Emergency Care Plan Documents

This information was compiled by the Wisconsin Early Childhood Association
These are only recommendations for best practice, all [Wisconsin Department of Children and Family must be followed](https://dcf.wisconsin.gov/covid-19/guidance). Below practices were sourced from the CDC, WHO, Wisconsin Department of Children and Families, and other state early childhood regulatory bodies.

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**Emergency Child Care Plan Introduction**

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. Additionally, under the ‘Safe at Home’ order, [child care teachers, providers, and staff are exempt and encouraged to stay open](https://dcf.wisconsin.gov/files/press/2020/dcf-order-16-covid-19.pdf). Child care is a critical function in supporting health providers and essential workforce in this crisis. This order also requires providers to prioritize child care for families of health care and essential workers.

This guidance is for programs that meet the size threshold established in [EO #6](https://dcf.wisconsin.gov/files/press/2020/dhs-eo6.pdf), that elect to continue operating, to 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. It is important that all programs currently operating provide the same level of care and health precautions for staff and children. As you move forward with this work, you must establish communication with your DCF licensor to notify them of any and all plans you have to provide emergency care. Additionally, if your center is currently closed, but you are willing to re-open to serve health care providers and essential workers, please update [Provider Portal](https://mywichildcareproviders.wisconsin.gov/login?DcfReturnUrl=%2F) and notify your DCF licensor immediately.

We would advise you to share risk guidance from the Centers for Disease Control and Prevention (CDC) with staff and families, and ask that all – including those who have members in their household with compromised immune systems, respiratory problems, hypertension, diabetes, heart problems, chronic kidney disease, or cancer - sign a document stating they are aware of the risks associated with COVID-19.

**Need -** It is possible that medical staff and first responders will need childcare during all shifts and weekends. Many may be working extended hours.  This need could grow exponentially in the coming weeks. If families currently have childcare but their provider falls ill, they will be desperate to find alternatives. The need for extended hours, evening, night and weekend care is apparent. In addition, there should be options for drop-in care that is available on an as-needed basis.

**Locations -** During this time of unprecedented viral spread, it is crucial to prevent children from being grouped in large numbers. In addition to potentially exposing more children to illness, this practice would likely impact children with added stress during an already stressful time.

It is our recommendation that ten to twenty sites be identified where groups of ten to fifteen children can be cared for. Using outdoor locations for children ages 3+ when at all possible. Indoor locations that are already set up as early care and education facilities are recommended for the comfort of children. These locations must be outfitted with all the necessary safety and care supplies including protective gear and proper facility cleaning. DCF is temporarily suspending rules around ratio size for **children 5 years and older only. If possible, keep siblings together.**

**Staffing Model -** Two staff per 8-hour shift would be identified to be at each location, taking in children and abiding by ratios. This building should be staffed by two people, seven days a week, 24 hours per day until the need subsides. A third staff person per shift should be identified to provide administrative/emergency support. A fourth staff person would be “on call'' to report if needed for safe supervision of children or if a caregiver began to feel ill. Additionally, a full and properly trained cleaning crew will clean the facility after each of the three shifts open.

**Enrollment**

**Providers should use their best judgement to verify the employment of essential workforce families.**

DCF Essential Workforce Definition:

* Tier 1: employees, contractors, and other support staff working in health care;
* Tier 2: employees, contractors, and other staff in vital areas including but not limited to military;

long term care; residential care; pharmacies; child care; child welfare; government operations;

public safety and critical infrastructure such as sanitation, transportation, utilities, telecommunications; grocery and food services; supply chain operations; and other sectors as determined by the Secretary of the Department of Children and Families.

Child file information, staff file information and attendance can be tracked using a web-based software system called Alliance Core. In this way, parents can register online, and programs have access to the information via a secure internet portal even when outdoors.

