



# CHILD CARE CENTERS

## Guidance for providing care during COVID-19 in Dane County

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This general guidance includes practices that you may find useful to implement. You are not legally required to follow most of these directions and we understand that, considering your unique care environment and circumstances, you may not be able to follow some guidance.

You are required to follow language in the Child Care section in the Dane County Order. Our [Current Order page](#) always has the latest requirements for child care centers.

## CHILDREN AND COVID-19

While fewer children have been sick with COVID-19 compared with adults during the pandemic, children can be infected with the SARS-CoV-2 virus that causes COVID-19, can get sick with COVID-19, and can spread the virus to others.

Reports have shown that children in child care settings can become infected and spread COVID-19 to others in the child care program, at home, and in the community. Some staff and household family members might be at increased risk of severe illness. For example, people who are older and have underlying medical conditions are at increased risk for severe illness from COVID-19. For information about who is at increased risk, visit [People at Increased Risk](#). However, child care programs support children's social-emotional, behavioral, and mental health while fostering early learning development. Child care programs can also help serve children in need through nutrition programs, special education services, and after-school programs. In addition, child care programs support parents with reliable and safe care so they can return to work. The benefits of keeping child care programs open should be weighed against the risks posed by COVID-19 spread in the child care program and community.

Additional information has shown that a comprehensive, multipronged approach for COVID-19 prevention strategies might help slow transmission in the early care and education setting. Child care programs should make decisions about reopening and continuing operations based on available [data](#) including [levels of community COVID-19 transmission](#) (spread) and the child care program's ability to implement appropriate prevention strategies (risk reducing actions) to stay open safely and protect children, staff, and administrators.

## COVID-19 VACCINATION

CDC resources are available to provide information about vaccinations for child care workers:

- The [COVID-19 Vaccines for Teachers, School Staff, and Childcare Workers](#) webpage provides school and childcare staff with the latest information about where and how to book an appointment.
- The [COVID-19 Vaccine Toolkit for School Settings and Childcare Programs](#) provides schools and childcare programs with ready-made materials they can use to communicate with staff about COVID-19 vaccination.

Even after child care providers and staff are vaccinated, there will be a need to continue prevention measures for the foreseeable future including wearing masks, physical distancing, and other important prevention strategies outlined in this guidance document.

## PROMOTING BEHAVIORS THAT REDUCE SPREAD OF COVID-19

### Staying Home when Appropriate

Educate your staff and families about when they/their child(ren) should not come to the child care program:

- Staff and children should stay home if they are sick or have recently had close contact (within 6 feet for a cumulative total of fifteen minutes or more over a 24-hour period) with a person with COVID-19.
- Staff and children should stay home if they have tested positive for or are showing [symptoms](#) of COVID-19.
- Develop policies that encourage sick employees to stay at home without fear of negative consequences. Ensure policies are clearly communicated to your staff.
  - CDC's criteria can also help inform when your children and staff can return:
    - [If they have been sick with COVID-19](#)
    - [If they have recently had close contact with a person with COVID-19](#)
- Child care programs may also consider consulting CDC's webpage on [Workplaces and Business](#), which provides guidance and strategies to prevent and reduce transmission and maintain healthy business operations and work environments.

### Respiratory Etiquette and Hand Hygiene

Help children learn simple steps to keep from getting and spreading COVID-19. Use [visual tools](#), demonstrations, stories, and play:

- Encourage staff and children to cover coughs and sneezes with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds or use hand sanitizer.
- Teach and reinforce [handwashing](#) with soap and water for at least 20 seconds and increase monitoring to ensure adherence among all children and staff. Make sure hands are thoroughly dry after washing using either a clean, dry towel or air drying.
- If soap and water are not readily available, staff and children (over age 2) can use [hand sanitizer](#) that contains at least 60% alcohol. Make sure all surfaces of hands are covered and that hands are rubbed together until they feel dry. Hand sanitizers should be stored up, away, and out of sight of children and should be used only with adult supervision for children under age 6 years. Hand sanitizers might not be as effective when hands are visibly dirty or greasy, handwashing with soap and water for 20 seconds is recommended.
- Assist children with handwashing, including infants who cannot wash hands alone. After assisting children with handwashing or helping them put on or adjust their mask, staff should also wash their hands.
- All children and staff should wash their hands with soap and water at the following key times:

- Arrival to your facility
- Before and after preparing food or drinks
- Before and after eating or handling food or feeding children
- Before and after helping a child put on or adjust their mask
- Before and after administering medication or medical ointment
- Before and after diapering a child
- After using the bathroom or after helping a child use the bathroom
- After having contact with body fluids
- After handling garbage

## Holding, Washing, or Feeding a Child

It is important that you comfort crying, sad, or anxious infants and toddlers and they often need to be held. To the extent possible when holding, washing, or feeding young children, protect yourself by:

- Washing your hands frequently.
- Wash your hands, neck, and anywhere you have been touched by a child's body fluids.
- Avoid touching your eyes while holding, washing, or feeding a child.
- If body fluids get on the child's clothes, change them right away, whenever possible, and then your hands should be rewashed.
- Wash your hands before and after handling infant bottles prepared at home or in the facility.

