



## **Badger Bounce Back: Best Practices for Child Care Providers**

### **Frequently Asked Questions for Certified and Licensed Family and Group Centers**

**Please note:** Safer at Home and the associated public health emergency orders are no longer in effect, including for child care. Badger Bounce Back: Best Practices for Child Care Providers provides recommendations to child care programs about health and safety guidance based on a phased approach using gating criteria and the best-available science from the Centers for Disease Control and Prevention (CDC) and Department of Health Services (DHS).

### **General: Badger Bounce Back (BBB)**

#### **1. What should a child care program do in Phase 0?**

DCF will be using the Badger Bounce Back framework to recommend transition to other phases as criteria are met. DCF recommends that child care programs consider themselves in Phase 0 until all gating criteria for Phase 1 of the Badger Bounce Back are met. Ratios and health practice recommendations are detailed below. Providers should work with their licensors and certifiers to transition between the old regulations in place and the normal, pre-public health emergency regulations now in place.

#### **2. What are the Gating Criteria to determine when Wisconsin moves to the next phase?**

The [gating criteria](#) created by DHS, as detailed below, will be re-evaluated prior to Wisconsin moving into Phases 2 or 3.

- a. **Symptoms:** Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period.
- b. **Symptoms:** Downward trajectory of COVID-like syndromic cases reported within a 14-day period.
- c. **Cases:** Downward trajectory of positive tests as a percent of total tests within a 14-day period.
- d. **Hospitals:** 95% of hospitals affirm that they can treat all patients without crisis care.
- e. **Hospitals:** 95% of all hospitals affirm that they have arranged for testing for all symptomatic clinical staff treating patients at the hospital per CDC guidelines.
- f. **Health care:** Downward trend of COVID-19 cases among health care workers calculated weekly.

#### **3. When should a child care program move to Phase 1?**

When all gating criteria are met, we will move to Phase 1 and DCF will recommend child care programs move into Phase 1 of the Badger Bounce Back. All recommendations in this document flow from that point. You can find information about gating criteria on the DHS [COVID-19 Badger Bounce Back](#) website.

- 4. What criteria should be met in order to move to Phases 2 and 3?**

DHS will be regularly evaluating the Gating Criteria mentioned above to guide decisions about when Wisconsin is ready to move to the next phase.
- 5. What if my municipality issued a local public health order?**

Providers must follow all local guidance and orders issued by their counties and public health departments.
- 6. Does DCF recommend additional resources that may support child care programs in reopening?**

The [Opening During COVID-19 document](#) developed by the department provides additional guidance for program-level questions to consider. In addition, [a detailed document](#) for providers deciding whether to open was compiled and curated in collaboration with staff from the Wisconsin Early Childhood Association, The City of Madison Child Care Unit, and in collaboration with Abbi Kruse, Executive Director, The Playing Field and Paul Newton, Executive Director, Big Oak Child Care.
- 7. Do the waivers of administrative rule end with the expiration of the Safer at Home Order? What is happening with the emergency rules? Are all waivers staying in place to allow programs to best serve the needs of families in our communities?**

Yes. All administrative rules that were waived as a result of Governor Evers' Public Health Emergency expired on May 11, 2020. As a result, the Department of Children and Families (DCF) [issued Emergency Rules](#) suspending the provisions that require certification agency staff to conduct on-site visits of certified child care providers prior to granting recertification or prior to reopening after a temporary closure. No other child care regulations are impacted by the emergency rules.
- 8. Will the phase criteria in Badger Bounce Back (BBB) for child care coincide with other state requirements and processes for the BBB?**

DCF is working with other state agencies in an effort to be consistent to the extent possible. The Badger Bounce Back for child care uses the [Gating Criteria](#) created by the Department of Health Services (DHS) and phased approach of the Badger Bounce Back for Wisconsin. There are many ways in which the other state programs and processes are similar to DCF programs, but there will also be circumstances when the guidance or criteria for child care may differ from other state requirements due to statutes, administrative codes, and other regulations.

## Ratios/Capacity/Enrollment

- 9. What are the ratio and group size requirements for staff and children?**

Normal ratio and group size rules are in effect. The public health emergency order changes to ratios and group size are no longer in effect for child care.

