

**WAUNAKEE COMMUNITY SCHOOL DISTRICT
BOARD OF EDUCATION REGULAR ADDITIONAL MEETING**

Monday, September 21, 2020

6:00 PM

District Administration & Maintenance Center
905 Bethel Circle
Waunakee, Wisconsin 53597

Public may access the meeting via live stream video

at: <https://www.waunakee.k12.wi.us/district/Agendas.cfm>

Public comments related to the agenda items are to be sent to Rebecca McDonough at districtadministrator@waunakee.k12.wi.us by 5:00 p.m. the day of the Board meeting. All comments will be reviewed by the board members, if you would like your comment read at the meeting please clearly indicate this in the email. Comments must include the commentor's name, address, their connection to the District (if any), and any group they are representing.

If you would like to address the Board in-person, you will be greeted outside the buildings and brought into the meeting individually to present. You will be asked to abide by guidelines required to enter public locations in Dane County. Comments must include the commentor's name, address, their connection to the District (if any), and any group they are representing. We will be adhering to social distance guidelines and with space limitations at the District Office, you will not be able to stay inside for the remainder of the meeting after your comments.

AGENDA

I. CALL TO ORDER

II. ROLL CALL

III. PUBLIC COMMENTS

Individuals may use this time to comment on any items listed as part of the meeting agenda. A copy of Board Policy 187 —Public Participation at Board Meetings is enclosed for your reference. Past practice has allowed 30 minutes for this section of the agenda.

IV. APPROVAL OF AGENDA AND ADDITIONS

A motion will be necessary to approve the agenda as presented (or) with changes as recommended.

V. CONSIDERATION OF SCHOOL REOPENING DECISIONS AND RECOMMENDATIONS FROM THE AD HOC MEDICAL ADVISORY COMMITTEE

Attached please find a memo that summarizes the recommendations/outcomes from the Ad Hoc Medical Advisory Committee that met on Wednesday, September 16th.

Also attached is a data snapshot of the COVID incidents for our school district boundaries as defined by COVID data for census tracts per the Wisconsin DHS website. This document was reviewed by the Ad Hoc Committee and we will be updating this data on a continual basis to track the impact of COVID on our specific community.

Additionally, attached please find a draft decision making flowchart and data-dashboard that we are proposing to the Board to outline the process for school reopening decisions.

Finally, the following additional documents were shared with the Ad Hoc Medical Advisory Committee, for your reference.

<https://www.lacrosseschools.org/covid19/>

https://www.elmbrookschoools.org/uploaded/Documents/District_Documents/In-Person_Learning_Decision-Making_Strategy.pdf

https://publichealthmdc.com/documents/school_metrics.pdf

https://publichealthmdc.com/documents/2020-09-10_data_snapshot.pdf

https://publichealthmdc.com/documents/school_action_plan.pdf

https://publichealthmdc.com/documents/exclusion_table.pdf

VI. REVIEW OF DISTRICT CONTACT TRACING PROCESS

Kurt Eley will be present at the meeting on Monday evening to provide an overview of our contact tracing process, and experience over the first two weeks of school.

Attached are two documents from PHMDC that inform our process.

VII. CONSIDERATION OF ADDITIONAL SCHOOL NURSE FTE AND A DISTRICT CONTACT TRACING POSITION

Per discussion with the Ad Hoc Medical Advisory Committee, and in reviewing our nursing and contact tracing processes with the Committee, they recommended that we review our nurse and contract tracing staff allocations to ensure that we are able to meet the needs of students and staff. We are proposing adding additional FTE to our nursing staff (level of increase will be brought to the meeting on Monday) and also add a dedicated contact tracing staff member to support our COVID response and management needs. More details will be provided on Monday as we are investigating the skills and pay ranges for contract tracing staff to meet our needs.

VIII. FUTURE AGENDAS AND MEETINGS

IX. ADJOURN

“Any person who has a qualifying disability as defined by the Americans with Disabilities Act who requires assistance with access or materials should contact the Waunakee Community School District Office at 849-2000, 905 Bethel Circle Drive Waunakee, WI 53597, at least twenty-four hours prior to the commencement of the meeting so that necessary arrangements can be made to accommodate the request.”