## Wearing Masks

- Everyone 5 years and older should wear a [mask covering their mouth and nose](#) when around people who do not live in their household, except when eating or sleeping.
- Teach and reinforce the consistent and correct [use of masks](#) for all staff and children aged 5 years and older.
- A mask is NOT a substitute for [physical distancing](#). **Masks should still be worn in addition to physical distancing.** Wearing a mask is especially important indoors and when physical distancing is difficult to implement or maintain while providing care to young children.
- Learn from CDC about [How to Select, Wear, and Clean Your Mask](#).
- After touching or removing your mask, wash your hands with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol.
- CDC recognizes there are specific instances when wearing a mask is not be feasible. In these instances, consider [adaptions and alternatives](#).

For additional information about masks, please see our [blog post](#).

## Identifying Small Groups and Keeping Them Together (Cohorting)

Place children and child care providers into distinct groups that stay together throughout an entire day.

- If possible, your child care groups should include the same children each day, and the same child care providers should remain with the same group of children each day.
- Limit mixing between groups such that there is no interaction between groups or cohorts.
- The number of cohorts or groups may vary depending on child care program type (centers versus homes) and size, with smaller programs having fewer cohorts than larger ones.

Consider whether to alter or halt daily group activities that might increase risk of COVID-19 transmission.

- Keep each group of children in a separate area (classroom or outdoor area if weather permits).
- Limit the mixing of your children, such as staggering your playground times and keeping groups separate for special activities such as art, music, and exercising.
- If possible, at nap time, ensure that children's naptime mats (or cribs) are spaced out as much as possible. Consider placing children (or infants in cribs) head to toe in order to further reduce the potential for viral spread.

## Staggering Schedule (Parent Drop-Off and Pick-Up)

- Stagger child arrival, drop-off, and pick-up times or locations by group, or put in place other plans to limit contact between groups and to limit staff's direct contact with parents, guardians, and caregivers.
- Consider going outside your child care center or family child care home to pick up children as they arrive. A plan for curb side drop-off and pick-up should limit direct contact between parents/guardians and staff members and ensure 6 feet distance between adults. You can transport infants in their car seats and then store car seats out of children's reach. If curbside, outdoor, or staggered pick up and drop off are not feasible, consider how you limit or decrease direct contact between parents, guardians, and caregivers to ensure physical distancing when possible.
- Hand hygiene stations should be set up at the entrance of the child care center or family child care home, so that staff and children (over age 2) can use hand sanitizer before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol next to parent sign-in sheets or the door to the home. Keep hand sanitizer out of children's reach and supervise use for children under 6 years old. If possible, place sign-in stations outside and provide sanitary wipes for cleaning pens between each use.

# MAINTAINING HEALTHY ENVIRONMENTS

## Cleaning

Develop a schedule for increased frequency of [routine cleaning of high-touch surfaces](#). An example can be found [here](#).

- Ensure [safe and effective](#) and storage of your cleaning and disinfection products, including storing products securely away from children. If surfaces are dirty, clean them using a detergent or soap and water prior to disinfection. Use products on [List N: Disinfectants for Coronavirus \(COVID-19\)](#) and follow instructions for how long a product must be in contact with a surface to be effective.

- If possible, provide EPA-registered disposable wipes to staff so that commonly used surfaces such as keyboards, desks, and remote controls can be wiped down before use. If wipes are not available, please refer to CDC’s guidance on cleaning and disinfecting your facility.
- Cleaning and disinfection products should not be used by children or placed near children. Staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic vapors.
- Special considerations should be made for people with asthma. Some cleaning and disinfection products can trigger asthma. Learn more about [reducing your chance of an asthma attack while disinfecting to prevent COVID-19](#).

