



Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin

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A. Introduction, Purpose, and Scope

COVID-19 is an illness caused by a type of coronavirus called Severe Acute Respiratory Syndrome Coronavirus 2 or SARS-CoV-2 (1). Symptoms of COVID-19 may include cough, fever or chills, shortness of breath or difficulty breathing, muscle or body aches, sore throat, new loss of taste or smell, congestion or runny nose, nausea, vomiting, diarrhea, and headache (2). COVID-19 is easily transmitted from person to person in close contact through the respiratory droplets and aerosol particles released by infected persons during coughing, sneezing, singing, talking, and breathing.

Compared with adults, children and adolescents infected with SARS-CoV-2 are more likely to be asymptomatic or have mild, non-specific symptoms like headache or sore throat (3, 4). They are also less likely to develop severe illness or die of COVID-19, however the degree to which children will suffer long-term effects of the disease is still unknown (5). Despite underreporting during the early months of the pandemic, we now recognize that children are probably infected at similar rates to, and have comparable transmission rates with, adults (6, 7).

Aside from the detrimental impact on the physical health of children and adolescents, the COVID-19 pandemic has taken a toll on the educational, mental, and emotional well-being of school-aged children (8, 9). In addition to the academic benefits of classroom instruction, schools offer access to school lunch and special education programs, school-based health services, a wide range of extra-curricular opportunities, and the ability for parents and caregivers to continue working (10 - 12). For these reasons, **returning to in-person instruction for school-aged children and adolescents is a priority for the 2021-2022 school year.**

Reports of outbreaks among youth at camps, sporting events, and schools emphasize the risks of gathering school-aged children together while COVID-19 is still circulating (13 - 15). However, these risks, as a recent [CDC review](#) points out, are reduced when multiple prevention strategies such as masking, physical distancing, and cohorting, are consistently and correctly implemented. Therefore, the latest [CDC guidance](#) recommends that schools use multiple prevention strategies, especially in areas with moderate to high community transmission and/or low vaccination rates to control transmission and allow schools to stay open.

We urge all schools and school districts to follow this guidance and recommendations to ensure the health and safety of students, teachers, and school staff, as well as the broader community. Local and Tribal Health Departments (LTHDs) should use this guidance as they work with school administrators to develop the safest approach to maintain in-person instruction during the 2021-2022 school year. In addition, we provide information on how to investigate and control cases and outbreaks of COVID-19 in schools (grades K-12). Our recommendations align with the CDC's [K-12 School Operational Strategy](#) that provides a framework for schools to remain open for in-person instruction.

The Wisconsin Department of Health Services (DHS) developed these recommendations with input from multiple sources, including the Wisconsin Department of Public Instruction (DPI), review of available literature, and guidance from the U.S. Centers for Disease Control and Prevention (CDC).

These recommendations are not exhaustive. School-level assessment should be made by LTHDs in consultation with school administration, DPI, and epidemiologists at DHS. Intervention and control measures should be based on the most recent guidance available from local, state, and federal public health and regulatory authorities.

B. Outbreak Prevention Strategies

The [CDC](#) recommends that schools **layer multiple prevention strategies** to protect students, teachers, administrators, and staff, and slow the spread of COVID-19. Localities should monitor [community transmission, vaccination coverage](#), screening testing, and occurrence of outbreaks to guide decisions on the number and type of layered prevention strategies to implement in their school. School administrators should also take into account teachers and staff that are at [higher risk for severe illness](#) who cannot be vaccinated or may not be fully protected through vaccination. Additional prevention measures, such as modification of job responsibilities, should be implemented in these cases.

Recommended prevention strategies are detailed below and include:

- COVID-19 vaccination
- Face masks/coverings
- Physical distancing and cohorting
- Screening testing of students and staff
- Staying home when sick and getting tested
- Ventilation
- Hand hygiene and respiratory etiquette
- Cleaning and disinfection
- Signage and communication

COVID-19 Vaccination

Of all COVID-19 prevention strategies, **vaccination is the leading strategy to prevent cases** and eventually stop the spread. A number of FDA-approved COVID-19 vaccines are now available, and have demonstrated efficacy at reducing infections, hospitalizations, and deaths from COVID-19. People are considered **fully vaccinated** two weeks after receiving the second dose in a two-dose vaccine series, or two weeks after receiving a single-dose vaccine. People who are fully vaccinated against COVID-19 are less likely to have an asymptomatic infection or transmit COVID-19 to others than people who are not fully vaccinated. To learn more about vaccine safety and efficacy, vaccination eligibility, and vaccination sites, refer to the [CDC](#) or [DHS](#) websites.

Recommendations:

- All eligible students, teachers, and staff should get vaccinated against COVID-19 to protect themselves and others in the school and community.
- Schools should strive for the highest level of vaccination possible among those who are eligible.

- Establish a process for collecting, maintaining, and using COVID-19 vaccination information to inform selection and implementation of other prevention strategies.
- Advise students, teachers, and staff with weakened immune systems to talk with a health care professional about the need for continued personal protective measures after vaccination.
- Encourage eligible individuals to stay up to date on routine and seasonal vaccinations. Refer to the [CDC](#) and American Academy of Pediatrics ([AAP](#)) guidance on childhood vaccinations for more information.

Schools can **promote vaccination** among eligible students, teachers, and staff by:

- Providing information about COVID-19 vaccination and encouraging vaccine trust and confidence.
 - Tailor vaccination messages to the audience by adjusting language, tone, and format. Be responsive to concerns.
 - Involve trusted community messengers, particularly in communities where people may be vaccine hesitant.
 - Host information sessions to connect parents and guardians with information about the COVID-19 vaccine.
- Establishing policies and practices to make getting vaccinated as convenient as possible.
 - Offer vaccination on-site before, during, and after the school day and during summer months.
 - Offer vaccination during school events and activities (e.g., welcome events, pre-sporting physicals).
 - Provide students and families flexible options for excused absence to receive a COVID-19 vaccination and for possible side effects after vaccination.
 - Offer flexible, supportive sick leave options (e.g., paid sick leave) for employees to get vaccinated or who have side effects after vaccination.

Many recommended COVID-19 prevention strategies rely on having knowledge of the vaccination status of students, teachers, and staff. Therefore, schools should establish a process for collecting, maintaining, and using COVID-19 vaccination information using the same standard protocols that are used to collect and secure other immunization or health status information. Any policy or practice should comply with relevant state, tribal, local, or territorial laws and regulations including the [Family Educational Rights and Privacy Act \(FERPA\)](#). Schools accessing the Wisconsin Immunization Registry should comply with the Wisconsin Immunization Registry (WIR) Security and Confidentiality Agreement.

Note that workers who cannot get vaccinated due to a disability (covered by the ADA), have a disability that inhibits a full immune response to vaccination, or have a sincerely held religious belief or practice (covered by Title VII of the Civil Rights Act of 1964) may be entitled to reasonable accommodations from their employer.

Face Masks/Coverings

Masks protect the wearer from illness and protect others by preventing the wearer from spreading disease if they are asymptomatic, pre-symptomatic, or do not realize they are sick. Mask use is particularly important when physical distancing or other prevention strategies cannot be maintained.

The CDC and the [American Academy of Pediatrics \(AAP\)](#) recommend that **all students, teachers, and staff, regardless of vaccination status, wear face masks at school.**

Face masks are required on [school buses](#).

Universal masking is the safest, most feasible approach to maintaining in-person instruction during the 2021-2022 school year, given the following situations:

- Younger students (under 12 years of age) are not yet eligible for vaccination.
- Physical distancing of 3 or more feet between students cannot always be maintained.
- Community transmission levels of COVID-19 continue to change; some counties are experiencing [substantial or high](#) transmission rates.
- There is sustained community transmission throughout the state of a variant that spreads easily (delta variant, B.1.617.2).
- Many schools would have difficulty monitoring the vaccine status of students and/or teachers and staff.
- Teachers and staff would have difficulty enforcing mask policies that are not universal.
- There is low vaccination uptake in many counties in the state.

The Pfizer-BioNTech and Moderna vaccines are still highly effective against hospitalization and death for a variety of strains, and people who are fully vaccinated are less likely than unvaccinated persons to acquire SARS-CoV-2 or to transmit it to others. However, [new data suggest](#) lower vaccine effectiveness against infection and symptomatic disease caused by some variants, including Delta, compared with earlier strains. In response to the potential for fully vaccinated people to transmit COVID-19, the CDC recently [issued updated guidance](#) to recommend that **fully vaccinated people wear a mask indoors for 14 days after close contact** with someone with COVID-19.

Masks or cloth face coverings should **NOT** be placed on children under age 2, or anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the covering without assistance. Medical considerations, including sensory concerns and respiratory conditions, mean some individuals are not able to wear a mask or face covering safely. Wearing a mask may be dangerous or stressful for individuals with intellectual or developmental disabilities. LTHDs and school-based health care providers are encouraged to review the CDC's specific feasibility and adaptation guidance to find alternatives.

Physical Distancing and Cohorting

[Studies](#) from the 2020-2021 school year showed low COVID-19 transmission levels among students who maintained less than 6 feet of physical distance in schools that implemented other layered

prevention measures. Schools in which not everyone is fully vaccinated should implement physical distancing to the extent possible within their structures.

Cohorting involves keeping people together in a small group and having that group stay together throughout the school day. Cohorting can limit the spread of COVID-19 between people in different cohorts, but should not replace other prevention measures. Grouping students into cohorts may be especially effective when it is challenging to maintain physical distancing, such as among young children, and when community transmission levels are moderate-to-high. Schools must ensure that cohorting is done in an equitable manner that does not perpetuate academic, racial, or other tracking, as described in the U.S. Department of Education [COVID-19 Handbook, Volume 1](#).

Recommendations

- **Students** should maintain **at least 3 feet of physical distance** between other students within classrooms.
- **Teachers and staff** should maintain **at least 6 feet** of physical distance between themselves and students and other teachers/staff.
- If a school elects to cohort students in small groups, the school should not group people who are fully vaccinated and people who are not fully vaccinated into separate cohorts.
- Schools should not exclude students from in-person learning to keep a minimum distance requirement. When it is not possible to maintain a physical distance of at least 3 feet, schools should **layer multiple other prevention strategies**.

Other strategies to help maintain physical distancing include, but are not limited to, staggered arrival/departure times, and, as weather permits, increased use of outdoor space for instruction. Please refer to the [DPI](#) and the [CDC](#) documents for more specific options.

Screening Testing of Students and Staff

Screening testing refers to testing people who do not have symptoms of or known exposure to COVID-19 in order to identify infected people early so that measures can be taken to prevent further transmission. Because school-aged children are more likely than adults to have mild or asymptomatic infection, screening testing is especially important. Screening testing gives communities, schools, and families added assurance that schools can open and remain open safely for in-person learning, sports, and extracurricular activities. Screening testing is likely to be most feasible in larger settings and for older children and adolescents.