**10. How do we open our capacity safely by balancing large group sizes and parents going back to work?**

In recognition of the vast differences in the levels of spread of COVID-19 throughout the state of Wisconsin, as well as how quickly a change within an individual community could occur, these guidelines in each phase will assist regulated child care programs in determining their ability to increase capacity while still following applicable rules and regulations to keep children safe and healthy.

Child care programs should:

- Comply with applicable licensing and certification ratio and group size requirements
- Make informed and educated decisions regarding increasing child and staff capacity within their program (up to their licensed/certified capacity). In making this decision, consider the following:
  - The current spread of COVID-19 in the local community and/or county
  - Whether the program can implement emergency plans, such as a new outbreak of COVID-19 within the program or community
  - The number of staff available to meet the regulation requirements and needs of the program (i.e. directors, teachers, cooks, drivers)
  - The availability of substitute staff should regular staff become ill
  - Whether there is enough space within the learning environment, both indoors and outdoors, to encourage physical distancing during activities, rest time, and meal times etc.
  - Whether designated space is available to isolate a child who becomes ill while at the program and awaits pickup
  - Whether staff with PPE are available to remain with an isolated child while waiting for family to arrive

**11. Are there thoughts about how to be flexible to help keep people separated?**

Although each phase of the Badger Bounce Back best practices guidance for child care allows for increased capacity, we do encourage programs to keep the same groups of children and staff together each day, without comingling, or using the same communal spaces. Individual programs requesting a change in how their programs operate should contact their DCF licensing specialist.

**12. Essential workers are concerned about expanding child care group size because of the strict safety protocols, especially in health care, and what that will mean for their exposure risk. How should programs address these concerns?**

It is recommended that programs increase their capacity slowly and with increased measures of precaution. Some programs may choose to keep all children of essential health care workers in a separate classroom if that works for their individual situation. Communicate with families regularly to inform them of increased enrollment, as well as the precautionary measures your program is taking to keep children and staff safe and healthy.

## Food, Supplies and Personal Protective Equipment (PPE)

**13. Food shortages or limits on food products has created an additional stressor on top of sanitation and health. What should be done?**

DCF encourages providers to work with their [Child and Adult Care Food Program \(CACFP\)](#) representative, if applicable, regarding concerns about food shortages and meeting nutritional requirements. The CACFP has issued guidance during the COVID-19 health emergency and the US Department of Agriculture (USDA) has issued waivers and guidance regarding the Food Program. See the Department of Public Instruction's [CACFP website](#) for further information. Programs not participating in the CACFP can contact their licensing or certification specialist.

**14. If programs cannot obtain supplies, should they remain closed?**

The availability of cleaning and disinfecting supplies and PPE is necessary to keep children and staff healthy. DCF recognizes this concern and is working continuously to make all attempts to obtain and distribute these needed supplies. Programs should take into consideration the needs and well-being of the staff and families they serve and decide what is best for their program.

**15. There is limited or no access to thermometers for child care programs, which is a huge issue if programs are expected to conduct health screenings with minimal touching and cross-contamination. What are programs' options?**

DCF recognizes this is a concern. Programs should take precautions to clean and disinfect thermometers after each use. Programs could also consider asking parents to take their child's temperature prior to arriving at the program and report those results to the program.

## Phase 0 and Phase 1 Questions

### Health and Safety

**16. When should children or staff not be allowed in the program?**

Children and staff with a fever of 100.4 or above and/or signs of illness, such as coughing or difficulty breathing, should stay home.

**17. Do I have to do a health screening of every child and staff upon arrival each day?**

DCF does not require health screenings; however, DCF encourages programs to consider implementing one of the CDC recommended screening practices. There are three [screening](#) options to consider.

**18. What should be done if a child or staff starts showing symptoms of COVID-19?**

Children who become ill must be separated in an isolated area until they are able to go home. A designated staff person wearing PPE should stay with the child until the family arrives. Staff who are ill should go home immediately.

**19. What actions should a program take if there is exposure or a positive test result for a child or staff?**

Because COVID-19 is affecting different areas of the state in different ways, the response to exposures cannot be addressed in the same way throughout the state. If a child or staff member is diagnosed with COVID-19 you should contact your [local public health department](#) and your licensing specialist for next steps.

## **Ratios, Capacity, and Enrollment**

**20. Do children have to stay in the same group every day?**

In Phase 0 and Phase 1, it is recommended that groups remain consistent, with the same children and staff together each day.