### Ensure adequate supplies.

- Ensure you have adequate supplies to support hand hygiene behaviors and routine cleaning of objects and surfaces. This includes soap and water, hand sanitizer with at least 60% alcohol (for your staff and children who can safely use hand sanitizer), paper towels, tissues, disinfectant wipes, masks (as feasible), and no-touch/foot-pedal trash cans (if available).
- If you have difficulty obtaining these supplies, please consider contacting your state child care office to see if additional resources are available through the [Federal Emergency Management Agency \(FEMA\)](#). Additionally, you may contact your local Child Care Resource and Referral (CCR&R) Agency to learn more about service organizations in your community that may have additional resources. Your local CCR&R Agency can be found at [Child Care Aware of America](#).
- If products on EPA [List N: Disinfectants for Coronavirus \(COVID-19\)](#) are not available, bleach solutions can be used if appropriate for the surface and will be effective against coronaviruses when properly diluted.
  - Most household bleach contains 5%–9% sodium hypochlorite. Do not use a bleach product if the percentage is not in this range or is not specified, such as some types of laundry bleach or splash-less bleach, as these are not appropriate for disinfection.
  - **Follow the directions on the bleach bottle for preparing a diluted bleach solution.** If your bottle does not have directions, you can make a bleach solution for disinfecting by mixing:
    - 5 tablespoons (1/3 cup) of bleach per gallon of room temperature water OR
    - 4 teaspoons of bleach per quart of room temperature water
  - Follow the manufacturer’s application instructions for the surface. If instructions are not available, leave the diluted bleach solution on the surface for at least 1 minute before removing or wiping. This is known as the “contact time” for disinfection. The surface should remain visibly wet during the contact time.
  - Ensure proper [ventilation](#) during and after application (for example, open windows).
  - Never mix household bleach (or any disinfectants) with any other cleaners or disinfectants. This can cause vapors that can be very dangerous to breathe in.
  - Make a new diluted bleach solution daily. Bleach solutions will not be as effective after being mixed with water for over 24 hours.

### Clean surfaces.

- Clean and disinfect your frequently touched surfaces such as door handles, tables, sink faucets, and drinking fountains. These surfaces should be cleaned at least daily or between use as much as possible.

- Wash, rinse, and sanitize surfaces that come in contact with food (for example, tables where children eat) using [EPA List N: Disinfectants for Coronavirus \(COVID-19\)](#) before and after meals.
- Use child bedding (sheets, pillows, blankets, sleeping bags) that can be washed and keep each child's bedding separate. Label cots and mats for each child. Clean bedding that touches a child's skin weekly or before use by another child.

### Clean and sanitize toys.

- [Caring for our Children](#) provides national standards for cleaning, sanitizing, and disinfection of educational facilities for children.
- Toys that can be put in the mouth should be sanitized between uses or not used if they cannot be cleaned and sanitized.
- Set aside toys that children have placed in their mouths or that are otherwise contaminated through contact or other body fluids until they can be cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, and sanitize with an EPA-registered disinfectant, rinse again, and air-dry. You can also clean in a mechanical dishwasher. Be mindful of items more likely to be placed in a child's mouth, like play food, dishes, and utensils.
- Machine washable cloth toys should be used by one person 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 with other groups of infants or toddlers, 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 soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.
- Children's paperback books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional procedures for cleaning or disinfection.

### Diapering a child.

- When [diapering](#) a child, [wash your hands](#) and wash the child's hands before you begin, and wear gloves. Follow [safe diaper changing procedures](#).
- Where feasible, diapering should not be done by the same person who prepares food. If you are the only person available for both diapering and food preparation, use additional prevention strategies (such as handwashing) between diapering and food preparation.
- After diapering, take off gloves and wash your hands (even if you were wearing gloves) and disinfect the diapering area with a fragrance-free disinfectant that is 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, do not rinse or clean them in your facility. Place the soiled cloth diaper and its contents (without emptying or rinsing) in a plastic bag or into a plastic-lined, hands-free covered diaper pail to give to parents/guardians or laundry service. (Download posters with [diaper changing procedures](#).)

## Avoid Shared Objects

- Discourage sharing of items that are difficult to clean or disinfect (for example, stuffed animals, electronics, games, puzzles).
- Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas.
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (for example, assigning each child their own art supplies, equipment) or limit use of supplies and equipment (for example, physical activity equipment) by one group of children at a time and clean and disinfect between use.

## Ventilation

Consider how you can bring in as much fresh air into your child care center or family child care home as possible. Bringing fresh, outdoor air into your center or home helps keep virus particles from concentrating inside.