Recommendations

- Offer screening testing to students, teachers, and staff based on community levels of transmission and using the recommendations outlined in [Table 1](#) below.
- To be effective, testing results should be reported as quickly as possible (within 24 hours if possible).
- People who are fully vaccinated are exempt from screening testing unless they are experiencing symptoms.

- See [CDC](#) guidance for ideas on how to implement screening testing of students, teachers, and staff who are not fully vaccinated (e.g., pooled testing of cohorts, random sampling).
- See [Screening Testing in Response to a Case or an Outbreak](#) for recommendations for testing in response to a case or outbreak, which are different from recommendations for screening testing based on community transmission.

Before implementing COVID-19 testing in their schools, K–12 school leaders should coordinate with public health officials to develop a testing plan and build support from students, parents, teachers, and staff. Wisconsin DHS is offering convenient school-based testing for teachers, staff, students, and their families for the 2021-2022 school year. Refer to the [DHS website](#) for details about services offered through the program and for instructions on how to request testing support and/or supplies.

If the school is not tracking the COVID-19 vaccination status of students, teachers, and staff, screening testing is encouraged. Testing in low-prevalence settings might produce false positive results, but testing can provide an important prevention strategy and safety net to support in-person education.

Table 1. Screening Testing Recommendations for K-12 Schools by Level of [Community Transmission](#) (Source: [CDC Guidance for COVID-19 Prevention in K-12 Schools](#))

	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
New cases per 100,000 persons in the past 7 days	<10	10-49	50-99	≥100
Percentage of positive tests in the past 7 days	<5%	5.0%-7.9%	8.0%-9.9%	≥10%
Students	Do not need to screen students.	Offer screening testing for students who are not fully vaccinated at least once per week.		
Teachers and staff	Offer screening testing for teachers and staff who are not fully vaccinated at least once per week.			
High risk sports and activities	Recommend screening testing for high-risk sports¹ and extracurricular activities² at least once per week for participants who are not fully vaccinated.		Recommend screening testing for high-risk sports and extracurricular activities twice per week for participants who are not fully vaccinated.	Cancel or hold high-risk sports and extracurricular activities virtually to protect in-person learning, unless all participants are fully vaccinated.
Low- and intermediate-risk sports	Do not need to screen students participating in low- and intermediate-risk sports. ¹	Recommend screening testing for low- and intermediate-risk sports at least once per week for participants who are not fully vaccinated.		

¹ The NCAA has developed a risk stratification for sports. See https://ncaaorg.s3.amazonaws.com/ssi/COVID/SSI_ResocializationDevelopingStandardsSecondEdition.pdf. Examples of low-risk sports are diving and golf; intermediate-risk sport examples are baseball and cross country; high-risk sport examples are football and wrestling.

² High-risk extracurricular activities are those in which increased exhalation occurs, such as activities that involve singing, shouting, band, or exercise, especially when conducted indoors.

Staying Home When Sick and Getting Tested

Anyone experiencing symptoms of illness should stay home from school. If experiencing [symptoms of COVID-19](#), they should also get tested for COVID-19, regardless of vaccination status. Schools should not allow staff or students to work or study in-person while sick. Additionally, anyone who is not fully vaccinated and is a close contact of a confirmed case should be quarantined. All close contacts of a case should get tested for COVID-19 regardless of vaccination status. See the [Identifying Close Contacts](#) section of this guidance for help determining who must be considered a close contact. Requiring two negative test results before allowing a student to return to school is **not** recommended.

Recommendations

- Students (or parents/guardians of young students), teachers, and staff should monitor themselves (or their children) [for symptoms of infectious illness](#) every day before attending school.
- Anyone experiencing symptoms of illness should stay home. If experiencing [symptoms of COVID-19](#), they should also get tested for COVID-19, regardless of vaccination status.
- Students, teachers, and staff who are not fully vaccinated should stay home to quarantine after exposure to someone with COVID-19.
Fully vaccinated people who do not have COVID-19 symptoms do not need to quarantine, but should get tested 3-5 days after an exposure to someone with COVID-19 and wear a mask in all public indoor settings for 14 days after exposure or until a negative test result.
- Teachers and staff should self-monitor for signs of illness and, if ill, immediately notify their employer and remain home (or return home if at school and they develop symptoms). Refer to the [Exclusion from In-person Instruction](#) section for next steps, and how and when to safely return to work.
- Allow flexible, non-punitive, and supportive paid sick leave policies and practices that encourage sick workers to stay home without fear of retaliation, loss of pay, or loss of employment level and provide excused absences for students who are sick.
- Schools should educate teachers, staff, and families about when they and their children should stay home and when they can return to school.

Schools should reinforce the message that students should not attend school when they are sick, and that when a student can return to school will depend on the duration of illness, type of symptoms, laboratory testing for COVID-19 or other illnesses, and whether or not the student has been in close contact with an individual with COVID-19 (if the student is not fully vaccinated). Teachers and staff can help by monitoring students for overt symptoms of illness during the school

day, and following the steps outlined in the [Exclusion from In-person Instruction](#) section of this guidance.

Getting tested for COVID-19 when experiencing symptoms of illness or as part of screening testing will help with rapid contact tracing and prevent possible spread at schools.

Ventilation

[Ventilation](#) is one component of maintaining healthy environments, and it can reduce the number of COVID-19 virus particles in the air. Schools should implement as many strategies as possible to maximize ventilation in the school. Improving ventilation should not be a stand-alone prevention measure, but rather layered with other prevention measures (e.g., vaccination, masking, physical distancing).

Recommendations

- Bring in as much outdoor air as safely possible.
 - Open windows and doors.
 - Use child-safe fans in open windows, blowing outward to exhaust indoor air and draw outdoor air into the room via other open windows and doors.
 - Consider having activities, classes, or lunches outdoors.
- Ensure Heating, Ventilation, and Air Conditioning (HVAC) settings are maximizing ventilation.
 - Make sure HVAC systems are serviced regularly.
 - Set HVAC systems to bring in as much outdoor air as your system will safely allow.
 - Increase the HVAC system's total airflow supply to occupied spaces.
 - Consider running the HVAC system at maximum outside airflow for 2 hours before and after the building is occupied.
- Filter and/or clean the air in your school.
 - Improve the level of air filtration as much as possible without significantly reducing airflow.
 - Make sure the filters are sized, installed, and replaced according to manufacturer's instructions.
 - Consider portable air cleaners that use high-efficiency particulate air (HEPA) filters, especially in higher-risk areas (e.g., nurse's office).
 - Consider using ultraviolet germicidal irradiation (UVGI), especially where options for increasing ventilation and filtration are limited.
- Use exhaust fans in restrooms and kitchens.
- Open or crack windows in buses and other transportation.

Hand Hygiene and Respiratory Etiquette

People should practice proper handwashing and respiratory etiquette to keep from getting and spreading infectious illnesses including COVID-19. Schools can monitor and reinforce these behaviors and ensure that handwashing and hand-sanitizer supplies are readily available throughout the school for staff and student use. Review the [CDC](#) and [DPI](#) guidance for more specific guidance.

Recommendations

- Teach and reinforce handwashing with soap and water for at least 20 seconds.
- Remind everyone in the facility to wash hands frequently and assist young children with handwashing.
- When handwashing is not possible, use hand sanitizer containing at least 60% alcohol (for teachers, staff, and older students who can safely use hand sanitizer). Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children under 6 years of age.
- Teachers should teach and remind students how and when to properly wash their hands, how to wear a mask or face covering, and how to cover coughs and sneezes to minimize droplet and aerosol particle spread.

Cleaning and Disinfection

Cleaning with products containing soap or detergent reduces germs on surfaces by removing contaminants and decreases risk of infection from surfaces. When no people with confirmed or suspected COVID-19 are known to have been in a space, cleaning once a day is usually enough to sufficiently remove virus that may be on surfaces.

Disinfecting (using [U.S. Environmental Protection Agency \(EPA\)'s List N disinfectants](#)) kills any remaining germs on surfaces, which further reduces the risk of spreading infection.

Recommendations

- Clean the school daily.
- If the facility has had someone who tested positive for COVID-19 within the last 24 hours, clean AND disinfect the space.
- Consider more frequent cleaning or choose to disinfect shared spaces under the following circumstances:
 - High transmission of COVID-19 in the community.
 - Low vaccination rates in the community.
 - Infrequent use of other prevention measures.
 - The space is occupied by people at increased risk for severe illness.

Signage and Communication

Post clear messages about COVID-19 signs, symptoms, and prevention throughout the school in highly visible places. Use regular social media posts, parent and guardian emails and letters, and school-wide announcements on the PA system to share COVID-19 updates and reminders. See the [CDC](#) and [DHS](#) websites for communications resources (e.g., posters, fact sheets, signs, toolkits, images, videos). Instruct students and staff how to notify the school if they are staying home due to illness or public health's direction to isolate or quarantine, so they are not penalized.

C. Detecting Cases and Outbreaks in Schools (K-12)

Outbreak Investigation and Mitigation: An Overview

COVID-19 outbreak investigations in any setting involve the same basic public health principles: detection of cases, isolation of ill persons, contact tracing, quarantine of cases and close contacts, laboratory testing, and institution of control measures at the facility to prevent additional transmission.

Local COVID-19 transmission levels and public health capacity will vary across state jurisdictions. Therefore, outbreak response measures should be adaptable, and LTHDs should evaluate each outbreak on a case-by-case basis. LTHDs are encouraged to adapt these recommendations according to local conditions both when responding to outbreaks and in developing local policies to prevent outbreaks.

Outbreak Definitions and Roles

Both suspected and confirmed outbreaks of COVID-19 in a school must be reported to the LTHD by law as soon as they are recognized (see Wisconsin Administrative Code Ch. s. [DHS 145.04 \(1\)](#)). For reporting purposes, a **suspected outbreak** of COVID-19 in a school is defined as the presence of at least two laboratory-confirmed cases of COVID-19 in the same school building, with onset dates within 14 days of each other.

If two or more laboratory-confirmed cases of COVID-19 are identified in the facility with onset dates within 14 days of each other, and the public health investigation identifies an epidemiologic link between the illnesses and the school (e.g., close contact occurred at school, multiple illnesses in the same room, shared staff member among cases), the outbreak is then a **confirmed COVID-19 outbreak** associated with the school.

In coordination with the school, public health staff should investigate suspected and confirmed outbreaks to determine if the illnesses are related, how they may have been acquired, and if they are part of a larger outbreak. Specific infection control measures should be implemented at a facility where an outbreak occurs to prevent further transmission and keep children and staff safe. The following sections provide an overview of those outbreak prevention and control measures.

Parents, teachers and staff, school-based health care providers, and LTHDs all play a role in detecting cases of COVID-19 and identifying close contacts of cases in the school setting. Roles include:

Parents:

Detect cases among students

- Notify the school when a student has had close contact with a confirmed case of COVID-19. Parents will likely be notified by their LTHD if their child has been named as a close contact to a COVID-19 case.
- Use the parental screening tool and monitor the student's temperature for symptoms daily. See the [Resources](#) section for a template.
- Follow all local and state public health orders and recommendations.