**21. Does a program need to prioritize essential workforce families during Phase 0?**

DCF encourages programs to continue to prioritize essential workforce families. However, if there are slots available after those essential workforce families are enrolled, programs may offer those slots to other families.

**22. What is the maximum capacity in Phase 0?**

All programs should consider the following factors when determining maximum capacity:

- The current spread of COVID-19 in the local community and/or county
- Whether the program can implement emergency plans, such as a new outbreak of COVID-19 within the program or community
- The number of staff available to meet the regulation requirements and needs of the program (i.e. directors, teachers, cooks, drivers)
- The availability of substitute staff should regular staff become ill
- Whether there is enough space within the learning environment, both indoors and outdoors, to encourage physical distancing during activities, rest time, and meal times etc.
- Whether designated space is available to isolate a child who becomes ill while at the program and awaits pickup
- Whether staff with PPE are available to remain with an isolated child while waiting for family to arrive

DCF recommends programs use size limitations of up to 10 staff and 50 children. All programs must comply with applicable licensing and certification ratio and group size requirements.

**23. Does a program need to prioritize essential workforce families during Phase 1?**

DCF encourages programs to continue to prioritize essential workforce families. However, if there are slots available after those essential workforce families are enrolled, programs may offer those slots to other families.

## 24. What is the maximum capacity in Phase 1?

All programs should consider the following factors when determining maximum capacity.

- The current spread of COVID-19 in the local community and/or county
- Whether the program can implement emergency plans, such as a new outbreak of COVID-19 within the program or community
- The number of staff available to meet the regulation requirements and needs of the program (i.e. directors, teachers, cooks, drivers)
- The availability of substitute staff should regular staff become ill
- Whether there is enough space within the learning environment, both indoors and outdoors, to encourage physical distancing during activities, rest time, and meal times etc.
- Whether designated space is available to isolate a child who becomes ill while at the program and awaits pickup
- Whether staff with PPE are available to remain with an isolated child while waiting for family to arrive

DCF recommends programs with a licensed/regulated capacity of 75 or more children should not exceed 75% of their licensed/regulated capacity during Phase 1. All programs must comply with applicable licensing and certification ratio and group size requirements.

## Preventing the Spread of COVID-19

### 25. What can be done to prevent COVID-19 from spreading in a program?

- Pick-up and Drop-Off
  - Stagger arrival and drop off times
  - Programs can consider limiting adult entry to the facility (e.g., staff can be stationed at the front door, where families can drop children off)
  - Request one family member as the designated person for drop off/pick up
  - Provide hand sanitizer for adults at sign-in stations
- Cancel the use of volunteers and restrict nonessential visitors from entering the facility
- Post signs on how to stop the spread of COVID-19, [properly wash hands](#), [promote everyday protective measures](#), and [properly wear a face covering](#).
- Cancel field trips requiring transportation, where physical distancing cannot be accommodated, or where shared equipment would be required (e.g., parks)
- Keep children 6 feet apart when possible (arrange the environment to increase the size of learning centers or space materials further apart)
- During rest time, place resting equipment 6 feet apart, including cribs and arrange children head to toe

**26. How should meals and snacks be served?**

- All food service workers should have and wear PPE, such as gloves and face masks
- Family style meal service is not recommended - instead staff should serve food using gloves or provide individual pre-plated meals
- Meals should be served in classrooms
- Children should be seated with 6 feet of distance in between each other whenever possible
- Encourage staff to sit with and talk to children, serving as role models and offering support and normalcy during traumatic times

## Phase 2 Questions

### Health and Safety

**27. When should children or staff not be allowed in the program?**

Children and staff with a fever of 100.4 or above and/or signs of illness, such as coughing, difficulty breathing should stay home.

**28. Do I have to do a health screening of every child and staff upon arrival each day?**

DCF does not require health screenings; however, DCF encourages programs to consider implementing one of the CDC recommended screening practices. There are three [screening](#) options to consider.

**29. What should be done if a child or staff starts showing symptoms of COVID-19?**

Children who become ill must be separated in an isolated area until they are able to go home. A designated staff person wearing PPE should stay with the child until the family arrives. Staff who are ill should go home immediately.

