

**DCF Guidance Order #2**  
**Child Care, Head Start and 3 and 4-year old Kindergarten Programs and their Workforce**  
*Issued Wednesday, March 18, 2020*

**Introduction**

**Child care remains a critical service and we must treat it as such.** Many healthcare, sanitation, emergency response, and other essential workers will not be able to perform their job duties without access to reliable child care. Additionally, children are at a lower risk of serious complications from COVID-19 than [the elderly and those with serious chronic medical conditions](#).

The purpose of this memo is to update guidance issued on 3/15/2020 (DCF Guidance Order #1) to child care, Head Start, and 3K/4K programs. At this time, pursuant to Emergency Order #6 issued by Governor Evers, **we are mandating that centers may not operate with more than 10 staff present at a time and may not operate with more than 50 children present at a time.** Voluntary closure beyond the scope of this order is allowed and left to the decision of individual providers. All programs should continue to use their emergency pandemic plans and stay in contact with their county health departments.

In the coming days, child care locations will need to be small and nimble, and many may need to provide care in alternate locations. We will need experienced child care leaders to oversee volunteers and staff from related professions as we work to fill gaps in the system and ensure our essential workforce (examples below) continues to function.

Health care	Critical infrastructure (telecommunications, utilities, etc.)
Long term care	Transportation
Nursing home care	Sanitation
Child care	Law enforcement
Social workers	

To that end, we are working with state and federal leaders to seek emergency funding for families and child care providers during the emergency, including:

- Expanded Wisconsin Shares eligibility;
- Grants for healthcare and essential workforce child care;
- Hazard pay for providers and staff that continue to offer child care; and
- Payments for child care providers and staff during the public health emergency.

**Background**

COVID-19 is a respiratory illness caused by a novel virus that has been spreading worldwide. We are gaining more understanding of COVID-19's epidemiology, clinical course, and other factors as time progresses, and the situation is changing daily. The Department of Health Services is in the process of monitoring COVID-19, providing guidance on testing with local and federal partners, and providing guidance and resources to prevent, detect and respond to the occurrence of COVID-19 cases in Wisconsin.

At this time, DHS is identifying more positive cases of COVID-19 in Wisconsin. Programs should prepare for possible impacts of COVID-19 and take precautions to prevent the spread of COVID-19, as well as other infectious diseases, including influenza.

On March 13, 2020, Governor Evers ordered the Secretary of the Department of Health Services to close all public and private Wisconsin schools for purposes of pupil instruction and extracurricular activities, beginning Wednesday, March 18, 2020, until the conclusion of the health emergency.

This guidance below is for programs that meet the size threshold established in EO #6, that elect to continue operating, understand how to help prevent the transmission of COVID-19 within their facilities and among their workforce. It also aims to help programs react quickly should a case be identified. The guidance includes considerations to help administrators plan for the continuity of caring for children. Additionally, the administration is working with health care, child care providers, and the National Guard to explore options to serve health care workers through on-site care. It is important that these facilities can provide the same level of care and health precautions for staff and children. We will be working over the coming days to provide further information and guidance.

### **Guidance**

The following information provides guidance on how to respond to specific scenarios. In all scenarios, we encourage and recommend the following considerations.

#### **Assess medically vulnerable populations:**

Assess the impact of the disease on employees and students that may be at higher risk for COVID-19 health complications. In schools without school nurses, principals are recommended to have a confidential list of students with chronic illness and special health care needs. These students may be at a higher risk and need more immediate separation from other students. Maintain confidentiality of the student or staff member as required by the Americans with Disabilities Act and the Family Education Rights and Privacy Act. Consider alternatives for providing essential medical and social services for students.

Continue providing necessary services for children with special healthcare needs, or work with Wisconsin Title V Children and Youth with Special Health Care Needs (CYSHCN) Program.

#### **Teach children and staff to:**

- Cough or 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.
- Wash their hands frequently and for at least 20 seconds with soap and water, especially after they cough or sneeze; an alcohol-based hand rub can be used if soap and water are not nearby.
- Avoid sharing cups and eating utensils with others.

- Clean and disinfect frequently touched objects and surfaces like doorknobs, tables, drinking fountains and handrails. Regular cleaning products can be used. See an additional list of [recommended products](#).
- Family style serving should be avoided, if possible. It is recommend that the adults prepare each child's plate using gloves.
- If napping mats are used, children should be kept at least 6 feet apart if possible and mats should be cleaned after each use.