Teachers and Staff:

Detect cases and identify close contacts among students

- Be alert to any students experiencing COVID-19-like symptoms and send them to the school-based health care provider. Ensure the school-based health care provider knows the students' symptoms so they can properly isolate them and wear the proper personal protective equipment (PPE).
- Systematically collect information on absenteeism so that increases in absences due to respiratory illness are detected early. Refer to the [Resources](#) section for a template or the [DPI COVID-19 Absence Tracking Sheet](#).
- Assist LTHD staff to identify close contacts of cases in the classroom and other school-based activities. Depending on the age of the student, school staff may be more informed as to the contacts and activities of the student at school than the student or their families.

School-based health care providers:

Detect cases and suspect outbreaks among students and staff

- Use the [symptom screening questions](#) to identify illnesses consistent with COVID-19 infection when referred to the school-based health care provider.
- Conduct temperature checks on ill students presenting to the school health office or clinic. Refer to the [Exclusion from In-person Instruction](#) section for specific guidance on symptom evaluation, isolation, and PPE use.
- Keep a detailed daily log of student and staff absences, including:
 - Date
 - Full student name
 - Student's date of birth
 - Reason for absence (symptoms)
 - Date symptoms first experienced (onset date)
 - Date(s) of COVID-19 vaccination, if applicable
 - Grade level, student cohort name, teacher name, or classroom
 - Contact information (phone number, full address) of parent or guardian
 - See the [Illness Log/Line List](#) or [DPI COVID-19 Absence Tracking Sheet](#)
- Review absence lists at least daily for increased absenteeism, multiple cases of similar illnesses, or illnesses occurring within the same population (e.g., a classroom, a cohort, a grade level).
- Report to LTHD any three or more acute respiratory absences among students, teachers, and staff with symptom onset within 72 hours of one another.
- Report to LTHD any single [confirmed or probable case](#) of COVID-19 among students, teachers, or staff. Refer to [the DPI FAQ on information privacy](#) of students for important considerations.
- Refer students to their health care provider or to the school-based COVID-19 testing program to get tested for COVID-19.
- Assist LTHD to conduct contact tracing efforts in the school.
- Assist with school-based surveillance screening testing program.

Local and Tribal Health Departments:

Detect additional cases and suspect outbreaks

- Notify school administration and school-based health care provider(s) when any single confirmed case attending their school (i.e., student, teacher, or staff) is reported.
- Work with school-based health care providers, teachers, staff, and students to identify close contacts of cases within the school setting (note that in addition to cohort or classroom contacts, after-school programs, sports, and volunteering in the school setting should also be considered).
- Work with parents, guardians, and students to identify close contacts of cases outside the school setting.
- Conduct case and contact interviews.
- Refer to additional DHS guidance for LTHDs on the PCA portal as needed.
- Assist with school-based surveillance screening testing program.

Detect outbreak cases in other public health jurisdictions

Students, teachers, and staff from a single school may reside in more than one local public health jurisdiction. When investigating school outbreaks, remember to ask colleagues in neighboring jurisdictions about additional cases. Frequent and open communication between health departments may improve the timeliness of outbreak detection and response, make coordination of efforts easier and less redundant, and improve data accuracy in WEDSS by ensuring that all cases and contacts are linked to the same outbreak record.

D. Case and Outbreak Investigations in Schools (for LTHDs)

Whenever a probable or confirmed case of COVID-19 is identified among students, teachers, or staff, the local health department should **begin case investigation with the school as soon as possible**. Case and outbreak investigations include a number of necessary steps, although these steps are not always sequential and may need to be revisited more than once during the course of an outbreak. Below is a brief description of essential activities that should happen in response to a COVID-19 case or outbreak investigation in a school. This is not an exhaustive list, and additional steps may be needed depending on the specifics of a particular case or outbreak. For determining whether a case is probable or confirmed, refer to the DHS [guidance for health care providers](#). For assistance with case or outbreak investigations, you can always reach out to the DPH Bureau of Communicable Diseases.

Establish Contact with the School

Hold an initial conference call or meeting with the school and members of your investigation team. The goals of this initial call are to:

- Communicate important information about the disease, including communicability, mode of transmission, incubation period, and exclusion recommendations.
- Gather information about the school:
 - Full name and address of the school

- Number of students and staff
- Names and phone numbers of key contacts at the school (e.g., administrators, school-based health care providers)
- COVID-19 prevention measures already in place (e.g., cohorting, physical distancing, barriers, routine disinfection)
- Vaccination coverage among students and staff
- Information about the school-based testing program, if applicable
- Gather information about each case or outbreak:
 - Number and types of confirmed COVID-19 cases (e.g., students, staff)
 - How the case was detected or reported
 - Symptoms
 - Onset date(s)
 - Date(s) of COVID-19 vaccination
 - Date of last exposure at the facility (date last attended while symptomatic)
 - Number of any other absent students or staff and their symptoms
 - Known exposures or close contacts at the school
 - Known location(s) in the facility where case patient(s) spent time (e.g., auditorium, room 301 and 302)
 - Contact information of case(s) and their parent(s) or guardian(s)
 - Contact information for any other absent (ill) students or staff
- Determine next steps, specific action items, and responsibilities of each person in the meeting.
- Schedule the next time and venue for sharing updates and information.

Make a Line List

An organized system of data collection and management is essential to coordinate contact tracing, calculate dates of isolation and quarantine release, and document case status and test results for each person under investigation. A line list, or a log of all illnesses occurring in a facility, should be initiated as soon as possible, and should be updated in real time. At the beginning of each investigation, decide who will maintain the line list, and how information that may be personally identifiable will be shared confidentially. A line list template is available in the **Resources** section of this document, but if you create your own, a line list should capture, at a minimum, the following information for each student, teacher, staff person, or other household or close contact:

- Name
- Date of birth (or age)
- Sex
- Room and grade level
- Teacher(s) (if a student)
- Onset date and time
- Date(s) of COVID-19 vaccination
- Date when person was well following illness

- Symptoms
- Any relevant hospitalization data
- Laboratory results (and dates of testing)
- Dates of attendance during the infectious period (two days before symptom onset to last date case attended/worked)
- Fatality data (if applicable)
- During outbreak investigations, additional information on rooms, areas, bathrooms, and equipment used by ill persons will also be helpful to help recognize commonalities between cases.

Contact Tracing

As explained in the [Detecting Cases and Outbreaks in Schools \(K-12\)](#) section above, cases can be identified in a number of ways. Here are a few examples:

- During contact tracing efforts, the LTHD identifies a close contact of a confirmed case who works at the school, and who now has COVID-like symptoms (probable case).
- The school receives a call from a parent or guardian who reports that their child had close contact with a confirmed COVID-19 case three days ago, and who now has COVID-like symptoms (probable case).
- The school receives a call from a parent or guardian who reports that their child tested positive for COVID-19 (confirmed case).
- An asymptomatic teacher calls to notify the school that they tested positive for COVID-19 at a community-based testing site (confirmed case).

Regardless of how a confirmed or probable COVID-19 case is detected in the school, **contact tracing should begin as soon as possible** to quickly identify anyone who may have been exposed on school grounds or during school-sponsored events. Students, teachers, or staff who have been exposed should be informed of the exposure and quarantined (if not fully vaccinated and asymptomatic) to prevent further transmission. LTHD staff should work closely with school-based health care providers and teachers to identify anyone who had close contact with the case patient during school hours, or while attending school events or activities.

Case and Contact Interviews

As soon as possible, the LTHD should establish who had close contact with the confirmed case during their infectious period. School-based health care providers, teachers, and/or staff can help to determine which students and staff may have had contact with the case patient. For interviews with students under the age of 16, first speak to and offer to conduct the interview through a parent or guardian. Children whose parents give consent to conduct the interview directly with their child should generally be age 12 or older (old enough to understand the questions and provide the necessary information). All responses should remain confidential, and should be shared only with public health and health care personnel.

Goals of the Case Interview

- If applicable, determine the dates of:
 - Symptom onset
 - Resolution of fever (measured or perceived)
 - Improvement of other symptoms
 - Vaccination, if applicable
- Calculate the infectious period:
 - **Symptomatic case:** The start of the infectious period is two days prior to symptom onset and the end of the infectious period is 24 hours after fever resolution without the use of fever-reducing medication AND improvement in other symptoms AND 10 days after symptom onset.
 - **Asymptomatic case:** The start of the infectious period is two days prior to laboratory sample collection of the positive test and the end of the infectious period is 10 days after laboratory sample collection of the positive test.
- Identify potential exposures (close contact with ill or positive persons) in the 14 days prior to illness onset. Consider:
 - Travel
 - Contact with ill persons
 - Attendance at events and gatherings
 - Participation in group activities, both within and outside school hours
 - Contact with social groups, both within and outside school hours
 - After-school employment or volunteering
- Identify potential for transmission to others (close contacts) during the infectious period, both within and outside school hours. Consider:
 - Cohort groups
 - Shared activities such as lunchtime, gym class, and recess
 - Extracurricular activities, clubs, and lessons (e.g., swimming, horseback riding, karate)
 - Social groups
 - Household or family contacts
 - After-school employment or volunteering
- Determine if case was correctly and consistently wearing a well-fitted mask at the time of close contact.
- Provide initial [self-isolation guidance](#).
- Give an estimated date for returning to school.
- Answer any questions they may have.
- Collect the best contact information to reach them.
- Depending on the specific circumstances, let them know what to expect next (e.g., a call from the LTHD or school-based health care provider, an email with specific instructions).
- Identify whom they can contact with additional questions.

- Send additional information via email or mail. Refer to the [Notification of Families and Staff](#) section of this guidance for details.

Goals of the Contact Interview

- Confirm the exposure reported during the case interview.
- Determine if student was correctly and consistently wearing a well-fitted mask at the time of exposure.
- Ask if anyone else was present when or where he/she was potentially exposed.
- Gather contact information for others with shared exposure (i.e., full name, phone number, email address).
- Ask about symptoms and date of symptom onset, if applicable.
- Ask about vaccination status and dates, if applicable.
- Refer to health care provider or school-based testing program for testing and evaluation.
- Provide [self-quarantine guidance \(if not fully vaccinated\)](#).
- [Recommend self-monitoring for symptoms, testing, and masking for 14 days \(if fully vaccinated\)](#)
- Answer any questions they have.
- Collect the best contact information to reach them.
- Depending on the specific circumstances, let them know what to expect next (e.g., a call from the LTHD or school-based health care provider, an email with specific instructions).
- Identify whom they can contact with additional questions.
- Send additional information via email or mail. Refer to the [Notification of Families and Staff](#) section of this guidance for details.

Identifying Close Contacts

When a close contact is identified, it should trigger a specific set of public health recommendations for symptom monitoring, quarantine, and testing (if close contact is not fully vaccinated).