**Rolling Openings -** As no one can anticipate the needs, we recommend rolling openings beginning with one location within close proximity to a hospital and identifying additional sites as the need increases. This would avoid unnecessary costs associated with this model. A centralized HUB will handle daily booking of children taking in information on staffing and spot availabilities and hours of care needed.

We would look to open an additional location as the first site started to consistently see 10 children per shift. We might also limit secondary sites to specific hours which would also help to reduce costs.

**Needed Supports**

* List of approved and willing providers along with available hours
* Access to Central Training for CPR, Shaken Baby and SIDS
* Guidance on Health Screenings and Safety
* [Mental Health Support](https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf?sfvrsn=6d3578af_2)

**Emergency Child Care Programming Best Practices**

**Regulatory Requirements**

All rules [governing group](https://dcf.wisconsin.gov/files/publications/pdf/205.pdf) and [family child care homes](https://dcf.wisconsin.gov/files/publications/pdf/203.pdf) shall be upheld. A complete list of changes due to COVID-19 can be found [here](https://dcf.wisconsin.gov/covid-19/guidance). Additional guidance on keeping children, families and staff safe can be found [here](https://dcf.wisconsin.gov/files/press/2020/ece-guidance-3-15-20.pdf). **Ratios for children under the age of 5 must be followed but center capacity can be exceeded up to 10 adults and 50 children.**

**Staff Training.**

* Abbreviated Staff orientation (Emergency plans, where student information is, medications, emergency and evacuation procedures, ect.)
* CPR, Shaken Baby and SIDS Training, CAN, administration of medication. [Resources here.](https://center-elp.org/resourcesforms/health-and-safety-resources/)
* Employers must ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA’s Hazard Communication standard ([29 CFR 1910.1200](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1200)).
* Employers must comply with OSHA’s standards on Bloodborne Pathogens ([29 CFR 1910.1030](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030)), including proper disposal of regulated waste, and PPE ([29 CFR 1910.132](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.132)).
* Training on Trauma informed care.
* Briefing on children’s special health/diet needs.
* Positive guidance techniques.
* Communicable disease training including recognizing and responding to signs and symptoms of COVID-19

**Items to establish before operating under an emergency plan:**

* What hours/days will you be open?
* How many classrooms will be open?
* What ages will you serve, or will you do mixed age groupings?
* How many staff can you have each day?
* Are you capable of working with children that have special needs?
* Do you have back up staff in place?
* Have you made plans with a cleaning company to do the necessary daily sanitation?
* Do you have all the necessary supplies to keep your staff and students safe, healthy and fed?

**Enrollment of Children**

Ensure that you have a policy and procedure manual to share with parents. Ensure that you are collecting information necessary as dictated by DCF. See pages 14-17 of this document for sample materials for enrollment.

**Health and Safety**

**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 programs without healthcare staff on-site, it is 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.

**Cleaning and Disinfecting:**

* Minimize the potential for the spread of germs in the program space by temporarily removing toys that are not easily cleanable (such as stuffed animals and pillows) and rotate the toys that are out at any one time so that they can be adequately cleaned and sanitized.
* If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
* For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective. See [List N: Disinfectants for Use Against SARS-CoV-2](https://lnks.gd/l/eyJhbGciOiJIUzI1NiJ9.eyJidWxsZXRpbl9saW5rX2lkIjoxMDQsInVyaSI6ImJwMjpjbGljayIsImJ1bGxldGluX2lkIjoiMjAyMDAzMDkuMTg0MjgyMTEiLCJ1cmwiOiJodHRwczovL3d3dy5lcGEuZ292L3Blc3RpY2lkZS1yZWdpc3RyYXRpb24vbGlzdC1uLWRpc2luZmVjdGFudHMtdXNlLWFnYWluc3Qtc2Fycy1jb3YtMiJ9.1QzYzmAoGz_t3pGANhTQkAT0dyKVgd-yZJe9Qvy15QE/br/75884149669-l).
	+ 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. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.
* Prepare a bleach solution by mixing:
	+ 5 tablespoons (1/3rd cup) bleach per gallon of water or
	+ 4 teaspoons bleach per quart of water
	+ [Products with EPA-approved emerging viral pathogens claims](https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf) are expected