**Support children, families, and child care staff:**

In addition to providing information regarding program actions and the latest information regarding COVID-19, children, family, and staff can benefit from information regarding emotional support. Here are some resources that could be helpful.

- [Parent/Caregiver Guide to Helping Families Cope with the Coronavirus Disease 2019](#)
- [WHO Infographic Helping Children Cope](#)
- [National Association of School Psychologists Helping Kids Cope](#)

**Additional Resources:**

- [CDC's Interim Guidance For Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to COVID-19](#) webpage includes useful information for creating an outbreak response plan. DCF guidance supersedes CDC guidance in regard to these programs.

**Scenario 1: Evidence of COVID-19 transmission in Wisconsin, no known cases among children or staff in facility**

Programs are encouraged to use prevention and mitigation strategies rather than closing facilities until there is evidence that a case is linked to the facility in some way. Programs should consult with local public health and state public health to assess the current risk level within the community.

- **Disinfection guidance**
  - Clean and disinfect frequently touched surfaces daily, such as tables, chairs, railings, and toys. Use the cleaning agents that are usually used in these areas and follow the directions on the label.
  - See the [CDC COVID-19 Disinfection Guidance](#) and [general CDC disinfection guidance](#) for more information.
- **Travel considerations**
  - Children and staff returning from currently impacted countries or regions of the US with known or undetermined sustained community transmission (from CDC, [global map](#) and

[US map](#)) will be required to be under quarantine for 14 days upon return. Quarantine means the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

- **Stay informed of the local COVID-19 situation**
  - Monitor the [CDC COVID-19 website](#) and the [WI Department of Health Services website](#) for the latest information.
  
- **Communications**
  - Maintain regular communications with parents and your local public health department about your response plans and current mitigation strategies.
  
- **Review, update, and implement emergency operations plans (EOPs)**
  - This should be done in collaboration with local health departments and other relevant partners. Emphasis should be given to the components, or annexes, of the plans that address infectious disease outbreaks.
  - Ensure the plan includes strategies to reduce the spread of a wide variety of infectious diseases (e.g., seasonal influenza). Effective strategies build on everyday program policies and practices.
  - [CDC's Get Your School Ready for Pandemic Flu](#) is a toolkit developed for addressing pandemic influenza. While this guide was developed for influenza in schools, it provides detailed information about how to implement community mitigation strategies, which are largely also applicable when planning for COVID-19. Also see the [Pandemic Flu Checklist for childcare programs](#).
    - Develop communication plans for sharing information with partners, including parents, staff, and local and state public health departments. Plans may include information such as changes in absenteeism and disease surveillance efforts to detect and respond to an outbreak.
  
- **Implement strategies to reduce the spread of respiratory illnesses within facilities**
  - Educate staff on symptoms of illness and preventative actions.
  - Common-sense preventive actions for children and staff can be highly effective methods of reducing the spread of respiratory illness in the facility population. Measures include: staying home when sick; appropriately covering coughs and sneezes; cleaning frequently touched surfaces with diluted household bleach solutions, alcohol solutions with at least 70% alcohol, or most common EPA-registered household disinfectants; and washing hands often and thoroughly (including asking children and staff to wash hands upon entry to the building and after coughing, sneezing, etc.).
    - CDC has resources such as posters with messages for staff about [staying home when sick](#) and how to [avoid spreading germs](#).