Close contact has occurred if **any** of the following situations happened while an individual (student, teacher, or staff person) spent time with the person with a confirmed or probable case of COVID-19, even if they did not have symptoms during their infectious period:

- Had **direct physical contact** with the person (e.g., a hug, kiss, or handshake).
- Had **contact with the person's respiratory secretions** (e.g., coughed or sneezed on; contact with a dirty tissue; shared a drinking glass, food, towels, or other personal items).
- **Lives with or stayed overnight** for at least one night in a household with the person, unless strict separation was maintained. This includes no shared bathroom, bedrooms, or spaces.
- Were **within 6 feet of the person for more than 15 minutes**. This includes single encounters of more than 15 minutes OR multiple encounters within a single day adding up to more than 15 minutes.

Exception: In the K–12 indoor classroom setting, the close contact definition excludes students who were **within 3 to 6 feet** of an infected student if:

- o Both students were engaged in consistent and correct use of well-fitting masks;
- o **NOTE:** Exception **DOES NOT** apply to teachers, staff or other adults in classroom setting

Table 2. Determining close contacts in a school setting

Individuals involved		Distance		
Exposed person(s)	COVID-19 case	Less than 3 feet	3 to 6 feet	More than 6 feet
Student contact <u>and</u> case were wearing a well-fitted mask, consistently and correctly	Student	Close contact	Not a close contact	
	Adult	Close contact		Not a close contact
Student contact <u>or</u> case were not wearing a well-fitted mask or were inconsistently masked during exposure	Student or Adult	Close contact		Not a close contact
Adult contact (regardless of mask use)	Student or Adult	Close contact		Not a close contact

In a community setting, the [definition of a close contact](#) is someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period. The exception to exclude students as close contacts who were within 3 to 6 feet of another infected student when both students were consistently and correctly wearing well-fitting masks only applies to indoor school settings and does not apply to adults.

A **household contact** includes anyone who lives, or lived temporarily, with the COVID-19 case patient for at least one night in the same room or household during his or her infectious period. Because of the amount of time and space shared between household contacts, they are at greater risk of infection. Therefore, household contacts have different considerations for quarantine and release from quarantine measures, compared to close contacts. Refer to the [Isolation and Quarantine](#) section of this document for additional guidance.

Exceptions for School-based Health care Professionals

School-based health care professionals licensed by the Department of Safety and Professional Services (RNs/LPNs/PT/OT/SLP) may not need to quarantine when considered a close contact of an individual that tested positive for COVID-19. This can be considered when the health care professional was fully vaccinated against COVID-19 or was wearing full PPE (fluid resistant surgical mask or higher and a face shield or goggles) during the exposure incident and followed the other steps outlined in the [CDC guidance for health care providers](#).

Non-health care licensed school support staff working full time as health aides in schools without other assignments, and trained and supervised by a licensed health care professional such as a school nurse in the proper use of PPE, may also be considered a school health care professional.

Decisions to allow exposed, health care workers who are not fully vaccinated to continue to work while asymptomatic should be made after a systematic review of the school's staffing and other resources. Schools are encouraged to continue to exclude exposed staff who are not fully vaccinated when possible. Communication and coordination with the LTHD is important.

Special Considerations for Identifying Close Contacts

Classroom Setup and Masking

Determine if the classroom was arranged such that students were able to maintain at least 3 feet of distancing between themselves at all times and teachers were able to maintain 6 feet of distancing at all times.

- If desks are placed **6 feet apart**, students remain at their desks throughout the duration of class, and the teacher remains at the front of the class at least 6 feet away from any students, there would be no close contacts identified in the classroom.
- If desks are placed **at least 3 feet apart, students are universally masked**, remain at their desks throughout the duration of class, the teacher remains at the front of the class at least 6 feet away from any students, and other school prevention strategies are in place, there would be no close contacts identified in the classroom.
- If the classroom is arranged such that students are **moving freely throughout the classroom without maintaining at least a 3-foot distance and interacting with the teacher**, all students and the teacher would be considered close contacts.

Student Age

A student's ability to maintain physical distance in a classroom and avoid other forms of close contact with students, teachers, and staff will vary considerably with age. Elementary-aged children may not be able to maintain strict physical distancing, and case interviews may not reliably identify close contacts. In these circumstances, the LTHD may decide to quarantine classrooms/cohorts instead of individual students. In contrast, middle or high school-aged youth are better able to maintain some level of physical distancing. If a case is identified in this age group, a more refined approach to contact tracing would be warranted as not all individuals in the classroom may meet the definition of a close contact.

Level of Cohorting

Cohorting can limit the number of students, teachers, and staff who need to quarantine following the identification of a case of COVID-19 in the school. When working to identify close contacts, consider whether students were kept in a single cohort during classes (including art, music, etc.), lunch periods, recess, parent pick-up and drop-off, bus stops and busing, carpools, sports teams, extracurricular activities, and social groups outside of school.

Public Health Follow Up

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

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

Contact Tracing Roles and Responsibilities

The roles and responsibilities for conducting contact tracing in schools may be assigned by LTHD jurisdiction or school district. However, any approach should include input from both school district administration and LTHD staff. When planning school-based contact tracing, we encourage LTHDs to consider local resources, existing working relationships within their jurisdiction, and the interest, resources, and skill level of all partners. Several options can be considered when assigning contact tracing roles and responsibilities, and ideas can also be found on the [CDC's website](#). These outbreak response roles and responsibilities should be determined before cases have been identified in the school.

Options include:

- The LTHD works directly with teachers, staff, and the case patient(s) (or their parent/guardian) to identify close contacts of the case(s) both within and outside of the school. The LTHD conducts all interviews and follow up.
- The LTHD trains school-based health care providers to identify school-based close contacts of case patients. School-based health care providers work with teachers and staff to identify the close contacts of the case(s) in the school. Contact information for each case and close contact is securely shared with the LTHD, who then conducts interviews and follow up. The LTHD conducts interviews with the case patient(s) (or their parent/guardian) to identify, contact, interview, and follow close contacts outside the school.
- The LTHD trains school-based health care providers to conduct contact tracing independently. School-based health care providers identify, contact, interview, and follow the close contacts of

the case(s) in the school — including symptom monitoring — with regular input from the LTHD. The LTHD conducts interviews with the case patient(s) (or their parent/guardian) to identify, contact, interview, and follow close contacts outside the school.

Contact Tracing Support (for LTHDs)

As the local health department, if the number of cases or contacts surpasses local capacity, please contact the Department of Health Services Contact Tracing Team (CTT) for assistance.

- Cases and contacts assigned to the DHS CTT are addressed in the order they are received.
- Cases and contacts with a preferred language other than English are assigned to a bilingual team member or interviewed through a translator.
- The team will attempt to connect with each contact within 48 hours. If they have not reached somebody after seven attempts over a week-long period, they will flag the record and return it to the LTHD for additional follow up.
- The CTT is not able to tailor interviews to specific outbreaks. Therefore, LTHDs may wish to conduct contact tracing on outbreak-associated cases, referring sporadic cases to the CTT instead.

Notification of Families and Staff

School administration should notify the families of students and all teachers and staff whenever a [confirmed or suspect](#) outbreak of COVID-19 is identified in the school. The LTHD should work with the school to draft a notification letter that provides actionable information in plain language. The letter should:

- Outline the current situation at the school.
- Describe the signs and symptoms of COVID-19, and when to seek medical attention.
- Describe what interventions are already in place, and what the school (in coordination with LTHD) is doing to identify new cases, potentially exposed persons, and to prevent additional cases.
- Remind students (and their parents/guardians), teachers, and staff to stay home when they are sick, and to notify the school if they are sick or if they are diagnosed with COVID-19.
- Remind students (and their parents/guardians), teachers, and staff to notify the school if they have contact with a person with COVID-19.
- Recommend that staff and parents/guardians of children at increased risk for severe illness discuss with school administration potential options for how to safely continue instruction.
- If temporary closure (classroom or school wide) is required, notify families and staff of this decision and explain the reasons.
- If changes are being made or new interventions or policies are being enacted in response to the case(s), describe these, and explain their purpose.
- Ask that students, parents/guardians, and staff remain in contact with, and follow the recommendations of, the school and LTHD.
- Provide a point of contact at the school and/or LTHD for questions.
- IMPORTANTLY, the letter **should not** include the names of the people who are ill. Confidentiality is required by the Americans with Disabilities Act (ADA), the Family Education

Rights and Privacy Act (FERPA), and the Health Insurance Portability and Accountability Act (HIPAA).

Template notification letters are available in the [Resources](#) section for the following situations:

- Notification to parents/guardians of confirmed or probable COVID-19 cases in a school.
- Notification letter to parents/guardians that their child has been identified as a close contact of a confirmed or probable case.

E. Case and Outbreak Mitigation Measures

Exclusion from In-person Instruction

In children, symptoms of COVID-19 infection may be nonspecific, and illness may mimic a number of other childhood viral infections. The most common COVID-19 symptoms for children are fever and cough. However, children are less likely than adults to present with a fever, and are more likely to have mild or even sub-clinical infection. Teachers and school-based health care providers are encouraged to send a child home when they appear ill and consider that if a child is displaying mild symptoms, it may be best to send them home in case it is the beginning of a COVID-19 infection. This decision-making can reduce the risk of the virus transmitting to one or more students or staff in the school. Clear communication between parents, teachers, staff, and school-based health care providers can encourage acceptance of this approach. Schools should create plans ahead of time to ensure continuity of instruction in the case of a student's extended absence during their isolation and/or quarantine period. School-based health care providers or teachers should **send students home if:**

- They have tested positive for COVID-19, with or without having symptoms, and have not yet finished their isolation period per public health recommendations.
- They have been diagnosed with COVID-19 by a health care provider, and have not yet finished their isolation period per public health recommendations.
- They are not fully vaccinated and were in close contact with someone who had COVID-19 in the past two weeks.

OR within the last 24 hours, they have experienced the follow symptoms above their baseline:

- Either cough, shortness of breath, difficulty breathing, new loss of smell or taste OR
- At least **two** of the following symptoms:
 - Fever (measured or subjective), or chills or rigors
 - Myalgia (muscle aches)
 - Headache
 - Sore throat
 - Fatigue
 - Muscle or body aches
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea

These symptom criteria apply to COVID-19-related exclusion. Other symptoms may also require exclusion for a different communicable disease. Refer to the [childhood communicable diseases](#) wall chart for additional information. Generally, children with fever, diarrhea, or vomiting alone should be sent home for at least 24 hours, even if it is unrelated to COVID-19 infection.