to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

* + For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
	+ If the items can be laundered, launder items in accordance with the manufacturer’s instructions using the warmest appropriate water setting for the items and then dry items completely.
	+ Otherwise, use products with the EPA-approved emerging viral pathogens claims (examples at [this link](https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf)) that are suitable for porous surfaces**.**
* 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.
* Child care facilities are encouraged to avoid the use of quaternary ammonia sanitizers and disinfectants. “Quats” are asthmagens - asthma triggers, skin irritants, endocrine disrupters and low-level disinfectants. Sodium dichloroiso-cyanurate (dichlor) tablets for sprayers that produce hypochlorous acid are safer than some sprays but are still a chlorine product and potential asthma trigger. This form of chlorine is safer than bleach. The liquid has a pH ~ 6-7 so the Department of Labor and Industry (L&I) will not require an emergency eye wash. “Fogging” – spraying chemicals in the air – is not recommended, advised, necessary, or safe.
* Child care facilities must have a Safety Data Sheet (SDS) for each chemical used in the facility.

**Linens, clothing, and other items that go in the laundry**

* Do not shake dirty laundry; this minimizes the possibility of dispersing 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.

**Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash**.

* 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**](https://www.cdc.gov/handwashing/when-how-handwashing.html) **hands** after removing gloves.
* Gloves should be removed after cleaning a room or area occupied by ill persons. [Clean hands](https://www.cdc.gov/handwashing/when-how-handwashing.html) 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**](https://www.cdc.gov/handwashing/when-how-handwashing.html) **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.
	+ Follow normal preventive actions while at work and home, including cleaning hands and avoiding touching eyes, nose, or mouth with unwashed hands.
	+ Additional key times to clean hands include:
		- After blowing one’s nose, coughing, or sneezing
		- After using the restroom
		- Before eating or preparing food
		- After contact with animals or pets
		- Before and after providing routine care for another person who needs assistance (e.g., a child).

**While in Care with Children:**

*Teach children and staff to:*

* Cough or sneeze into a tissue. Throw away the tissue after they use it and wash hands.
* Avoid touching their eyes, nose, or mouth.
* [Wash their hands frequently](https://www.who.int/gpsc/clean_hands_protection/en/) and for at least 20 seconds with soap and water, especially after going to the bathroom, before eating, and after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60 percent alcohol. Always wash hands with soap and water if your hands are visibly dirty.
* Avoid sharing cups and eating utensils with others.

*Staff Should:*

* Assess the health of each person entering the building. This should be done by healthcare professional or another staff member trained by a healthcare professional.
	+ Take the temperature and check symptoms for staff and children upon entry each day and ask if medications were used to lower the child’s temperature and if there are any household members with COVID-19. If forehead or disposable thermometers are not available, you can ask the caregiver to fill out and sign a form that reports their child’s temperature as taken at home (or affirming the child does not have a fever) and any symptoms.
* [Clean and disinfect frequently](https://www.cdc.gov/coronavirus/2019-ncov/prepare/cleaning-disinfection.html) touched objects and surfaces like doorknobs, tables, drinking fountains and handrails. Regular cleaning products can be used. See an additional list of recommended products.
* If napping mats are used, children should be kept at least 6 feet apart if possible and mats should be cleaned after each use.
* Emphasize the need to remain vigilant against stigma due to perceived race, national origin, or recent travel. Foster a supportive environment free from rumors or associations of a virus with a specific population.

**Social Distancing**

Incorporate social distancing within groups to the degree possible, aiming for at least three to six feet between children and minimizing the amount of time children are in close contact with each other.