- Increase outdoor air ventilation, using caution in highly polluted areas. See [CDC's webpage](#) to get more information about local air quality.
  - If it's safe to do so, **open doors and windows** as much as you can to bring in fresh, outdoor air. While it's better to open them wide, even having a window cracked open slightly can help.
  - If you can, **open multiple windows and doors** to allow more fresh air to move inside.
  - Do not open windows and doors if doing so is unsafe for you or others (for example, risk of falling, triggering asthma symptoms, high levels of pollution).
  - If opening windows or doors is unsafe, consider other approaches for reducing the amount of virus particles in the air, such as using air filtration and exhaust fans.
  - Consider running your HVAC system at maximum outside airflow for 2 hours before and after the center or home is occupied.
  - Ventilation considerations are also important on your transport vehicles such as buses or vans. Open windows to increase airflow from outside when safe to do so.
- Ensure restroom exhaust fans are functional and operating at full capacity when the center or home is occupied. Clean and change filters as recommended by manufacturer.
- Inspect and maintain your local exhaust ventilation in areas such as restrooms, kitchens, cooking areas, etc.
- Use child safe fans to increase the effectiveness of open windows. Placing a fan by an open window to blow inside air out is a good way to encourage air flow throughout the room. Even without an open window, fans can improve air flow and keep virus particles from staying concentrated in one place.
- Ensure your ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space. Additional information for child care centers and family child care homes can be found on [Ventilation in Schools and Child Care Programs](#) page. This page has a more in-depth list of ventilation interventions that can help reduce the concentration of virus particles, such as SARS-CoV-2, in the air.
- If your child care center or family child care home does not have an HVAC system or wants extra filtration, consider using a portable high-efficiency particulate air (HEPA) cleaner. HEPA cleaners trap particles that people exhale when breathing, talking, singing, coughing, and sneezing.

- When choosing a HEPA cleaner, select one that is the right size for the room(s). One way to do this is to select a HEPA fan system with a Clean Air Delivery Rate (CADR) that meets or exceeds the square footage of the room in which it will be used. See EPA's Guide to Air Cleaners in the Home for more information.

## Modified Layouts

- Physically distance child seating areas when possible.
- Turn your tables to face in the same direction (rather than facing each other), or have your children sit on only one side of your tables, spaced apart, particularly at mealtimes.
- Modify your learning stations and activities to keep children physically distanced, when possible.

## Communal Spaces

The use and number of communal spaces may vary by child care program type.

- If your child care program does have communal spaces that are used by multiple different groups of children throughout the day such as dining halls, multi-purpose rooms, and playgrounds, stagger their use and properly clean and disinfect between groups. Ensure proper hand hygiene is practiced by children and staff before and after each use. Closing communal spaces may be considered if you are unable to maintain cleaning and disinfection.
- It is important that adults consistently and correctly wear masks and maintain a distance of 6 feet from each other, especially for longer interactions.
- Child care programs interested in outdoor learning may benefit from reviewing CDC's COVID-19 guidance on [Considerations for Outdoor Learning Gardens and Community Gardens](#).

## Playgrounds and Outdoor Play Spaces

- Outdoor spaces reduce risk of spreading COVID-19, but still require preventive behaviors ([staying home when sick](#), [physical distancing](#), avoiding crowds, [wearing a mask](#), [handwashing](#), [cohorting](#), and [cleaning and disinfection](#)).
- Communal outdoor spaces, such as playgrounds (play structures, jungle gyms, swing sets) and play spaces with shared toys or equipment (for example balls, tricycles, toy cars) are important for healthy child development, but can pose a risk for spreading COVID-19. Even though outdoor spaces reduce risk of spreading COVID-19, the virus can still spread when young children touch contaminated objects, and then touch their eyes, nose, or mouth. Preventive behaviors such as wearing a mask, handwashing, and cohorting are needed.
- Keep readily available your supplies, such as hand sanitizer with at least 60% alcohol, disinfectant wipes, paper towels, tissues, and no-touch trash cans in outdoor areas for staff and children.
- Based on existing prevention strategies implemented and the needs of your children and families, it is important that you carefully consider the use of your playground, play spaces, toys, and equipment.
  - Consult with public health officials and refer to state and local regulations on playgrounds.
  - Outdoor areas generally require normal routine cleaning and do not require disinfection. Do not spray disinfectant on sidewalks and in outdoor play areas as it is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19. You should continue existing cleaning and hygiene practices for outdoor areas.