If a student develops symptoms (described above) consistent with COVID-19 infection during the school day, the school-based health care provider or staff should take the following steps:

- Immediately put a mask on the ill student and isolate them to a predesignated room or assigned area away from others.
- Call the student's parent or guardian to inform them their child is ill, and will need to go home or be picked up as soon as possible.
- Provide the student or parent/guardian a short handout in their primary language that includes the following information:
 - Signs and symptoms of COVID-19 infection
 - School policy on exclusion and return to in-person instruction
 - [Instructions on in-home isolation measures](#) (offered in multiple languages)
 - Information regarding quarantine recommendations for siblings and household contacts
 - Recommendation to seek medical evaluation and/or testing for COVID-19, influenza, and other childhood infections
 - Instructions on what to do if serious symptoms appear
 - Contact information for the school and the LTHD
 - The DHS [COVID-19 fact sheet](#) can be used to share some of this information with the student or parent/guardian. Besides English, this fact sheet is also available in [Chinese](#), [Hindi](#), [Hmong](#), [Somali](#), and [Spanish](#).
- Be prepared to answer questions that the student or parent/guardian may have.
- Clean and disinfect the isolation area, student's desk, locker or other areas and surfaces following [CDC guidance. A one-page flyer is available.](#)
- Consult with the LTHD for next steps.

Adults with COVID-19 infection are more likely than children to have a fever, cough, and shortness of breath. However, not all adult cases of COVID-19 include these symptoms. In the case of increasing community transmission, teachers and other school staff should be vigilant in self-monitoring for symptoms of COVID-19.

If a teacher or staff member develops symptoms during the school day consistent with COVID-19 infection described above, they should:

- Report their illness to their supervisor(s) and leave work as soon as possible.
- Clean the space according to the [cleaning and disinfection](#) instructions above.
- Maintain at least a 6-foot physical distance from others.
- Continue to wear a mask or face covering, if medically possible.
- Perform hand hygiene and disinfect frequently touched surfaces.
- Seek medical evaluation, including COVID-19 or other relevant testing.
- Contact their medical care provider and/or the LTHD with any questions.
- Refer to relevant [DHS](#), [CDC](#), and health care provider resources for next steps.
- Be prepared to provide a list of activities and close contacts to the LTHD.

Isolation and Quarantine

One of the most effective measures for halting respiratory transmission in an indoor, shared space is to identify and isolate sick persons and quarantine any household contacts and close contacts who are not fully vaccinated. In the school setting, **isolation and quarantine should be the primary strategy** for COVID-19 outbreak mitigation. The following information is summarized in the [COVID-19: Return to School](#) table. The [CDC recommends](#) that public health staff use symptom improvement, rather than two negative test results collected at least 24 hours apart, to determine when to return to school safely.

This guidance recognizes there will be multiple viruses circulating throughout the school year in addition to COVID-19, and uses testing as a way to help determine if illness is due to SARS-CoV-2 or infection with another respiratory pathogen.

This guidance also recognizes that local prevalence of COVID-19 and other respiratory diseases will vary across the state. The implementation of this exclusion and isolation guidance may vary between local and tribal health departments based on local prevalence of COVID-19 and other respiratory diseases.

In December 2020, the CDC revised guidelines, and provided an **option to shorten the standard quarantine period** from 14 days to 10 days for people who are not fully vaccinated and who remain asymptomatic, provided that daily symptom monitoring continues for the full 14 day period. The duration of quarantine may be further shortened to 7 days if the result of a diagnostic COVID-19 test collected on day 6 or 7 is negative and if no symptoms were reported during daily monitoring. Note that quarantine for 14 full days after the time of exposure remains the safest strategy for preventing asymptomatic transmission of COVID-19. For shortened quarantine periods to be acceptable, the following conditions must be met:

- The quarantined person monitors for and reports symptoms twice daily for 14 days.
- The quarantined person does not experience any symptoms of COVID-19.
- The quarantined person agrees to immediately self-isolate and contact the local public health authority and/or a health care provider if symptoms develop.
- The quarantined person adheres strictly to all recommended COVID-19 prevention measures (i.e., consistent mask use, physical distancing, and avoiding crowds) for 14 days.
- The quarantined person should not participate in any activities such as classroom instruction, athletics, busing, before school or after school programs, and other extracurricular activities where proper physical distancing of at least 3 feet between students cannot be maintained for 14 days.
- Students and staff who are unable to safely and consistently wear masks or maintain physical distancing of at least 3 feet for students and 6 feet for staff, should quarantine for a full 14 days.

In response to [new evidence](#) that fully vaccinated people may still get infected and transmit COVID-19, the CDC recently revised recommendations for those who have been fully vaccinated against

COVID-19. Those who have been **fully vaccinated** against COVID-19 and were in close contact with someone with COVID-19 do not have to quarantine, but should:

- Get tested 3-5 days after an exposure to someone with COVID-19.
- Wear a mask indoors for 14 days after exposure or until a negative test result.

Not a Close Contact to a COVID-19 Case

The following isolation and quarantine periods apply to students and staff who are **not close contacts to a COVID-19 case**. School-based health care providers should use these criteria, in consultation with the local health department to determine when students and staff can return to in-person instruction:

Students and staff who are **not tested** for COVID-19 infection but **meet the symptom** criteria described above in the [Exclusion from In-person Instruction section](#):

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

Students and staff who **test negative** for COVID-19 infection by PCR* and **have symptoms**:

- The individual has been fever-free for 24 hours without the use of fever-reducing medications.
- If diagnosed with another condition, the individual must complete the exclusion period for the diagnosed disease as listed on the Wisconsin Childhood Communicable Diseases Wall Chart. An alternative diagnosis is not required.
- Siblings and household members do not need to quarantine.

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

Students and staff who **test positive** for COVID-19 infection by antigen or PCR and **have symptoms**:

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

Students and staff who **test positive** for COVID-19 infection by antigen* or PCR **but have no symptoms** (are asymptomatic):

- The individual must isolate at home for 10 days after the day the sample was collected.
- Siblings, household members, and other close contacts should be sent home and follow the [Close Contact to a COVID-19 Case](#) below.

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

These criteria should be used when the symptomatic person is a teacher or child in school. The criteria used is more conservative compared to the public. There is a higher index of suspicion that symptomatic individuals in schools may have COVID because of the high potential of asymptomatic spread in school-aged children. Since students and teachers have greater potential exposure to asymptomatic individuals, and thus are more likely to have been exposed but not know it, we are asking their household contacts who are not fully vaccinated to quarantine.

Close Contacts to a COVID-19 Case:

The following **isolation and quarantine** periods apply to students and staff who are **close contacts of a confirmed or probable COVID-19 case**. School-based health care providers should use these criteria, in consultation with the LTHD, to determine when students can return to in-person instruction:

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

- Must quarantine for 14 days from the date of last exposure before returning to school or day care. Quarantine may be shortened to 10 days after the date of last exposure, provided people still monitor for symptoms, wear a mask, and physical distance for the full 14 days. Quarantine may be shortened further to 7 days if they meet the [shortened quarantine criteria](#).
- If the exposure is to a household member and the case cannot properly isolate away from others at home, the last date of contact may be the last day of isolation for the case.

Students and staff who are **not fully vaccinated** who **remain asymptomatic** during their quarantine period and **test positive for COVID-19** infection by antigen or PCR:

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

Students and staff who are **not fully vaccinated** who **develop COVID-19 symptoms** during quarantine and are **not tested** for COVID-19 infection:

- The individual must quarantine for 14 days after the last contact with the COVID-19 positive person. If the exposure is to a household member and the case cannot properly isolate away from others at home, the last date of contact may be the last day of isolation for the case.

- The individual must also remain home for at least 10 days since the first symptoms began AND be fever-free without the use of fever-reducing medications for 24 hours AND with improvement of symptoms.
- **The criteria in both of the above bullets must be met before returning to school.**
- Siblings, household members, and other close contacts should be sent home and also follow the [Close Contact to a COVID-19 Case](#) to determine quarantine length.

Students and staff who are **not fully vaccinated** who **develop COVID-19 symptoms** during quarantine and **test negative** for COVID-19 infection while symptomatic:

- The individual must quarantine for 14 days after the last contact with the COVID-19 positive person. If the exposure is to a household member and the case cannot properly isolate away from others at home, the last date of contact may be the last day of isolation for the case.
- If the individual tested negative on a PCR test, they must also be fever-free for 24 hours without the use of fever-reducing medications AND if diagnosed with another condition, they must complete the exclusion period for the diagnosed disease as listed on the [Wisconsin Childhood Communicable Diseases Wall Chart](#). An alternative diagnosis is not required.
- If the individuals tested negative on an antigen test, they must also isolate at home for at least 10 days since the first symptoms began AND be fever-free without the use of fever-reducing medications for 24 hours AND with improvement in symptoms. Follow-up PCR testing is recommended for these individuals within 48 hours of the negative antigen test.
- **The criteria in both the first bullet AND either the second or third bullet above must be met before returning to school.**

Students and staff who are **not fully vaccinated** who **develop COVID-19 symptoms** during quarantine and **test positive** for COVID-19 infection while symptomatic can return to in-person instruction and school activities after meeting the following:

- The individual must isolate at home for at least 10 days since the first symptoms began AND be fever-free without the use of fever-reducing medications for 24 hours AND with improvement in symptoms. Repeat testing is NOT recommended for making decisions about when people can return to work or school.
- Siblings, household members, and other close contacts should also follow the [Close Contact to a COVID-19 Case](#) to determine quarantine length.

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

Fully vaccinated students and staff who **remain asymptomatic** for 14 days after an exposure to someone with a confirmed or probable case:

- Do not need to quarantine.
- Should monitor for symptoms for 14 days.
- Should get tested 3-5 days following exposure and wear a mask in all public indoor settings for 14 days or until they receive a negative test result.
- Can continue to attend in-person school.

- Should follow all other measures for COVID-19 prevention, including masking and physical distancing.

Fully vaccinated students and staff who **develop COVID-19 symptoms** within 14 days of last close contact and who **test positive or who are not tested** for COVID-19 infection while symptomatic can return to in-person instruction and school activities after meeting the following:

- The individual must also remain home for at least 10 days since the first symptoms began AND be fever-free without the use of fever-reducing medications for 24 hours AND with improvement of symptoms.
- Siblings, household members, and other close contacts should be sent home and also follow the [Close Contact to a COVID-19 Case](#) to determine quarantine length.

Fully vaccinated students and staff who **develop COVID-19 symptoms** within 14 days of last close contact and who **test negative** for COVID-19 infection while symptomatic can return to in-person instruction and school activities after meeting the following:

- If the individual tested negative on a PCR test OR an antigen test, they must also be fever-free for 24 hours without the use of fever-reducing medications AND if diagnosed with another condition, they must complete the exclusion period for the diagnosed disease as listed on the [Wisconsin Childhood Communicable Diseases Wall Chart](#). An alternative diagnosis is not required.
- Siblings and household contacts do not need to quarantine.

Enhanced Cleaning and Disinfection

In general, the risk of COVID-19 infection from touching a surface is low. When no one with COVID-19 was known to be in a space, cleaning once a day is usually sufficient to remove potential virus that may be on surfaces in the school facility. However, if someone who was sick or tested positive for COVID-19 was in the school facility within the past 24 hours, the school should clean AND disinfect the space using a disinfectant from the [U.S. Environmental Protection Agency \(EPA\)'s List N disinfectants](#). Refer to the [CDC guidance](#) for detailed instructions.