* Don’t use common spaces and limit movement between classrooms. Children should only interact with the other children in their own group/pod.
* Dedicated staff should work with each group. Ideally, staff would not move between the groups of children.
* Additionally, programs should limit the movement of children across spaces. If parents/caregivers are able to (and programs can operationalize), they should drop off children without entering the building and/or classroom. Eliminate large group activities.
* Limit the number of children in each program space.
* Increase the distance between children during table work.
* Plan activities that do not require close physical contact between multiple children.
* Limit item sharing, and if items are being shared, remind children not to touch their faces and wash their hands after using these items.
* Limit use of water or sensory tables and wash hands immediately after any use of these tools.
* Minimize time standing in lines.
* Limit corridor use/traffic.
* Incorporate additional outside time and open windows frequently.
* Adjust the HVAC system to allow for more fresh air to enter the program space.
* Avoid gathering in larger groups for any reason. Outside time and lunch should be taken with group (no large gatherings or combining groups.)

**Outside play**

Offer outdoor play in staggered shifts. If multiple groups are outside at the same time, they should have a minimum of six feet of open space between outdoor play areas or visit these areas in shifts so that they are not congregating. Always wash hands immediately after outdoor play time. Clean off all equipment after each group uses the playground.

**Drop-off and pick-up**

* Do not combine groups in the morning or afternoon.
* You may wish to alternate drop off and pick up times for each small group to avoid a large number of people congregating outside the facility or in front of the facility.
* Wash hands or use hand sanitizer before and after signing in and out. No pen should 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.
* If anyone in the home has cold symptoms, caregivers should not send their children to the childcare program. Daily at drop off, the caregiver will sign off that no one in the family has cold symptoms. Children should not return until their household member is three days symptom free.

**Meals and Snacks**

* Child and Adult Care Food Program (CACFP) guidelines are followed for preparing and serving meals and snacks.
* Food preparation safety procedures are followed.
* Family style serving should be avoided, if possible. It is recommended that the adults prepare each child’s plate using gloves.

**Emergency Plans**

* Plans are in place to notify families in case of injury or disaster.
* Plans are in place to care for children in case of a child’s or an adult’s injury.
* Plans are in place in case of fire or other disaster, including flood, tornado, intrusion, or terrorism.
* There is at least one alternate exit in case of fire.

**Responding to a Confirmed COVID-19 Case** **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 DHS recommendations for discontinuation of home isolation and voluntary home quarantine, which can be found here: <https://www.dhs.wisconsin.gov/dph/memos/communicable-diseases/2020-08.pdf>.

**Learning Environment**

* Child care workers shall respond promptly to a crying child’s needs.
* Each infant and each toddler shall be allowed to form and follow his or her own pattern of sleeping and waking. Each child under one year of age shall be placed to sleep on his or her back in a crib unless otherwise specified in writing by the child’s physician. The child shall be allowed to assume the position most comfortable to him or her when able to roll over unassisted.
* Emphasis in activities shall be given to play as a learning and growth experience.
* Throughout the day each infant and each toddler shall receive physical contact and attention such as being held, rocked, talked to, sung to and taken on walks inside and outside the center.
* Routines relating to activities such as taking a nap, eating, diapering and toileting shall be used as occasions for language development and other learning experiences.
* When a non-mobile child is awake, the child care worker shall change the child’s body position and location in the room periodically. Non-mobile children who are awake shall be placed on their stomach occasionally throughout the day.
* The non-walking child who can creep or crawl shall be given opportunities during each day to move freely by creeping and crawling in a safe, clean, open, warm and uncluttered area.
* Child care workers shall encourage infants and toddlers to play with a wide variety of safe toys and objects.
* When infants and toddlers are taken outdoors for a walk, equipment, such as strollers or wagons, shall be provided.
* An adult-size rocking chair or other adult-size chair shall be provided for each child care worker.