- The targeted use of disinfectants can be done effectively, efficiently, and safely on outdoor hard surfaces and objects frequently touched by multiple children and staff (for example, handrails, benches); make sure disinfectant has thoroughly dried before allowing children to play.
- Routinely clean high touch surfaces made of plastic or metal, such as grab bars and railings.
- Do not clean and disinfect wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand).
- Consider restricting your use of play structures or equipment that position children close by one another (for example facing each other on a tire swing, crawling close together in tunnels, or enclosed with one another in fort-type structures.)
- Stagger your use of playgrounds and play spaces by reducing the group size in the play area at one time or remaining in cohorted groups while sanitizing shared objects and high touch surfaces between groups.
- If multiple cohort groups need to be in your play area at the same time, consider using fencing or another barrier to designate separate areas for each cohort.

## Prevention Strategies in Indoor Shared Spaces

The number and use of shared spaces may vary by child care program type.

- **Before entering any shared space**, require children to wash their hands with soap and water for at least 20 seconds.
- **During use of a shared space**, combine multiple prevention strategies, such as use of masks, physical distancing, hand hygiene, and cleaning and disinfection of shared objects and high touch surfaces.
- **Masks should be used in both indoor and outdoor spaces by child care program staff and children over the age of 5** However, masks should **not** be placed on:
  - Children younger than 2 years old
  - Anyone who has trouble breathing
  - Anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance
- As feasible, clean and disinfect your shared objects and surfaces more frequently. For example, clean community-use objects such as popular play toys at scheduled times, or if someone sneezes or coughs, between uses.
- Require hand washing or use of hand sanitizer after coughing or sneezing.
- Wash hands with soap and water for at least 20 seconds and dry hands thoroughly with a clean towel or air dryer. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available.
- Supervise children when they use hand sanitizer to prevent sanitizer ingestion or contact with eyes.
- **After use of a shared space**, require all children to wash their hands with soap and water for at least 20 seconds.

## Food Service

While there is currently no evidence that ingesting [food](#) is associated with spreading COVID-19, it is possible that a person can get COVID-19 by touching a surface or object, including food or food packaging, that has the virus on it and then touching their own mouth, nose, or possibly their eyes. However, this is not the main way the [virus spreads](#).

- Use a mask or require staff to [wear a mask](#) and continue using prevention strategies like physical distancing, hand hygiene, and proper ventilation when preparing and serving meals.
- As feasible, have children and staff eat meals outdoors or in well ventilated classrooms or spaces within the family child care home while maintaining distance as much as possible. Masks should be [stored](#) in a space designated for each child that is separate from others when not being worn (for example, in individually labeled containers, bags, or cubbies) and put back on when not eating.
- If cafeterias or communal dining halls will be used, ensure separate “classrooms” or cohorts remain 6 feet apart while eating and faced in the same direction. Consider staggering when classrooms eat, so children can maintain their small groups. Clean and disinfect tables, chairs, and highchairs between each use. Surfaces that come in contact with food should be washed, rinsed, and sanitized (using [EPA List N: Disinfectants for Coronavirus \(COVID-19\)](#) before and after meals.
- Ensure that children and staff [wash](#) their hands with soap and water for 20 seconds or [use a hand sanitizer that contains at least 60% alcohol](#) before and after handling, preparing, serving or eating food.
- If feasible, remove or limit additional staff coming into classrooms during mealtimes. All staff should wear a mask covering their mouth and nose and wash their hands for 20 seconds with soap and water before entering the room where meals are being served.
- Staff should always wear gloves when preparing food.
- Where feasible, food preparation should not be done by the same person who diapers children. If you are the only person available for both diapering and food preparation, consider meal preparations that can be done ahead of time or choose food with minimal preparation.
- Avoid offering any self-serve food or drink options. Instead, serve individually plated or pre-packaged meals and snacks while ensuring the safety of children with food allergies.
  - If your meals are typically served family-style, identify one employee to place food on plates so that multiple staff and children are not handling serving utensils.
- Use disposable food service items (for example, utensils, trays).
  - If using disposable items is not feasible or desirable, ensure that all non-disposable food service items and equipment are handled by staff with gloves and washed, rinsed, and sanitized to meet food safety requirements.
- Everyone should wash their hands after removing their gloves or after directly handling used food service items.
- Avoid holding any in-person events that includes family members or other adults who do not work in the child care program.
- Avoid using cloth table coverings or other hard to clean table covers.
- Avoid group type activities for taste testing, cooking demonstrations, and other food sampling.
- Utilize no-touch or foot pedal trash cans, if available.

- Of note: USDA has issued the [COVID-19 Nationwide Waiver to Allow Meal Pattern Flexibility](#) in the Child Nutrition Programs, such as the Child and Adult Care Food Program (CACFP).