PUBLIC COMMENT PERIODS DURING BOARD MEETINGS

Policy 187

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While the public has the right to attend meetings of the Board of Education that have not been convened in a closed session, individuals or groups generally do not have a right to be included on a Board meeting agenda or a right to enter into the discussions or deliberations of the Board. However, without affecting the Board's discretion to authorize other forms of input or participation during Board meetings from persons who are not Board members, the Board expressly authorizes and directs limited public participation during duly-noticed public comment periods as follows:

1. The Superintendent and Board President shall ensure that the agenda and public notice of the Board's primary regular business meeting each month includes a period for public comment. During a public comment period noticed under this paragraph, interested persons may briefly address the Board on topics that are reasonably germane to some aspect of the District's policies, practices, programs, or operations, regardless of whether the speaker's topic is otherwise noticed as a specific subject matter of the meeting in question.
2. Subject to any more specific decision or directive of the Board, the Board President has discretion to include a period of public comment on the agenda and public notice of additional Board meetings. In exercising such discretion, the President may specify on the public notice of the meeting that speaker comments during the public comment period will be limited to topics that are sufficiently germane to the noticed subject matter of the meeting.

When a public comment period is expressly included on the public notice of a Board meeting and there is sufficient interest in addressing the Board, the period shall either include at least 10 individual speakers or extend for 30 actual minutes, whichever limitation permits the greater total number of speakers. However, the Board may extend the total duration of a noticed public comment period at any meeting by a majority vote.

The Superintendent, or his/her designee, will implement a viewpoint-neutral speaker registration process that establishes an order for speaking in the event that the interest in appearing before the Board at any meeting may exceed the time that is allocated for the public comment period. Each speaker, upon being recognized by the presiding officer, will state his/her name and identify his/her connection to the District (if any) and to any group they are representing in connection with their remarks.

Each speaker's presentation is normally limited to a maximum of 3 minutes. However, at a meeting the Board may vote to reduce the time limit to no shorter than 2 minutes per speaker in order to accommodate a greater total number of speakers. In addition, at the Board's discretion, a speaker's time may be briefly extended provided that, upon request, a similar extension shall be granted to other speakers at the same meeting. Any individual may speak only once during the public comment period at any meeting.

Speakers generally should not expect an immediate response or reaction to their comments from the Board. Further:

1. If, at applicable meetings, a speaker raises a topic during a public comment period that was not among the publicly-noticed subject matter of the meeting, the extent of any response to

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the speaker and his/her remarks shall be limited in accordance with applicable law.

2. During a public comment period, Board members will not engage in a substantive discussion of or otherwise attempt to materially investigate or reach a Board resolution of either (a) complaints or grievances regarding the conduct of individual staff members or individual students; or (b) attempts to appeal staff or administrative decisions relating to individual District employees or students. A public comment period during a Board meeting is not the preferred or established means of processing such issues or bringing such matters to the Board's attention.
3. If time or other limitations preclude an interested person from addressing the Board at a specific meeting, the person may submit written information to the Board and/or attempt to utilize a public comment period at a future meeting.

Subject to an appeal to the Board that is made by a Board member, the presiding officer of the Board meeting shall have the authority to conduct and maintain proper order in connection with any authorized public comment period, including the authority to (1) recognize speakers; (2) enforce established time limits; (3) interject and request that speakers voluntarily redirect specific complaints, grievances, or attempted appeals to more appropriate District procedures; and (4) terminate the remarks of any individual who does not adhere to established rules and procedures for public participation, who speaks in a threatening or profane manner, whose comments are repetitive of that person's previous comments, or whose conduct is disruptive and impedes the Board's ability to conduct its business in an orderly and timely fashion.

Individuals who are permitted to address the Board during a meeting are responsible for the content of their comments. The forum represented by a public comment period does not exempt a speaker from any liability arising from his/her comments (e.g., for defamation or for any breach of legally-protected confidentiality).

This policy and any rules and/or procedures that may be adopted related to the administration of public comment periods under this policy are not intended to apply to the following:

1. A meeting or any portion of a meeting that constitutes a formal public hearing on a particular topic or issue.
2. Instances where the Board seeks or agrees, by majority vote, to accept input that is relevant to a noticed agenda item from a person who is not a Board member in order to (for example) resolve a formal or informal point of information that arises during the Board's discussion of an agenda item.
3. Meetings of any standing or ad hoc committee that may be established by the Board.