**Supervision and Child Guidance**

* The caregiver talks, encourages conversation, describes what’s going on and provides several ways for children to understand and express how they are feeling about the situation. This includes social stories, acting out stories and drawings.
* [Positive guidance techniques are used](https://drive.google.com/file/d/1HdJPRm8R0LDRQ3JO9NLuVUr0E2gaGH6O/view).

**Children’s Development**

* + The environment is arranged with specific areas for blocks, art, books, dress-up, table toys, puzzles, drawing, painting, crafts, pretend play, music, puppets and other age and developmentally appropriate.
	+ Toys and materials are always available and easy to access.
	+ Children are given opportunities to be creative and actively involved.
	+ Children learn while they play.
	+ There is an abundance of age and developmentally appropriate toys and activities available both indoors and outdoors.
	+ There are times and places available to play quietly and to play actively.
	+ There are times and places available to play alone and to play with others.

**Volunteer and additional staff training**

* Knowing and understanding child development and how best to work with children is an important aspect of caring for children.
	+ All staff have a current certification in First Aid and CPR.
	+ All staff have been trained on child abuse prevention and how to recognize and report abuse.
	+ The children are treated with respect and patience.
	+ All staff use a calm voice and give individual attention to each child.

Here are resources we will use to speak with children about the virus:

· [Talking to Children About COVID-19 (Coronavirus) - A Parent Resource](http://track.spe.schoolmessenger.com/f/a/xnwOady6yDgC-Ai8Zc3ZbA~~/AAAAAQA~/RgRgTA-iP0SZaHR0cHM6Ly9oaWdoZXJsb2dpY2Rvd25sb2FkLnMzLmFtYXpvbmF3cy5jb20vTkFTTi8zODcwYzcyZC1mZmY5LTRlZDctODMzZi0yMTVkZTI3OGQyNTYvVXBsb2FkZWRJbWFnZXMvUERGcy8wMjI5MjAyMF9OQVNQX05BU05fQ09WSUQtMTlfcGFyZW50X2hhbmRvdXQucGRmVwdzY2hvb2xtQgoAACLcal6zYY1pUhNhbHVhcHdlcmRAZ21haWwuY29tWAQAAAAB).

· [Talking With Children: Tips for Caregivers, Parents, and Teachers During Infectious Disease Outbreaks](http://track.spe.schoolmessenger.com/f/a/4Ve5SzyPUADzu5ssiFPXpQ~~/AAAAAQA~/RgRgTA-iP0SOaHR0cHM6Ly9zdG9yZS5zYW1oc2EuZ292L3Byb2R1Y3QvVGFsa2luZy1XaXRoLUNoaWxkcmVuLVRpcHMtZm9yLUNhcmVnaXZlcnMtUGFyZW50cy1hbmQtVGVhY2hlcnMtRHVyaW5nLUluZmVjdGlvdXMtRGlzZWFzZS1PdXRicmVha3MvU01BMTQtNDg4NlcHc2Nob29sbUIKAAAi3Gpes2GNaVITYWx1YXB3ZXJkQGdtYWlsLmNvbVgEAAAAAQ~~)

· [CDC Guidance for talking with children](http://track.spe.schoolmessenger.com/f/a/avfZqBWm8rwxeKVmnCaVEA~~/AAAAAQA~/RgRgTA-iP4QbAWh0dHBzOi8vd3d3LmNkYy5nb3YvY29yb25hdmlydXMvMjAxOS1uY292L2NvbW11bml0eS9zY2hvb2xzLWNoaWxkY2FyZS90YWxraW5nLXdpdGgtY2hpbGRyZW4uaHRtbD91dG1fc291cmNlPUlubmVyK0tpZHMrTWFzdGVyK0xpc3QmdXRtX2NhbXBhaWduPTVhYjg1YzgxMDktRU1BSUxfQ0FNUEFJR05fMl82XzIwMThfQ09QWV8wMyZ1dG1fbWVkaXVtPWVtYWlsJnV0bV90ZXJtPTBfNDI2OTU3OWVjZi01YWI4NWM4MTA5LTM0Nzg0MzUzJmN0PXQoRU1BSUxfQ0FNUEFJR05fMl82XzIwMThfQ09QWV8wMylXB3NjaG9vbG1CCgAAItxqXrNhjWlSE2FsdWFwd2VyZEBnbWFpbC5jb21YBAAAAAE~)