## MAINTAINING HEALTHY OPERATIONS

### Protections for Staff at Higher Risk for Severe Illness from COVID-19

- Offer modified job responsibilities for your staff at [higher risk for severe illness](#) (including older adults and people of all ages with certain underlying medical conditions or disabilities) that limit their exposure risk.
- Encourage staff to talk to their healthcare providers to assess their risk and to determine if they should stay home, and to get vaccinated when it is offered.
- Consistent with applicable laws, put in place policies to protect the privacy of people at higher risk for severe illness regarding underlying medical conditions.

### Accommodations for Children with Disabilities or Special Needs

- Your child care program should remain accessible for children with disabilities.
- Physical distancing can be difficult for young children with disabilities.
- Wearing [masks](#) may be difficult for young children with certain disabilities (for example, visual or hearing impairments) or for those with sensory, cognitive, or behavioral issues. For children who are only able to wear masks some of the time for these reasons, prioritize having them wear masks during times when it is difficult to separate children and/or staff (for example, during carpool drop off or pick up, or when standing in line).
- If interacting with people who rely on reading lips, consider wearing a clear mask or a cloth mask with a clear panel.
- Many children require assistance or visual and verbal reminders to cover their mouth and nose with a tissue when they cough or sneeze, throw tissues in the trash, and wash their hands.
- Where service or therapy animals are used, use guidance to [protect the animal from chemical disinfectants and from COVID-19](#) (even though the number of [dogs and other pets](#) who have contracted COVID-19 from humans remains low).
- [Cleaning and disinfecting](#) procedures might negatively affect children with sensory or respiratory issues. Avoid overuse, use [safer products](#) and clean and disinfect when these children are not nearby, if possible.
- Behavioral techniques (such as modeling and reinforcing desired behaviors and using picture schedules, timers, and visual cues for positive reinforcement) can help all children adjust to changes in routines and take preventive actions but may be especially beneficial for some children with disabilities.
- If outside program services are necessary in the facility, see guidance below for Direct Service Providers.
- Organizations that support people with disabilities have information and resources to help child care programs with these behavioral techniques. In addition, behavioral therapists or local mental health or behavioral health agencies may be able to provide consultation for specific concerns.

## Gathering, Visitors, and Field Trips

- Pursue virtual group events, gatherings, or meetings involving families, if possible, and promote distancing of at least 6 feet between people if events are held in person. Avoid events that involve mixing children or families from different cohorts. Limit your group size to the extent possible.
  - Limit any nonessential visitors, volunteers, and activities involving external groups or organizations.
  - For family child care homes, consider minimizing contact between children in your care and others who are not a part of child care program.
    - If there are other people living in the home who are not part of the child care program, consider having them stay in a different part of the home. If they will need to be in shared areas, have them wear a mask and maintain as much physical distance as possible. Limit or avoid having nonessential visitors enter the family child care home during child care hours.
- While limiting the number of people entering your facility, it is **important not to limit access for [mothers who are breastfeeding](#)** to meet the nutritional needs of their infants.

## Travel and Transit

If transport vehicles (for example, buses or vans) are used by your child care program, drivers should practice all safety actions and protocols as indicated for other staff (for example, hand hygiene, masks). To clean and disinfect buses or other transport vehicles, see guidance for [bus transit operators](#). Create distance between children on transport buses (for example, seat children one child per row, skip rows) when possible. However, children from the same home can be seated together.

## Leave (Time Off) Policies and Excused Absence Policies

Staff who are at increased risk of exposure to patients with COVID-19, such as those caring for sick family members, increase the risk of spreading COVID-19 in your facility. To minimize the likelihood of infecting others in the facility, consider implementing flexible sick leave policies and practices that enable your staff to stay home when they are sick, have been exposed, or are caring for someone who is sick.

- Leave policies should be flexible, not punish people for taking time off, and allow your sick employees to stay home and away from co-workers and children.
- Leave policies should account for employees who need to stay home with their children if there are school or child care closures, or to care for sick family members.
- Additional flexibilities might include permitting advances on future sick leave days and allowing employees to donate sick leave to each other.
- Develop policies for return-to-work after a COVID-19 illness or exposure. CDC's [criteria to discontinue home isolation and quarantine](#) can inform these policies.

## Back-Up Staffing Plan

- Monitor absenteeism of your children and staff to ensure proper provider-to-child ratios are being maintained as stated by licensing regulations.
- Cross-train your staff and create a roster of trained back-up staff that have successfully completed background checks.
- Develop plans to cover your child care classrooms in the event of increased staff absences.

- Coordinate with other local child care programs and reach out to substitutes to determine their anticipated availability if your regular staff members need to stay home due to illness or ill family members.
- Family child care home providers should arrange for a backup family child care provider in case the provider or others in the family child care home become ill.

