for COVID-19 or for COVID-19 isolation.
Daily COVID-19 Health Screening Checklist for STAFF

If the staff member is not completing this checklist him/herself, the person conducting the screening should maintain 6 feet of distance from the person while asking questions. This tool is intended to help programs screen for COVID-19; it should not replace other communicable disease screening tools or protocols for child care programs.

Part 1

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you been in close contact* with anyone who tested positive for COVID-19 or was diagnosed with COVID-19 in last 14 days?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been diagnosed with COVID-19 by a healthcare provider in the last 10 days?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you developed any of the following symptoms within the past 24 hours?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Cough</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Shortness of breath/trouble breathing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- New loss of sense of taste or smell</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If YES to any question in Part 1, staff member should be sent home.

Part 2

<table>
<thead>
<tr>
<th>Symptom</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever (≥100.4°F) or chills (would indicate fever)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unusual fatigue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sore throat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nausea (sick to stomach) or vomiting*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muscle or body aches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Runny nose or nasal congestion</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If NO to all questions in Part 1, proceed to Part 2.

If YES to 2 or MORE questions in Part 2, staff member should be sent home.

If YES to 0 or 1 question(s) in Part 2, staff member may remain at facility.

Staff member WILL NOT BE ALLOWED to enter facility

- Record staff member’s name, symptoms, and the date symptoms started in your illness log/line list.
- Staff member should be immediately sent home to isolate and should be tested for COVID-19.

Staff member may remain at facility

- Staff member should wash (or sanitize) hands before having contact with children or other staff/caregivers.

* A person is considered to be in close contact with a COVID-19 positive person if any of following are true: (1) they were within 6 feet of a positive person for more than 15 minutes total in a day, (2) had physical contact with the person, (3) had direct contact with the respiratory secretions of the person (i.e., from coughing, sneezing, contact with dirty tissue, shared drinking glass, food, towels or other personal items), (4) lives with the person or stayed overnight for at least one night in a household with the person.

* Fever, vomiting, and diarrhea—alone or together—should exclude a child from child care. However, they do not necessarily indicate the need to test for COVID-19 or for COVID-19 isolation.
At-Home COVID-19 Health Screening Instructions and FAQs for Parents and Guardians

This handout provides information to parents/guardians about the COVID-19 health screening conducted by our child care program and what types of questions will be asked upon arrival. It also provides instructions to parents/guardians on how to conduct a “pre-screen” of your child at home before even heading out the door. Screening children and staff members for symptoms of COVID-19, including fever, and sending home people who are sick lowers the chances of other children and staff in the child care program getting COVID-19 and spreading it. We want to provide your child with the safest possible child care environment, and we appreciate your help in making it safe.

Every day upon arrival, our child care program will screen your child for symptoms of COVID-19 and/or ask you if they have had any symptoms. In addition, we may also take your child’s temperature to check for a fever. In order to help this process go smoothly, we are asking parents/guardians to do an at-home health screening of their child each morning prior to going to child care, including taking their temperature, if possible. You know best when your child is sick or is getting sick. If your child is showing symptoms or seems “off,” you should keep them home from child care. Keeping ill children home helps prevent other people from getting sick.

Go through the steps outlined here to decide if your child should go to child care each day. These same questions will be asked of you/your child when you arrive at the child care program:

**STEP 1: SCREENING QUESTIONS**

- □ Has your child tested positive for or been diagnosed with COVID-19 by a healthcare provider in the last 10 days?
- □ Has your child been in close contact* with anyone who tested positive for COVID-19 or was diagnosed with COVID-19 in last 14 days? (Find more information about what “close contact” means on the next page)

---

**STOP**

If answered YES to any of these questions, child should NOT attend

**STEP 2: SYMPTOM CHECK (Part 1)**

In the past 24 hours, has your child had any of these symptoms, new or different from what they usually have?*

- □ Cough
- □ Shortness of breath/trouble breathing
- □ New loss of sense of taste or smell

* Find more information about what “new and different from what they usually have” means on the next page.

---

**STOP**

If child has 1 or more of these symptoms, child should NOT attend

**STEP 3: SYMPTOM CHECK (Part 2)**

Measure your child’s temperature with a thermometer, then answer the following question: In the past 24 hours, has your child had any of these symptoms, new or different from what they usually have?*

- □ Sore throat
- □ Unusual fatigue (being very tired)
- □ Nausea (sick to stomach) or vomiting
- □ Muscle or body aches
- □ Headache
- □ Diarrhea
- □ Fever (≥ 100.4°F) or chills (would indicate fever)*
- □ Runny nose or nasal congestion
- □ Poor eating/feeding (in infants)
- □ Extreme fussiness or inconsolable crying (in infants)
- □ Significant changes in sleep patterns (in infants)

* Children with fever, vomiting, and diarrhea-alone or together—should never attend child care. However, they do not necessarily indicate the need to test for COVID-19.

---

**STOP**

If child has 2 or more of these symptoms, child should NOT attend

---

90
A person is considered to be in close contact of a COVID-19 positive person if any of following is true:

1) They were within 6 feet of a positive person for more than 15 minutes total within a 24-hour period
2) They had physical contact with the person
3) They had direct contact with the respiratory secretions of the person (i.e., from coughing, sneezing, contact with dirty tissue, shared drinking glass, food, towels or other personal items)
4) They live with the person or stayed overnight for at least one night in a household with the person

Example #1: Your child was playing outside with a neighborhood friend on a hot day when he drank from the friend’s water bottle without thinking. The following day, the friend developed symptoms and subsequently tested positive for COVID-19. Your child is a close contact.

Example #2: Your child was visiting a grandparent and gave them a hug goodbye. Two days later, the grandparent tested positive for COVID-19 after developing symptoms. Your child is a close contact.

WHAT DOES “NEW AND DIFFERENT” MEAN?

When considering a child’s symptoms, ask yourself if they are “new and different” from how your child usually is, taking into account any “symptoms” your child normally has every day. If your child has a symptom they don’t normally have, ask yourself if there is an explanation for that symptom that day or not. If not, this would be a reason not to send them to child care. Trust your judgement, as you know how your child looks and acts when they are getting sick. Here are some examples:

1) Your child has asthma. They often cough with exercise or allergies.
   •

2) Your child complains that their muscles hurt all over.
   • They exercised harder yesterday and then helped with some yard work → NO, this is not new or different
   • They haven’t done any unusual physical activity and they look “off” → YES

3) Your child wakes up congested and has had to blow their nose several times that morning
   • Your child has seasonal allergies, and an allergy pill helped those symptoms yesterday → NO
   • Your child is congested for no clear reason and also has a headache → YES

IF YOUR CHILD HAS A FEVER OR OTHER SYMPTOMS OF COVID-19

1) Your child cannot attend child care that day. Your child should stay home until he/she feels better and meets the conditions to return to child care.

2) Contact your child’s regular health care provider or clinic, tell them your child’s symptoms, and ask what your next steps should be. They may recommend that your child is tested for COVID-19 or you can ask that they be tested for COVID-19. Your child can be tested at a nearby community testing site. For a list, visit: https://www.dhs.wisconsin.gov/covid-19/community-testing.htm. (Keep in mind that some community testing sites will not test children under a certain age. Call ahead to be sure.)

3) Contact the child care program to notify them of the child’s absence. Share with them your child’s symptoms and date they started; this information will be helpful if your child (or any other children) tests positive for COVID-19.