Emergency Care

Costs & Supplies

**Staffing Costs -**Staffing one location with three staff would require a guarantee of $2160 per day. The cost of the on-call staff members would be billed as needed at an additional cost of $720 per day. The staffing cost at one location would run $17,500 - $22,750. This would assure round the clock, drop-in care for up to 10 children per shift.

**Other Expenses -**Food, diapers, wipes, and educational materials would also be added to the cost. We recommend including the option to bill for food and supplies on a per child/per shift basis as the attendance will determine the costs. The cost per child for food is $5 per shift for the first and second shift. The cost per child for supplies is $7 per shift for the first and second shift. There would be no notable supply costs associated with third shift care. Breakfast would be $2 per child for those utilizing only overnight care.

|  |  |  |  |
| --- | --- | --- | --- |
| Expenses  | Day  | Week  | Month  |
| Staff (1st shift)  |  $240 |  $1680 | $9120 |
| Staff (1st shift)  |  $240 | $1680 | $9120 |
| Staff On-Call (1st shift)  |  $240 | $1680 | $9120 |
| Admin (1st shift)   |  $240 | $1680 | $9120 |
| All 1st shift expenses  | **$720-$960** | **$5040-$6720** | **$151,200-201,600** |
| Staff (2nd shift)  |  $240 |  $1680 | $9120 |
| Staff (2nd shift)  |  $240 | $1680 | $9120 |
| Staff on-call/admin (2nd shift)  |  $480 | $3360 | $14,400 |
| All 2nd shift expenses  |  $240 | $1680 | $9120 |
| Staff (3rd shift)  |  $240 |  $1680 | $9120 |
| Staff (3rd shift)  |  $240 | $1680 | $9120 |
| Staff on-call/admin (3rd shift)  |  $480 | $3360 | $14,400 |
| Benefits  |  $1440 | $10,080 | $43,200 |
| Food  |  $100 | $700 |  $3000 |
| Tech System  |  $0 | $0 | $1,000  |
| Cleaning  |  $200 | $1400 | $6000 |
| Supplies  |  $210 | $1470 | $6300 |
| Total Expenses  |  $4110-$4,830 |  $28,770-$33,810 |  $123,300-$144900 |

Needed Supplies:

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

Supplies are flowing back into Wisconsin regularly. If you still cannot locate what you need, contact 211

Wisconsin. 211 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 and provide your

contact information and a general idea of your needs. Additionally, DCF is working with the Federal

Emergency Management Agency to secure supplies in the event of widescale shortages.

SAMPLE LETTER TO FAMILIES

Dear Family:

Welcome to our program! We understand times are stressful, but we want your experience to be an exceptional one and would love to hear about ways that we can support you in your important role as parents. As we strive to create a partnership with your family in this time of need, we encourage you to provide us with any feedback you might have about your experience.

As you prepare to transition your little one into the center, there are a few things that will help to make your transition as smooth as possible.

First, please fill out all the enrollment paperwork included for your child as completely as possible. In addition to be a licensing requirement, these documents give us a lot of helpful information about your child. We feel it is important to make you aware of the risk associated with group care at this time. The Centers for Disease Control and Prevention (CDC) warns that older adults and those who have or have members in their household with compromised immune systems, respiratory problems, hypertension, diabetes, heart problems, chronic kidney disease, or cancer are at greater risk for more serious complications associated with COVID-19. Please make sure you sign the waiver stating that you understand this risk and include it in the paperwork you turn in.

Second, be sure that you bring with you the items listed on the enclosed checklist. Labeling these items will ensure that all teachers know what items are to be used with your child.