Legal References:

Wisconsin Statutes

- [Section 19.81](#) [state policy on open meetings]
[Section 19.83\(2\)](#) [discussion during period of public comment]

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[Section 19.84\(2\)](#) [public notice of board meetings, including public comment period]
[Section 19.85](#) [exemptions to open meetings]

Cross References:

WASB PRG 187 Sample Policy 4 (with substantial local adaptation)

Adoption/Revision Date(s):

October 1989
March 1994
September 1994
January 2000
February 2002
May 2020

TO: Waunakee Community School District Board of Education
FROM: Randy Guttenberg
RE: Medical Ad Hoc Committee Recommendation and In-person Learning
DATE: 9-17-20

On September 14, 2020, the School Board approved a motion to delay a decision on the return of students in grades three and four until after the Medical Ad Hoc Committee could meet on Wednesday, September 16th. That motion further established that the Board would meet again on Monday, September 21st to consider the recommendation from the Ad Hoc Committee in returning additional grades of students to in-person instruction.

The Medical Ad Hoc Advisory Committee met on Wednesday, September 16 and their recommendation is as follows:

1. Establish guiding principles to utilize in determining the degree of disease burden that is currently occurring within the community and the WCSD school system, to inform decisions related to the instructional delivery model.
2. The key guiding principles to consider to assess the degree of disease burden are:
 - a. Are the District's established contact tracing and nursing processes working effectively, and are the necessary levels of staff in place to manage the workflow in the health offices as more students are returned to in-person instruction?
 - b. Does the internal COVID-19 data for students and staff reflect a level of activity that allows or hinders the decision to support or maintain students for in-person learning? Internal data includes positive cases, close contacts, symptom tracking, and the number of staff/students in quarantine/isolation.
 - c. What is the trend of COVID-19 data for our community and how does the system respond over time?
 - i. Dane County Metrics per PHMDC
 - ii. Waunakee Trends per Census Data from Wisconsin DHS
 - iii. Hospitalization Data
 - iv. Testing Capacity Data
3. The Committee recommends taking the next three to four weeks to gather more localized data and assess and solidify our internal processes related to contract tracing, nursing / health office process, procedures, and staffing. This recommendation is based on the recently high prevalence rates of COVID-19 in Dane County, not knowing the degree of spread that will take place with the concentrated cases on the UW-Madison campus, and ensuring that internal processes in the school district are suited to accommodate the current and future student / staff needs.
4. The Committee further recommends that if the data trends are positive and internal health office processes are supported, then reopening additional grade levels should be done slowly. For example, opening for 3rd and 4th grade is the next step. Once an additional grade level span is brought in-person, then the data should again be evaluated for a number of weeks prior to further expansion of in-person instruction.
5. The Committee also emphasized that if the data trend worsens or the capacity of the district to manage the disease becomes too large, then a decision to reduce in-person instruction needs to occur.
6. The next Ad Hoc Medical Advisory Committee is set for October 7th at 5:30 p.m. at which the Committee will review the data with the district and consider if 3rd and 4th

grade students can return to in-person instruction. The School Board will consider this decision at the October 12th Board Meeting.

To support this recommendation, the following actions are taking place, with a goal of October 7th:

- A. Administration is working with PHMDC to access previous COVID-19 census data from Wisconsin DHS.
- B. Administration is creating a dashboard of the data we are tracking.
- C. Administration is creating a reopening decision-making process. This document will be shared with the Board for consideration and approval. Draft on September 21st.
- D. Administration and School Health Services staff are reviewing and solidifying the processes for the health offices and contact tracing.
- E. Administration, per the recommendation of the Committee, is recommending to the Board to expand our school nurse FTE to support Covid clinical operations and to hire a person to assist with contact tracing for the school district.
- F. Administration will establish a COVID command center where COVID related information is funnelled.

Additionally, the following timelines are on track for when decisions are made for various grade level spans.

Grades 3 and 4 -- students can begin in-person instruction in an a.m./p.m. hybrid 2-weeks after the decision is made to return this grade-level span.