- CDC also has posters with messages and graphics for children on [appropriate handwashing technique](#), which should be posted by all restrooms.
    - Other health and education professional organizations may also have helpful resources your school can use or share. For example, the American Academy of Pediatrics provides information on [germ prevention strategies](#) and reducing the spread of illness.
  - Facilities may also consider additional strategies to continually monitor children and staff for potential illness. These strategies may include:
    - Regular health checks for children and staff for symptoms of COVID-19 and restricting entry to individuals if they meet any of the exclusion criteria:
      - Exclude children or staff with fever (>100.4°F) AND respiratory symptoms (cough, shortness of breath) until at least 24 hours after they no longer have a fever or signs of a fever (chills, feeling very warm, flushed appearance, or sweating) without the use of fever-reducing medicine.
        - Ill children and staff should be separated from others until they can be picked up or go home.
      - Travel in the past 14 days to countries or regions of the United States known to have widespread community transmission of COVID-19. Monitor the CDC website for a list of current countries with travel notices. See information here: <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>.
      - Any staff or visitors who had close contact with a case of COVID-19 at home or in the community.
  - Implement social distancing measures
    - Reduce the frequency of social gatherings and limit the number of attendees per gathering.
    - Alter schedules to reduce mixing (e.g., stagger mealtimes, drop off/pick up times).
    - Reduce public entry into program (e.g., facilitate drop off and pick up outdoors)
    - Provide guidance to parents and staff to remind them of the importance of social distancing measures while program is closed.
    - Limit nonessential visitors.
  - Provide guidance to parents and staff to remind them of the importance of social distancing measures while in the community.
- **Support flexible attendance for children and staff**
  - Ask parents and staff to report the reason for their absence and, if the child or staff are ill, develop a system for tracking symptoms they are experiencing.

- 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).
  - Review attendance and sick leave policies. Encourage children and staff to be alert for symptoms of respiratory infection, and *require* that children and staff stay home when sick. Use flexibility, when possible, to allow staff to stay home to care for sick family members.
  - Identify critical job functions and positions, and plan for alternative coverage by cross-training staff.
  - Determine what level of absenteeism will disrupt continuity of providing adequate care for children.
- **Establish procedures for sick children and staff at the facility**
    - Send children and staff who present with fever and respiratory infection symptoms home immediately. Separate them from others until they go home. When feasible, identify areas where these individuals can be isolated from others 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.
    - 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.
    - Staff at increased risk for severe illness should have a plan to stay home if there are program-based cases or community spread. More information can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>.
- **Monitor potential cases of infection for children, families, and staff**
    - If the potential case has recently returned from a trip, follow current guidance regarding travel history [provided on the DHS site under the General Travel Guidance section](#).
    - If a child or staff person has a pending test, they are asked to self-isolate until they receive results of their test.
    - For children or staff who have had contact with or are residing with a family member with a pending test:
      - If the person in question is asymptomatic (showing no signs of illness), no immediate action is needed.
      - If the person in question is symptomatic (showing signs of illness), the person should self-isolate.
    - If a child or staff person has had contact with someone with a confirmed test, that person should self-quarantine if they feel well, self-isolate if they feel ill, and consider contacting their healthcare provider.

- If a child or staff person has had contact with someone with a negative test, that person should continue self-quarantine (for 14 days) if there is a known exposure – no action is needed if there is no known exposure.
- **Establish procedures to ensure continuity of operations**
  - Consider ways to distribute food and medication to children. If there is community spread of COVID-19, design strategies to avoid distribution in settings where people might gather in a group or crowd. Consider options such as “grab-and-go” bagged lunches or meal delivery.
  - Assess the impacts of any decisions you make on the families you serve. There are equity implications for any decision you may make, and the families you work with will be able to provide you the best feedback on and guidance on how to move forward in a child- and family-centered way.

**Scenario 2: One or more positive cases of COVID-19 in children or staff**

- If there is a case of COVID-19 among children or staff, programs should consider a short-term (less than 1 week) or long-term (two weeks or more) closure will allow for thorough cleaning and disinfection. Public health can also use this time to trace close contacts of the case and determine if others could be at risk. Advantages of long-term 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 academic achievement. If local closures are pursued because of community transmission, the geographic extent of closures should be informed by local epidemiologic data.
  - Assess the impacts of any decisions you make on the families you serve. There are equity implications for any decision you may make, and the families you work with will be able to provide you the best feedback on and guidance on how to move forward in a child- and family-centered way.
- If extended facility closures are recommended by public health, programs should implement continuity of operations plans.
  - Ensure continuity of meal programs and distribution of medications.
  - Continue providing necessary services for children with special healthcare needs.
- Parents of children at increased risk of severe illness should consider implementing plans to remove children from the program.
- Maintain regular communications with parents and your local public health department.
- The staff or child diagnosed with COVID-19 should follow [the CDC recommendations for discontinuation of home isolation and voluntary home quarantine](#).

**Scenario 3: In the event of widespread community transmission, state and local health officials will reassess the need to take further measures to stop the spread of COVID-19, which could include effects on childcare operations**