**30. What actions should a program take if there is exposure or a positive test result for a child or staff?**

Because COVID-19 is affecting different areas of the state in different ways, the response to exposures cannot be addressed in the same way throughout the state. If a child or staff member is diagnosed with COVID-19 you should contact your [local public health department](#) and their DCF licensing specialist for next steps.

### Ratios, Capacity, and Enrollment

**31. Do children have to stay in the same group every day?**

Groups should remain consistent with the same children and staff together each day.

**32. Are programs able to provide care to all families during Phase 2?**

Programs can provide care to all families during Phase 2. Programs should consider working with their licensing specialist to make individual program decisions if limited capacity is a concern.

### 33. Are there limitations to the maximum capacity in Phase 2?

All programs should consider the following factors when determining maximum capacity.

- The current spread of COVID-19 in the local community and/or county
- Whether the program can implement emergency plans, such as a new outbreak of COVID-19 within the program or community
- The number of staff available to meet the regulation requirements and needs of the program (i.e. directors, teachers, cooks, drivers)
- The availability of substitute staff should regular staff become ill
- Whether there is enough space within the learning environment, both indoors and outdoors, to encourage physical distancing during activities, rest time, and meal times etc.
- Whether designated space is available to isolate a child who becomes ill while at the program at awaits pickup
- Whether staff with PPE are available to remain with an isolated child while waiting for family to arrive

DCF recommends programs should not exceed licensed/regulated capacity and should consider all factors before making decisions in Phase 2. All programs must comply with applicable licensing and certification ratio and group size requirements.

## Preventing the Spread of COVID-19

### 34. What can I do to prevent COVID-19 from spreading in my program?

- Pick-up and Drop-Off
  - Stagger arrival and drop off times
  - Programs can consider limiting adult entry to the facility (e.g., staff can be stationed at the front door, where families can drop children off)
  - Request one family member as the designated person for drop off/pick up
  - Provide hand sanitizer for adults at sign-in stations
- Cancel the use of volunteers and restrict nonessential visitors from entering the facility
- Post signs on how to stop the spread of COVID-19, [properly wash hands](#), [promote everyday protective measures](#), and [properly wear a face covering](#).
- Cancel field trips requiring transportation, where physical distancing cannot be accommodated, or where shared equipment would be required (e.g., parks)

### 35. How should I serve meals and snacks?

- All food service workers should have and wear PPE, such as gloves and face masks
- Family style meal service is not recommended - instead staff should serve food using gloves or provide individual pre-plated meals
- Meals should be served in classrooms
- Children should be seated with 6 feet of distance in between each other whenever possible
- Encourage staff to sit with and talk to children, serving as role models and offering support and normalcy during traumatic times.



**36. What are the major changes from Phase 1 to Phase 2?**

- Provide care to all families
- Increase capacity
- Minimal mixing between groups
- Communal spaces used if necessary and cleaned and disinfected prior to a new group of children using the space

## Phase 3 Questions

### Health and Safety

**37. Should programs continue to conduct daily health screenings of children and staff prior to entering the program?**

DCF does not require health screening; however, the CDC does recommend implementing health screenings in phases 1-3.

### Ratios, Capacity, and Enrollment

**38. Do children have to stay in the same group every day?**

Programs can resume standard operations during this phase, while keeping in mind additional health and safety precautions.

**39. Are there limitations to maximum capacity in Phase 3?**

Programs can resume standard operations during this phase, while keeping in mind additional health and safety precautions. All programs should consider the number of staff available to meet the regulation requirements (i.e. directors, teachers, cooks, drivers), needs of the program, and ability to keep children and staff safe and healthy when making capacity decisions.

Programs may not exceed licensed/regulated capacity and must comply with applicable licensing and certification ratio and group size requirements in Phase 3.

**40. Are ratio and group size requirements for children 5 years of age and older back to normal?**

Programs not already operating at capacity may do so. Normal staff-to-child ratios for all ages of children will be in effect.

**41. If needed, can programs exceed regulated capacity in Phase 3?**

Programs will not be able to exceed their regulated capacity. Programs should consider working with their licensing specialist to make individual program decisions.

## Day Camps

**42. What are best practices for day camps?**

DCF is currently has [separate guidance for day camps](#).

**43. Will there be consistency in ratios and standards across child care and day camps?**

Yes. The recommendations are consistent from a licensing and health and safety standpoint.