In response to any case of COVID-19 in the school, all rooms/areas that the case(s) visited should be thoroughly cleaned and disinfected.

- Close off areas used by the case(s), if possible.
- Open outside doors and windows and use fans or HVAC settings to increase air circulation.
- Wait as long as possible before you clean or disinfect to allow respiratory droplets to settle and aerosol particles to be diluted or filtered out.
- Clean and disinfect all the areas visited by the case(s), such as school buses, classrooms, bathrooms, offices, and common areas.
- Start with areas of a lower likelihood of contamination, moving to areas with highly contaminated surfaces (e.g., frequently handled items). This includes cleaning rooms of unaffected areas of the school before rooms where the case(s) were present.
- Focus on objects that are frequently touched, such as doorknobs, light switches, bathroom sink and flush handles, desks, chairs, lockers, and playground structures.

Cleaning and disinfection measures will differ depending on the length of time that has passed since the person who was sick or diagnosed with COVID-19 was in the space.

- If **less than 24 hours**, clean and disinfect the space.
- If **more than 24 hours**, cleaning is enough. You may choose to also disinfect depending on [certain conditions](#) or everyday practices required by your facility.
- If **more than 3 days**, no additional cleaning (beyond regular cleaning practices) is needed.

In response to a school outbreak, increase the frequency of cleaning and disinfection in the entire facility, including bathrooms and common areas. Continue this enhanced cleaning and disinfection schedule until the outbreak is over.

Screening Testing in Response to a Case or an Outbreak

Generally, school and district administrators should consider **expanded screening testing, adding or reinforcing prevention measures, and conducting contact tracing, isolation and quarantine** for students and staff when an outbreak is [suspected or confirmed](#) at the school.

School and district administrators should work closely with their LTHD to determine the appropriate number and type and of prevention layers to implement in order to stop transmission. In-person instruction should continue as long as safely feasible, and additional measures should be removed one at a time once the outbreak is over.

LTHDs can use the following framework for decisions on outbreak response. However, this is not an exhaustive list, and does not include all factors needing consideration in any given situation. For complex outbreaks, or inquiries on specific situations, LTHDs can contact the DPH Bureau of Communicable Diseases for guidance.

Table 3. Screening testing recommendations in response to a case(s).

Extent of exposure / transmission	Exposure scenario		
	One case who had minimal close contact with students or staff.	More than one case or one case with many close contacts in a single classroom.	More than one case or one case with close contacts in multiple classrooms/cohorts.
Examples	Case had only a few close contacts and those close contacts were limited to a single classroom.	<ul style="list-style-type: none"> • Multiple cases are identified in a single classroom or cohort; cases did not move between cohorts. • Case had multiple close contacts within a single classroom or cohort. 	<ul style="list-style-type: none"> • Cases identified in multiple classrooms or cohorts. • Case(s) moved between multiple classrooms or cohorts during their infectious period.
Recommended testing strategy	Identify and test close contacts who are not fully vaccinated or who are symptomatic.	<ul style="list-style-type: none"> • Test all students and staff who are not fully vaccinated in the affected classroom and • Follow screening testing schedule for moderate community transmission. 	<ul style="list-style-type: none"> • Test all students and staff in the school who are not fully vaccinated and • Follow positive tests with isolation, quarantine, and contact tracing and • Follow screening testing schedule for substantial or high community transmission.

If a school adds additional prevention measures, but continues to see new cases, school administrators should implement universal masking, 6-foot physical distancing between students and staff, screening testing as described above for high community transmission, and all additional prevention measures. None of these prevention measures should be lifted until testing results in no new cases for 14 days. If, when the outbreak is over, prevention measures are relaxed, they should be changed one at a time. Should cases continue, school administrators are urged to consult with their LTHD for further guidance.

Public schools are required to provide special education services under state and federal law to special education students. Health departments should be aware of this requirement when making recommendations to school districts and reach out to Julia Hartwig, Director, Special Education Team, DPI at julia.hartwig@dpi.wi.gov if they have questions about special education requirements.

F. References

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G. Resources

Centers for Disease Control and Prevention:

- [Guidance for COVID-19 Prevention in K-12 Schools](#)
- [Communication Resources](#)
- [Catch Up on Well-Child Visits and Recommended Vaccinations](#)
- [Guidance for Wearing Masks](#)
- [People at Increased Risk](#)
- [What to Do If You Are Sick](#)
- [Interim Guidance on Ending Isolation and Precautions for Adults with COVID-19](#)
- [Cleaning and Disinfecting Your Facility](#)
- [COVID Data Tracker](#)
- [Vaccines for COVID-19](#)
- [Contact Tracing for COVID-19: Close Contact](#)
- [Interim Public Health Recommendations for Fully Vaccinated People](#)
- [Science Brief: Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing](#)
- [Contact Tracing](#)
- [Science Brief: Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs – Updated](#)

Wisconsin Department of Public Instruction:

[COVID-19 Infection Control and Mitigation Measures for Wisconsin Schools 2021/2022](#)

[Confidentiality, Privacy, and Student Records](#) Wisconsin Department of Health Services, Division of Public Health:

- [COVID-19: Language, Graphic and Print Resources](#)
- [COVID-19: Get Tested](#)
- [COVID-19: Health Care Providers](#)
- [COVID-19: K-12 School Testing Program](#)
- [Cloth Face Coverings in Schools Frequently Asked Questions and Considerations for Use](#)
- [Next Steps: close contacts with someone with COVID-19](#)

- [Next Steps: after you are diagnosed with COVID-19](#)
- [Next Steps: while you wait for your COVID-19 test results](#)
- [COVID-19 factsheet](#)
- [Wisconsin Childhood Communicable Diseases wall chart](#)
- [Cleaning and Disinfecting after a confirmed COVID-19 case](#)
- [COVID-19: Vaccine](#)

Other:

- [American Academy of Pediatrics COVID-19 Guidance for Safe Schools](#)
- [American Academy of Pediatrics \(AAP\): Immunizations](#)

Public Health Investigation Checklist

<input type="checkbox"/>	When notified of a suspected outbreak, obtain all school details, contact information, and outbreak details and report the outbreak using the WEDSS outbreak module.
<input type="checkbox"/>	Hold an initial conference call or meeting with the school and members of your investigation team. The goals: <ul style="list-style-type: none"> • Communicate important information about the disease, including communicability, mode of transmission, incubation period, and exclusion recommendations. • Gather information about the school: <ul style="list-style-type: none"> ○ Full name and address of the school ○ Number of students and staff ○ Names and phone numbers of key contacts at the school ○ COVID-19 prevention measures already in place ○ Vaccination coverage among students and staff ○ Information about the school-based testing program, if applicable • Gather information about each case or outbreak: <ul style="list-style-type: none"> ○ Number and types of confirmed COVID-19 cases (e.g., students, staff) ○ How the case was detected or reported ○ Symptoms ○ Onset date(s) ○ Date(s) of COVID-19 vaccination ○ Date of last exposure at the facility (date last attended while symptomatic) ○ Number of any other absent students or staff and their symptoms ○ Known exposures or close contacts at the school ○ Known location(s) in the facility where case patient(s) spent time ○ Contact information of case(s) and their parent(s)/guardian(s) ○ Contact information for any additional absent (ill) students or staff • Determine next steps, specific action items, and responsibilities of each person. • Schedule the next time/venue for sharing updates and information.
<input type="checkbox"/>	Explain the contact tracing process to the school administrator, the definition of close contact, and the need to work with the school to identify and exclude any close contacts ASAP.
<input type="checkbox"/>	Obtain information about known exposures and contacts and begin public health follow-up.
<input type="checkbox"/>	Ask school to review best practices for COVID-19 prevention and help to identify any areas for improvement.
<input type="checkbox"/>	Review immediate infection prevention and control recommendations with the school.
<input type="checkbox"/>	Encourage notification of students, families, teachers, and staff.

<input type="checkbox"/>	Establish communications and set a check-in schedule with the facility.
<input type="checkbox"/>	Start a line list with the help of the school administrator or school-based health care provider.
<input type="checkbox"/>	Manage outbreak data.
<input type="checkbox"/>	Begin the contact tracing process in collaboration with the school (see Contact Tracing section) and quarantine any household and close contacts who are not fully vaccinated.
<input type="checkbox"/>	Recommend testing of all ill individuals and exposed contacts.
<input type="checkbox"/>	Isolate confirmed cases. Quarantine close contacts and household contacts who are not fully vaccinated. Conduct routine interview and contact tracing interview. Provide public health education.
<input type="checkbox"/>	Calculate release from isolation dates and release from quarantine dates for students, teachers, and staff according to current DHS guidelines.
<input type="checkbox"/>	Continue to monitor for new illnesses, review and improve school policies/practices as necessary, evaluate efficacy of control measures put in place and revise as necessary.

COVID-19: When a student, or faculty/staff member can return to school or child care

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

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

Definitions:

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

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

It is safest if you quarantine for 14 days after your last exposure. No test is required to end quarantine. **You do have other options for quarantine. These options are to:**

- Quarantine for 10 days after your last exposure. No test is required to end quarantine. Monitor yourself for symptoms, wear a mask, and physical distance for the full 14 days from last exposure.
- Quarantine and get tested for COVID-19 6 or 7 days after last exposure. If your test is negative, you could end quarantine after 7 days of quarantine. You must have your negative test result before ending quarantine and the test cannot be before day 6. Monitor yourself for symptoms, wear a mask, and physical distance for the full 14 days from last exposure.

Close contact: An individual is considered a close contact if **any** of following is true. If they:

- Had direct physical contact with the person.
- Had contact with the person's respiratory secretions.
- Live with or stayed overnight for at least one night in a household with the person, unless strict separation was maintained (e.g., no shared bathroom, bedrooms, or spaces).
- Were within 6 feet of the case for more than 15 minutes. This includes single encounters of more than 15 minutes OR multiple encounters within a single day adding up to more than 15 minutes.

Exceptions:

- In the K–12 indoor classroom setting only, the close contact definition excludes students who were within 3 to 6 feet of an infected student if both students were engaged in consistent and correct use of well-fitting masks. This exception DOES NOT apply to teachers, staff or other adults in classroom settings.
- A health care worker is wearing the proper personal protective equipment and/or is fully vaccinated.

Close contacts who were diagnosed with COVID in the 90 days before the exposure do not need to quarantine or get tested for COVID-19, but should monitor for symptoms and consult with a health care provider if symptoms develop. Close contacts who are fully vaccinated and remain asymptomatic do not need to quarantine, but should get tested for COVID-19 3-5 days after exposure and wear a mask in public indoor settings for 14 days or until they receive a negative test result. They should isolate if they test positive.

Symptoms

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

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

*Note: Vomiting, diarrhea, and fever – alone or together – should exclude a person from school or child care.