## Staff Training

- Train your child care program staff on all COVID-19 safety protocols and ensure they understand and can implement your new policies or procedures. (This training may count toward or be implemented in addition to required health and safety training.)
- Allow time for staff to voice concerns, identify areas of needed support and training, and give input into ways to implement your new COVID-19 protocols in your facility.
- Conduct training virtually or ensure that prevention strategies to reduce the risk of COVID-19 spread, including physical [distancing](#) is maintained during in-person training.

## RECOGNIZE SIGNS AND SYMPTOMS OF COVID-19

Conduct daily health screenings for any person entering the child care facility, including children, staff, family members, and other visitors, to find those with symptoms, diagnosis, or exposure to COVID-19. People with COVID-19 can have symptoms ranging from mild symptoms to severe illness. Symptoms can appear **2–14 days after exposure to** COVID-19. See [Symptoms of Coronavirus](#) and [COVID-19 in Children](#) for more information.

Screening for symptoms and for possible exposure to the virus are important COVID-19 prevention strategies. However, given the wide range of symptoms and the fact that many people, especially children, with COVID-19 illness have no symptoms at all, screening will not identify everyone who has COVID-19.

The overlap between COVID-19 symptoms with other common illnesses means that some people with symptoms of COVID-19 could be ill with something else. This is even more likely in young children, who typically have multiple viral illnesses each year. For example, it is common for young children to have up to eight respiratory illnesses or “colds” every year. Although COVID-19, colds, and flu illnesses have similar symptoms, they are different diseases. For some children, COVID-19 can have serious complications. Check out this [table](#) comparing symptoms of COVID-19 with other common illnesses.

Examples of daily health screenings include self-checks for symptoms by staff and families before arriving at the child care facility, answering screening questions upon arrival, and performing daily temperature checks. All child care providers should consider putting into practice a daily routine of conducting a brief verbal health assessment as your children are dropped off, before the parent or caregiver leaves, that asks about:

- [Symptoms](#) of COVID-19
- Fever equal to or higher than 100.4°F
- If the child has been exposed to someone with known COVID-19
- If the child is being tested for COVID-19
- If the child has been diagnosed with COVID-19 and not yet cleared to discontinue isolation

People who have a fever of 100.4<sup>o</sup> (38.0<sup>o</sup>C) or above or other signs of illness should not be admitted to your child care facility. Encourage your families to be on the alert for signs of illness in their children and to keep them home when they are sick.

## Examples of Screening Methods

If you choose to implement onsite temperature screening, there are several methods your facility can use to protect child care program staff while conducting temperature screenings. The most effective protective methods incorporate maintaining physical distance (using a no-contact remote thermometer) and keeping screening interactions brief to minimize exposure due to close contact to a child or adult during screening.

### Screening Method 1: Parent or guardian takes temperature while staff physically distance

1. Maintain 6 feet distance from families and wear a mask, no personal protective equipment (PPE) necessary.
2. Parents/guardians take their children's temperature either at home before coming to the facility or upon arrival at the facility using a no-contact thermometer.
3. Make a visual check of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and confirm that the child is not experiencing coughing or shortness of breath.
4. Parent/guardian confirms that the child does not have fever, shortness of breath, cough or other symptoms of COVID-19.

### Screening Method 2: Staff take temperature

1. Stand behind a physical barrier (such as a glass or plastic window or partition) that can serve to protect the staff member's face, mouth, and nose from respiratory droplets that can be produced if the child being screened sneezes, coughs, or talks.
2. Make a visual check of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and confirm that the child is not experiencing coughing or shortness of breath.
3. Conduct temperature screening (follow steps below) using a no-contact remote thermometer, while wearing disposable gloves. Always make sure your face stays behind the barrier during the screening. If you did not have physical contact with the child, you do not need to change gloves before the next check and you do not need to clean a no-contact remote thermometer with alcohol after each child.

## PREPARE FOR WHEN SOMEONE IS SICK WITH COVID-19

### COVID-19 Exposure, Symptoms, and Positive Tests

#### Contact Tracing Process

If a child or staff person enrolled in your child care center receives a positive COVID-19 test, the individual's local health department will be alerted. Public health departments receives notification and contact information for all positive cases within the county. Once a positive case is reported, a case investigator is assigned to the case. They provide information about COVID-19 and isolation and ask the case about who they had contact with while infectious. If the individual identifies that they were at a child care site while infectious, the case investigator would link the positive case to the site and then reach out directly to your site.