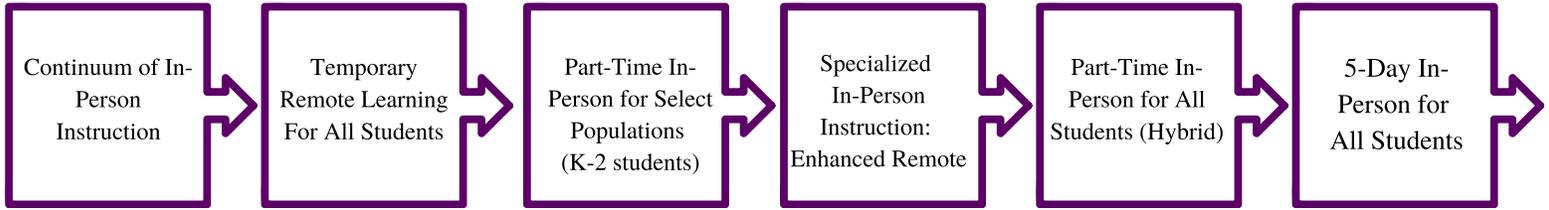
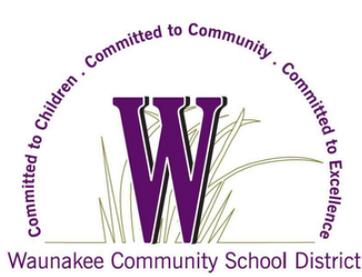
Grades 5-6 -- planning is underway to be ready to begin in-person instruction in an a.m. / p.m. hybrid no earlier than the start of the second quarter, and after 3rd and 4th grades have been in-person and assessment of the data and processes have been reviewed. Two-weeks lead time is necessary after the decision is made to return this grade-level to in-person instruction.

Grades 7-12 -- planning is underway to be ready to begin in-person instruction in a MT/ThF hybrid model no earlier than the start of the second quarter, and after 5th and 6th grades have been in person and assessment of the data and processes have been reviewed. Amount of lead time is currently being assessed.

Our Enhanced Remote plans are currently in the implementation stage for all grade levels grades 3-12. We have returned approximately 80 special education students during the week of September 14th. Additionally, students in ELL, those in need of support from our student services staff, and select programs at the secondary level, such as lab based classes, will be gradually brought into school to support those students. These programs will be identified in collaboration with members of the teaching staff and their programmatic needs, and plans are being established.

COVID-19 Census Tract Data for Waunakee Area

	9/15/2020
<u>Census Tract 111.02</u>	
Population of Census Tract	8834
Positive Cases	79
Negative Cases	2468
Percent Positive Tests	3.10%
<u>Census Tract 112</u>	
Population of Census Tract	9500
Positive Cases	75
Negative Cases	2650
Percent Positive Tests	2.75%
<u>Census Tract 113.01</u>	
Population of Tract	6766
Positive Cases	66
Negative Cases	1717
Percent Positive Tests	3.70%
<u>Census Tract 113.02</u>	
Population of Census Tract	3286
Positive Cases	32
Negative Cases	779
Percent Positive Tests	3.95%
<u>Totals for Waunakee Area</u>	
Total Population	28386
Total Positive Cases	252
Total Negative Cases	7614
Percent Positive Tests	3.20%



Decision Making Approach

District, Community, and Dane County data and information will be assessed monthly by the Medical Ad Hoc Committee and the District Administration Team. Any change to the District's approach to K-12, in-person learning requires approval by the Board of Education. When practicable, the District will project changes two weeks in advance to allow for families to enact care plans.

Dramatic changes in the data may require more urgent action at the classroom, grade level, or school level and will be determined by the Superintendent and the District Administration Team.

Board of Education

Focus: Longer-term, sustained decisions in response to staffing, attendance, and disease spread trend information



Medical Ad Hoc Committee

Focus: Expert analysis of latest data and science

District Administration Team

Focus: Expert analysis of district operations and continuity of learning



Data Reporting and Communication Commitments

The Waunakee Community School District will deploy an approach that balances an individual's right to privacy and keeping the school community informed of cases that may impact others at school or in the District. Specifically, the District will:

- 1 Update the District COVID-19 daily, reporting School (5 or greater) and District totals of students and staff in isolation or quarantine.
- 2 Update the Community and County COVID-19 information.
- 3 Post a **monthly** summary analysis from the Medical Advisory Board and Administrative Team.
- 4 Provide a **monthly** update to the Board of Education and community to inform long-term strategies regarding in-person learning.
- 5 Work with Dane County to communicate possible contact or close contact information during the disease investigation.