Individual is NOT a known close contact to a COVID-19 case*:

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

*Follow this decision table for students and staff who are NOT fully vaccinated. Refer to the Isolation and Quarantine section of the full guidance document for those who are fully vaccinated.

Individual IS a known close contact to a COVID-19 case*:

Symptoms?	Test Result	Recommendation for isolation/quarantine and when can return to school
YES	POSITIVE (PCR or Antigen)	Must isolate at home for at least 10 days since the first symptoms began AND be fever-free without the use of fever-reducing medications for 24 hours AND with improvement in symptoms. Repeat testing is NOT recommended for deciding when people can return to work or school. Siblings, household members, and other close contacts should also follow this chart to determine quarantine length.
YES	Negative (PCR or Antigen)	<ul style="list-style-type: none"> • Must quarantine for 14 days after the last contact with the COVID-19 positive person. If the exposure is to a household member and the case cannot properly isolate away from others at home, the last date of contact may be the last day of isolation for the case. • If tested by PCR test, the individual must also be fever-free for 24 hours without the use of fever-reducing medications AND if diagnosed with another condition, they must complete the exclusion period for the diagnosed disease as listed on the Wisconsin Childhood Communicable Diseases Wall Chart. An alternative diagnosis is not required. • If tested by antigen test, the individual must also isolate at home for at least 10 days since the first symptoms began AND be fever-free without the use of fever-reducing medications for 24 hours AND with improvement in symptoms. Follow-up PCR testing is recommended for these individuals within 48 hours of the negative antigen test. <p>The criteria in the first bullet AND either the second or third bullet above must be met before returning to school.</p>
YES	Not tested	<ul style="list-style-type: none"> • Must quarantine for 14 days after the last contact with the COVID-19 positive person. If the exposure is to a household member and the case cannot properly isolate away from others at home, the last date of contact may be the last day of isolation for the case. • The individual must also remain home for at least 10 days since the first symptoms began AND be fever-free without the use of fever-reducing medications for 24 hours AND with improvement of symptoms. <p>The criteria in both of the above bullets must be met before returning to school.</p>
No	POSITIVE (PCR or Antigen)	Must isolate at home for 10 days from the day the sample was collected. Siblings, household members, and other close contacts should also follow this chart to determine quarantine length.
No	Negative (PCR or Antigen)	If the individual's test result was collected on or after day 6 of quarantine, quarantine may end after day 7. The individual must continue to monitor for symptoms, wear a mask, and physical distance for the full 14 days from last exposure before returning to school or child care. If the exposure is to a household member and the case cannot properly isolate away from others at home, the last date of contact may be the last day of isolation for the case.
No	Not tested	<ul style="list-style-type: none"> • Must quarantine for 14 days from the date of last exposure before returning to school or day care. Quarantine may be shortened to 10 days after the date of last exposure, provided people still monitor for symptoms, wear a mask, and physical distance for the full 14 days from last exposure. Quarantine may be shortened further to 7 days after the date of last exposure if a person receives a negative test result (PCR or antigen) that was collected on or after day 6 provided people still monitor for symptoms, wear a mask, and physical distance for the full 14 days. • If the exposure is to a household member and the case cannot properly isolate away from others at home, the last date of contact may be the last day of isolation for the case.

*Follow this decision table for students and staff who are NOT fully vaccinated. Refer to the Isolation and Quarantine section of the full guidance document for those who are fully vaccinated.

Illness Log/Line List

Illness Log / Line List of Ill for Absent Students and Staff

School Name: _____ School Address: _____ Date: _____

First name	Last name	Street address	City	Parent/Guardian name(s)	Staff or Parent/Guardian phone number(s)	DOB	Sex (M/F)	Symptom onset date	SYMPTOMS Fe=Fever; C=Cough; SOB=Shortness of breath; MA=Muscle/body aches; HA=Headache; Ch=Chills; ST=Sore throat; Fa=Fatigue	Student (Sd) or Staff (Sf)	Last date attended/ worked in school	Areas in facility attended/ visited/ worked in 2 days before symptom onset until the time they left facility	Contact tracing category (C=Case, CC=Close contact, HC=Household contact)
<i>Example: John</i>	<i>Doe</i>	<i>123 Main St</i>	<i>City</i>	<i>Donna Doe</i>	<i>123-456-7890</i>	<i>1/1/2010</i>	<i>M</i>	<i>6/10/2020</i>	<i>C, Fe (100.4); ST, Fa</i>	<i>Sd</i>	<i>6/10/20</i>	<i>2nd grade - room 203, health office, lunch room</i>	<i>HC</i>

Template Letter to Parents/Guardians: COVID-19 Case(s) in the School

[date]

Dear [Insert parent/guardian names],

This letter is to notify you that [a] student[s] or staff member[s] at [Insert school name] has tested positive for COVID-19. We are actively working with the [insert county/city] Health Department to quickly identify, notify, and quarantine any students or staff who may have come into close contact with them and who may be at risk of getting sick. We are also cleaning and disinfecting the school to control the spread of illness.

About COVID-19

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

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

The CDC's website has good information about COVID-19: www.cdc.gov/coronavirus.

What to Expect

If your child had close contact with a person with COVID-19, you will receive a separate letter with special instructions about monitoring symptoms, testing, and how to keep others in your home from getting sick. If your child did not have close contact with a person with COVID-19 in our school, you will not receive another letter.

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

Prevent Further Spread

The following guidelines will help to prevent further spread of illness at our school:

- Notify the school if your child is diagnosed with COVID-19.
- Notify the school if your child had contact with someone who you know was diagnosed with COVID-19.
- Keep students home from school if they are sick.

- Get yourself and your child vaccinated as soon as you are able to do so.
- Encourage good habits: Frequent handwashing, covering coughs and sneezes, use of face coverings in public.

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

Sincerely,

[Print name]

[Title]

Template Letter to Parents/Guardians: Close Contact to a COVID-19 Case in the School

[date]

Dear [Insert parent/guardian names],

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

- 14 days
- 10 days

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

If your child is fully vaccinated, please contact the school to provide proof of vaccination. They may not need to quarantine. Instead, fully vaccinated students should wear a mask indoors in public spaces for 14 days or until they test negative. They can still attend school as long as they do not have symptoms.

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

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

Alternately, you can look for a community testing site near you at:

www.dhs.wisconsin.gov/covid-19/community-testing.htm. Keep in mind that some community testing sites will not test children under a certain age. Call ahead to be sure your child can be tested.

About COVID-19

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

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

The CDC's website has good information about COVID-19: www.cdc.gov/coronavirus.

Symptom Monitoring and Self-Quarantine

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

Get medical attention immediately if your son/daughter has any of these warning signs*:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to be woken up
- Bluish lips or face

Prevent Further Spread

The following guidelines will help to prevent further spread of illness at our school:

- Follow the steps in the provided flier: "Next Steps: Close Contacts of Someone with COVID-19."
- Monitor your child for symptoms.
- Contact your health care provider and the LTHD if your child becomes sick.
- Keep your child self-quarantined if they are not fully vaccinated.
- Encourage your child to wear a mask indoors if they are fully vaccinated.
- Get yourself and your child vaccinated as soon as you are able to do so.

- Encourage good habits: Wash hands frequently, cover coughs and sneezes, and use face coverings when in public.

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

Sincerely,

[Print name]

[Title]

Template Letter: Sending sick child home

[Date]

Dear [Insert parent/guardian names],

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

- Cough
- Shortness of breath/trouble breathing
- Fatigue
- New loss of sense of taste or smell
- Fever or chills
- Headache
- Sore throat
- Nausea or vomiting
- Runny nose or nasal congestion
- Diarrhea
- Muscle or body ache

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

Instructions for Your Sick Child

Please keep your child home and work with the school to continue instruction while they are out. He/she can return to in-person instruction on _____ [release from isolation date] **as long as** their symptoms have improved (gotten better), **and** they have not had a fever for 24 hours prior to the listed date.

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

If your child is tested, and the test result is **positive** for COVID-19, please contact your LTHD and school for next steps. If your child is tested, and the result is **negative** for COVID-19, they can return to school (in-person instruction) when their symptoms have improved (gotten better), **and** they have not had a fever for 24 hours without the use of fever-reducing medications like Tylenol or Ibuprofen. Please call the school ahead of time to be sure it's okay for them to return to class.

If you seek medical care, and your child is diagnosed with something other than COVID-19, please follow your doctor's advice and **provide a doctor's note** to the school indicating the date when your child can safely return to school. Your doctor may use the DPH childhood diseases wall chart guidelines to determine this date (www.dhs.wisconsin.gov/publications/p4/p44397.pdf).

Instructions for Others in the Household

Current scientific research shows that both children and adults can have COVID-19 and spread it to others without showing symptoms or feeling sick. To prevent spread to others in the school, unless they are fully vaccinated, please keep all school-aged children in your household home until _____ [release from household contact quarantine date]. All persons in your household who are not fully vaccinated are strongly encouraged to self-quarantine following the CDC's guidance (<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>). Self-quarantine includes staying home, leaving the house only when necessary, wearing a mask in public, washing hands frequently, not having visitors, not sharing personal items, and staying 6 feet from others in your home as much as possible. If you have children at home who are fully vaccinated, they should still get tested and wear a mask indoors in public spaces for 14 days or until they test negative. They can continue to attend school **as long as they do not have symptoms**. Monitor yourself and the others in your household for symptoms and see a doctor if you become sick, **even if you are fully vaccinated**.

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

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

Sincerely,

[Print name, Title]

Template Press Release: Keeping Schools Safe against Outbreak

Background: This press release has been written for health departments to provide **general information** to the public about how they are working with schools to keep students, teachers, staff, and their families healthy during the COVID-19 pandemic. To keep your press release timely and accurate, please visit www.dhs.wisconsin.gov/covid-19/index.htm for the latest COVID-19 updates. Please use the other template press release to report an outbreak or investigation at a school.

FOR IMMEDIATE RELEASE

[Date]

[Contact]

[Phone number]

Working to Keep Students, Teachers, and School Staff Healthy during the COVID-19 Pandemic

[City, state] – The COVID-19 pandemic continues to have a significant impact on childhood education since schools across Wisconsin and the country closed during the spring of 2020. Managing the start of a school year is challenging in the best of times, and is especially stressful for students, parents, teachers, and school staff during a global pandemic. As the new school year begins, school districts, local health departments, community partners, and individuals are all working together to keep students, teachers, staff, and their families safe in a number of ways.

COVID-19 is easily transmitted from person-to-person while in close contact through respiratory droplets and aerosol particles released by infected persons when coughing, sneezing, singing, talking, and breathing. The illness is particularly dangerous for older adults and people of all ages with underlying health conditions and/or compromised immune systems.