Third, feel free to talk over your transition thoughts and plans with the teachers so that they can be of assistance during your goodbye routine. We understand this is a very difficult time and we are here to support you. There are many ways that transitions into the center happen for families; let us know what works best for your family and how we can best support you during this time.

Lastly, we know that leaving your child at a new place for the first time can be a very emotional and challenging process. Feel free to stay for as long as you’d like and remember that you can always give us a call during the day to check up on your child.

We are happy to have you join our center and look forward to creating a strong partnership with your family.

Sincerely,

Director

**Things to Bring on Your First Day**

* **Photo Identification**
	+ All individuals authorized to pick up the child, including parents, must have a photo id with them at every pickup. Teachers who do not recognize the individual picking up will require that the photo id matching the information on the enrollment form be presented prior to releasing the child.
* **Completed Enrollment Forms Enclosed**
	+ Please complete all the enrollment forms included in this packet.
	+ These forms should be handed to your child’s teacher for review.
* **Bottles**
	+ Bring as many as your child will need during the day.
	+ Label bottles with the child’s first and last name (if there is milk in the bottle also label with the date)
	+ All breast milk storage containers must be labeled with the child’s first and last name and the date expressed
	+ Freshly expressed breast milk cannot be left at the center overnight
	+ **Food/formula/breast milk**
	+ Bring any solid foods your child will be eating during the day in a labeled lunch bag with a cooling device if needed.
	+ Label containers/bottles with the date, the contents of the container and your child’s first & last name
	+ Formula can be premixed or brought in powder form—please label formula cans with your child’s name
* **Swaddle labeled with your child’s name**
* **Extra clothing**
	+ Bring at least one complete set; we recommend bringing as many sets as your child typically uses in a day
	+ Clothing can be stored at the center or can be brought daily.
	+ Please label clothing with your child’s name
* **Diapers**
	+ If you are using disposable diapers, please label packages with your child’s name. You can bring a daily supply of diapers or a larger supply.
* **Wipes**
	+ Please label with your child’s name.
* **Clothing Appropriate for Going Outside**
	+ If your child is mobile, please be sure to provide hard soled shoes for the playground.
* **Sunscreen or protective clothing for outdoors**
* **Anything else your child might need**…pacifier, lovey, etc.
* **Information about your child’s schedule including:**
	+ Schedule of meals and feeding.
	+ Types of food introduced and timetable for new foods.
	+ Toileting and diapering procedures.
	+ Sleep and nap schedule.
	+ The child’s way of communicating and being comforted.
	+ Developmental and health history.

**Drop Off & Pick Up Procedures**

* Take your child’s temperature using our hospital grade thermometers
* If your child has a fever, cough or shortness of breath and have not been around anyone who has been diagnosed with COVID-19, they should stay home away from others until 72 hours after the fever is gone and symptoms get better. If the person’s symptoms worsen, they should contact their healthcare provider to determine if they should be tested for COVID-19
* If an individual is diagnosed with COVID-19, they must remain out of the facility for a minimum of 7 days after the onset of first symptoms. They may return under the following conditions:
	+ If you had a fever, 3 days after the fever ends AND you see an improvement in your initial symptoms (e.g. cough, shortness of breath);
	+ If you did not have a fever, 3 days after you see an improvement in your initial symptoms (e.g. cough, shortness of breath);
* Family will sign child in with date and time.
* The staff member will take your child and their belongings with them to their classroom and help them get settled.
* At the end of the day ring the bell and a staff member will check your ID.
* Please remain at the entrance of the building.
* We will bring your child to the door with their belongings and have you sign them out.

Additional procedures that staff will follow while working with children are:

* Teaching children 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.
* Washing 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.
* Serving meals family style will be avoided.
* When napping efforts will be made to keep cots 6 feet apart.

We understand this is a challenging time for all of you, but especially the children, below are useful links in helping children cope and understand the world around them.