A person is considered infectious 2 days prior to symptom onset. If they are asymptomatic, they are considered

infectious 2 days prior to a positive test.

REQUIRED: When sites are aware of an attendee or staff person who tested positive for COVID-19 that was at the site while likely infectious, the site should report the case to PHMDC. There are two options for reporting a case for child care sites in Dane County: 1. Report the case through this short [survey online](#) with information about your center and the person who tested positive or 2. Report the case calling the Communicable Disease Nurse on-call line at (608) 266-4821. During business hours, ask for the Communicable Disease Nurse on-call. After business hours, leave a message. Any message left after business hours or during the weekend will be returned on the next business day. After reporting the case, your site will be assigned a site investigator. This investigator will follow up with your site to determine what further precautions you may need to take. It may take a few days to hear from the site investigator.

### What to do if someone has COVID-19 Symptoms or Tests Positive in Dane County

For information on COVID-19 symptoms, exclusion criteria and flow chart, reference the [Guidance for When a Child/Youth or Staff Member Can Return to School or Child Care](#).

### Steps your child care site in Dane County should take if someone tests positive and was at your child care site while they were likely infectious:

1. If the child or staff member has a positive COVID-19 test, report the case to PHMDC through this [survey online](#) or by calling (608) 266-4821 (see Contact Tracing Process in the section above).
  - If the individual lives outside of Dane County, you should also call the local health department in the county where they live.
2. Do not allow children or staff that test positive or are close contact to come to the child care site
  - The positive case must remain out of the facility for at least 10 days from the onset of symptoms AND at least 1 day (24 hours) have passed since the person has not had a fever without the use of fever-reducing medications and improvement in other symptoms. People who test positive do not need a negative test before returning.
  - The child care site should identify close contacts (see definition in next section below) at the child care site and inform the close contacts that they were exposed and [should quarantine](#). You should exclude these individuals from the center and when the Public Health case/site investigator contacts your child care site, Public Health will provide a letter to give to families and staff members. The child care site will need to provide the names and other information for close contacts to public health.
  - If the person who tested positive has symptoms, they are considered infectious two days prior to symptom onset. If the person who tested positive is asymptomatic, they are considered infectious two days prior to test date.
    - Siblings or household members of close contacts can still attend the child care site
    - Close contacts of close contacts do *not* need to quarantine since they were not exposed to someone with COVID-19.
3. The child care site should remove everyone from the areas that the person who tested positive was in and clean those areas according to [CDC guidelines](#).
4. It is recommended that each child care site has a room or space separate from others where children or employees (if the employee cannot leave right away) who may have COVID-19 wait to be evaluated or for pick-up. Only essential employees and children assigned to the room should enter, everyone

should sign in and out so that there is a record of the persons who entered the room, and the room should be disinfected several times throughout the day. Everyone should maintain physical distancing and employees should wear appropriate PPE. Children who are ill should be walked out of the building to their parent or guardian.

**For additional information, reference the [Q&A about Child Care Centers that have someone with COVID-19 \(in Spanish\)](#).**

### Definition of a Close Contact

If the case investigator determines that a child was at your site while infectious, they will work with you to determine if the child had close contact with others in your site. An individual is considered a close contact if any of the following is true:

- Were within 6 feet of a positive person for more than 15 minutes total in a day
- Had physical contact with the person
- Had direct contact with the respiratory secretions of the people (i.e., from coughing, sneezing, contact with dirty tissue, shared drinking glass, food, or other personal items)

This definition applies even if any or all parties were wearing face coverings or if physical barriers were used. These measures reduce the risk of spread but do not eliminate it. If the investigation identifies others in your site to be a close contact, they should quarantine for 14 days since being exposed to the positive case. While Public Health Madison & Dane County recommends a 14 day quarantine, you can refer to the [CDC Quarantine Guidelines](#) for alternative [quarantine timeline options](#).

### Facility Protocols

If there is a case of COVID-19 among children or staff, programs should consider whether a short-term (less than one week) or long-term (two weeks or more) closure will allow for sufficient cleaning and disinfection. Public Health Madison & Dane County 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 families, loss of key members of the workforce, and impacts on learning. If local closures are pursued because of community transmission, the geographic extent of closures should be informed by local epidemiologic data.

5. **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
6. If extended facility closures are recommended by public health, programs should implement continuity of operations plans
  - Ensure continuity of meal programs and returning of any medications stored at the center
  - Continue providing necessary services for children with special healthcare needs
7. Parents of children at increased risk of severe illness should consider implementing plans to remove children from the program
8. Maintain regular communications with parents and your local public health department