The Wisconsin Department of Public Instruction (DPI) has collaborated with the Department of Health Services and other stakeholders to develop guidance and resources to support school planning efforts to control the spread of infection in schools, which can be found on the [DPI website](#). In addition, DHS has also released [guidelines](#) for the prevention, investigation, and control of COVID-19 outbreaks in K-12 schools. In addition to these resources, [insert school district, health department, or jurisdiction name] is utilizing data about the COVID-19

transmission level in our community to make informed decisions about any changes needed in school settings, including masking, physical distancing, screening testing, and other layered prevention strategies. [Insert information about current local school plans.]

“The [name of local/tribal health department] recognizes the importance of in-person attendance and is working with area schools to make sure that schools are a safe environment for everyone,” said [name of health officer/director/spokesperson, title, name of health department]. “This includes [insert work and activities health department is taking—see suggested prevention measures described in the DHS School Outbreak Guidance].”

If a probable or confirmed case of COVID-19 is identified among students, teachers, or staff, the local/tribal health department will begin a case investigation with the school as soon as possible. This includes a number of necessary steps including the detection of cases, isolation of sick persons, contact tracing, quarantine of close contacts, laboratory testing, and infection control measures to prevent additional transmission. Parents or guardians will be notified about any investigations at school and what to do if their child has had contact with someone with COVID-19.

In order to safely maintain in-person instruction, [name of local/tribal health department] reminds parents, students, and community members to take the following precautions to slow the spread of COVID-19:

- Get vaccinated as soon as you are able;
- Stay home when sick and do not send students to school if sick;
- Watch for symptoms of COVID-19, which include fever and chills, cough, shortness of breath, loss of taste or smell, sore throat, fatigue and body/muscle aches, diarrhea, vomiting, and nausea;
- Seek testing from a provider if symptoms of COVID-19 occur or you were exposed to someone with COVID-19;
- Keep physical distance of at least 6 feet from anyone not part of your household if you are not fully vaccinated;
- Wear a mask or cloth face covering indoors in public spaces if you are not fully vaccinated and indoors with others not in your household if you are in an area of substantial or high transmission; and
- Frequently wash your hands and cover coughs and sneezes with a tissue or sleeve.

[School district administrators/leaders/etc] can reach out to the local/tribal health department name to get advice on how to keep their students and faculty safe. [Insert contact information.]

We encourage the public to frequently monitor the [local/tribal health department social media or website], the [DHS website for updates](#), and to follow @DHSWI on [Facebook](#) and [Twitter](#), or dhs.wi on [Instagram](#). Additional information can be found on the [CDC website](#).

(END)

Template Press Release: Releasing Information about Outbreak/Investigation at Local School

Background: This press release has been written for health departments to provide information about a public health investigation/outbreak at a school (K-12, college, or university) in the county/jurisdiction. To keep your press release timely and accurate, please visit www.dhs.wisconsin.gov/covid-19/index.htm for the latest COVID-19 updates.

FOR IMMEDIATE RELEASE

[Date]

[Contact]

[Phone number]

[Health Department Name] Reports COVID-19 Investigation at [school name or type]

[City, state] – [Name of local/tribal health department] today is reporting that [a student or staff, or a # of students or staff] of [name of school with investigation/outbreak] [have/has] tested positive for COVID-19. [Insert any information about the outbreak that can be shared publicly.]

“The [local/tribal health department name] is working with [name of school] leadership and staff to conduct a thorough investigation to track, trace, and contain the virus,” said [name of health officer/director/spokesperson, title, name of health department]. “We want to assure the community, students and staff of school name, and their family members that extra steps are being taken to protect students and staff to minimize the spread of COVID-19. These extra safety precautions include [describe specific steps being taken, which could include improved ventilation; change in policies; wearing of cloth face coverings; increased access to hand-washing and hand sanitizing stations; offering school-based diagnostic and/or screening testing; educating and training teachers/faculty, staff, and students; etc.]. This includes [insert number of schools with investigations] in the [county or region].

[Adapt for current contact tracing protocol.] If you have been in contact with someone who is a confirmed case of COVID-19, staff from your local/tribal health department or the state health department will be in touch to notify you of potential exposure. When they call you, they will ask if you are experiencing symptoms, if you are a health care worker, if you have been fully vaccinated, and will provide information about getting tested, quarantine and isolation. If you have symptoms, they will provide instructions on how to self-isolate and can help you understand when and how to seek medical help, how to get tested, and options if you have concerns about being able to safely isolate for the required time.

“COVID-19 can be spread by asymptomatic people, meaning people who are not experiencing symptoms such as fever, cough, and shortness of breath,” continued [health officer/director/spokesperson last name]. “*[adapt if local order is more strict]* Everyone over the

age of two should wear a mask or cloth face covering when they are at school or in other public indoor settings in areas of substantial or high community transmission.”

In order to [maintain in-person instruction (include what is applicable in the community, but avoid open/reopen language)], [name of local/tribal health department] reminds parents, students, and community members to take the following precautions to slow the spread of COVID-19:

- Get vaccinated as soon as you are able;
- Stay home when sick and do not send students to school if sick;
- Watch for symptoms of COVID-19, which include fever and chills, cough, shortness of breath, loss of taste or smell, sore throat, fatigue and body/muscle aches, diarrhea, vomiting, and nausea;
- Seek testing from a provider if symptoms of COVID-19 occur or you were exposed to someone with COVID-19;
- Keep physical distance of at least 6 feet from anyone not part of your household if you are not fully vaccinated;
- Wear a mask or cloth face covering in public if you are not fully vaccinated and indoors with others not in your household if you are in an area of [substantial or high transmission](#); and
- Frequently wash your hands and cover coughs and sneezes with a tissue or sleeve.

The [local/tribal health department name], Wisconsin Department of Health Services (DHS), and [insert name of school] are working around the clock to try to help everyone remain safe. [Health officer/director/spokesperson last name] says families, school districts, administrators, boards, etc. can reach out to the [local/tribal health department name] to get advice on how to keep themselves and others safe. Insert contact information

We encourage the public to frequently monitor the [local/tribal health department website or social media], the [DHS website for updates](#), and to follow @DHSWI on [Facebook](#) and [Twitter](#), or dhs.wi on [Instagram](#). Additional information can be found on the [CDC website](#).

(END)

COVID-19 Health Screening Checklist for CHILDREN

Person conducting screening should maintain 6 feet of distance from child while asking questions. Questions should be posed to parents of small children; children old enough to understand and answer for themselves may be asked directly. Tool intended to assist programs to screen for COVID-19, but should not replace other communicable disease screening tools or protocols for school programs.

Part 1

	YES	NO
Is your child not fully vaccinated AND been in close contact with anyone who tested positive for COVID-19 or was diagnosed with COVID-19 in last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child been diagnosed with COVID-19 by a health care provider in the last 10 days?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child developed any of the following symptoms within the past 24 hours?		
➤ Cough	<input type="checkbox"/>	<input type="checkbox"/>
➤ Shortness of breath/trouble breathing	<input type="checkbox"/>	<input type="checkbox"/>
➤ New loss or sense of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
➤ Fever or took medication in the past 24 hours to lower temperature (e.g., Tylenol, ibuprofen)?	<input type="checkbox"/>	<input type="checkbox"/>



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

Part 2

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

	YES	NO		YES	NO
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	Headache	<input type="checkbox"/>	<input type="checkbox"/>
Unusual fatigue	<input type="checkbox"/>	<input type="checkbox"/>	Muscle or body aches	<input type="checkbox"/>	<input type="checkbox"/>
Nausea (<i>sick to stomach</i>) or vomiting▲	<input type="checkbox"/>	<input type="checkbox"/>	Fever ($\geq 100.4^{\circ}\text{F}$) or chills (<i>would indicate fever</i>) ▲	<input type="checkbox"/>	<input type="checkbox"/>
Runny nose or nasal congestion	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea▲	<input type="checkbox"/>	<input type="checkbox"/>



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



Child to be sent home

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

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



Child may remain at facility

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

▲Vomiting, diarrhea, and fever—alone or together—should exclude a child from school.

COVID-19 Health Screening FAQ and At-Home COVID-19 Health Screening Instructions for Parents and Guardians

This handout provides information to parents/guardians on how to conduct a “pre-screen” of your child at home before heading out the door. Screening children for symptoms of COVID-19 and sending home people who are sick lowers the chances of other children and staff in the school from getting COVID-19 and spreading it. We want to provide your child with the safest possible environment, and we appreciate your help in making it safe.

We are asking parents/guardians to do an at-home health screening of their child each morning prior to going to school, including taking their temperature, if possible. *You know best when your child is sick or is getting sick.* If your child is showing symptoms or seems “off,” you should keep them home from school. Keeping ill children home helps prevent others from getting sick.

Go through the steps outlined here to decide if your child should go to school each day.

STEP 1: SCREENING QUESTIONS

- Has your child tested positive for or been diagnosed with COVID-19 by a health care provider in the last 10 days?
- Is your child not fully vaccinated and been in close contact* with anyone who tested positive for COVID-19 or was diagnosed with COVID-19 in last 14 days? (*Find more information about what “close contact” means on the next page*)



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

STEP 2: SYMPTOM CHECK (Part 1)

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

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

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



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

STEP 3: SYMPTOM CHECK (Part 2)

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

- Sore throat
- Unusual fatigue (*being very tired*)
- Nausea (*sick to stomach*) or vomiting[▲]
- Muscle or body aches
- Fever ($\geq 100.4^{\circ}\text{F}$) or chills (*would indicate fever*) or used fever reducing medications[▲]
- Runny nose or nasal congestion
- Headache
- Diarrhea[▲]

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



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



WHAT DOES “CLOSE CONTACT” MEAN?

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

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

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

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



WHAT DOES “NEW AND DIFFERENT” MEAN?

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

- 1) Your child has asthma. They often cough with exercise or allergies.
 - If they have their usual cough → NO, this is not new or different
 - Their cough is worse than usual or sounds different than usual → **YES**
- 2) Your child complains that their muscles hurt all over.
 - They exercised harder yesterday and then helped with some yard work → NO, this is not new or different
 - They haven’t done any unusual physical activity and they look “off” → **YES**
- 3) Your child wakes up congested and has had to blow their nose several times that morning
 - Your child has seasonal allergies, and an allergy pill helped those symptoms yesterday → NO
 - Your child is congested for no clear reason and also has a headache → **YES**



IF YOUR CHILD HAS SYMPTOMS OF COVID-19

- 1) Your child cannot attend school that day. Your child should stay home until he/she feels better and meets the conditions to return to school.
- 2) Contact your child’s regular health care provider or clinic, tell them your child’s symptoms, and ask what your next steps should be. They may recommend that your child is tested for COVID-19 or you can ask that they be tested for COVID-19. Your child can be tested at a nearby community testing site. For a list, visit: www.dhs.wisconsin.gov/covid-19/community-testing.htm. (Keep in mind that some community testing sites will not test children under a certain age. Call ahead to be sure.)
- 3) Contact the school to notify them of the child’s absence. Share with them your child’s symptoms and date they started; this information will be helpful if your child (or any other children) tests positive for COVID-19.