Key Data (Sample tables below)

District

School	Positive Case Staff	Close Contact Staff	Positive Case Student	Close Contact Student
4K	*	*	*	*
Arboretum Elementary	*	*	*	*
Heritage Elementary	*	*	*	*
Prairie Elementary	*	*	*	*
Intermediate School	*	*	*	*
Waunakee Middle School	*	*	*	*
Waunakee High School	*	*	*	*
Bethel Circle	*	*	-	-
Total	2	6	2	10

*Positive Case and Close Contact totals less than five are not reported to protect the privacy of individual students and staff. Close Contact status can be a result of case exposure at home, school, or in the community.

*Updated 9/18/20

This chart is updated **xx** based on student and staff attendance data. As students/staff return from quarantine and isolation, they are removed from the school and district counts. Confirmed cases or number in quarantine less than five at a school are not reported to protect the privacy of our students and staff.

Community

Metric	9/15/2020	9/16/2020	9/17/2020
Waunakee Area Case Rate per 100,000			
Waunakee Area Total Positive Cases	252	261	266
Waunakee Area Total Negative Cases	7,614	7,661	7,752
Waunakee Area % Positive Cases	3.2%	3.29%	3.32%

*Total Population: 28,386

*Explanation of data

*Updated 9/18/20

This data is calculated and reported **xx** using information from Public Health Madison & Dane County (PHMDC) and the Department of Health Services. This data is used to evaluate community and regional disease spread among all age groups, and includes the following metrics:

 **Case Rate:** Reflects the current rate of infection, typically across a denominator of 100,000 people. A target rate less than **xx** infections per day over 14 days is desired.

 **% Positive:** Of all who are tested, the percentage who test positive. A percentage of less than **xx%** typically suggests adequate testing is available and the number of active cases reflects the current spread of the disease. Higher percentages may suggest that the disease is more prevalent than the number of active cases represents.

 **Active Cases:** Current, confirmed COVID-19 positive cases.

 **Prevalence Rate:** Percentage of all people in the community/county who have tested positive. Used to evaluate spread in the community versus the county.

Dane County

Metric	Date	Date	Date
County Case Rate per 100,000			
% Positive			
County Total Active Cases			
County Prevalence Rate			
Total tests (7 days)			

*Updated **xx**

COVID-19: WHEN A STUDENT, OR FACULTY/STAFF MEMBER CAN RETURN TO SCHOOL

Purpose: The purpose of this document is to assist school health care staff and public health officials in determining if 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 COVID-19 case 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.

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.

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

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

These close contact criteria apply regardless of mask use, face shields, or physical barriers, such as Plexiglas or plastic barriers. The only exception is if a health care worker in a school setting is wearing the proper personal protective equipment. When an individual's symptom, contact, or test status changes, their quarantine or isolation requirements should be reassessed.

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

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

Individual	Symptomatic	No Symptoms
Not tested for COVID-19	<ul style="list-style-type: none"> 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 do not need to be excluded (different from DHS guidance). If diagnosed with another condition that explains the symptoms, such as influenza or strep throat, follow guidance from the health care provider and exclusion period of the diagnosed disease as listed on the Wisconsin Childhood Communicable Diseases Wall Chart 	May attend school.
Tested and negative for COVID-19	<ul style="list-style-type: none"> The individual must be 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. 	May attend school.
Tested and positive for COVID-19	<ul style="list-style-type: none"> 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 follow the close contact chart below. 	<ul style="list-style-type: none"> 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.

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

Individual	Symptomatic	No Symptoms
Not tested for COVID-19	<ul style="list-style-type: none"> 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 and household members do not need to be excluded (different from DHS guidance). 	Must quarantine for 14 days from the date of last exposure before returning to school or day 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.
Tested and negative for COVID-19	<ul style="list-style-type: none"> 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 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. The criteria in both of the above bullets must be met before returning school. 	Must quarantine for 14 days from the date of last exposure before returning to school or day 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.
Tested and positive for COVID-19	<ul style="list-style-type: none"> 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 this chart to determine quarantine length. 	<ul style="list-style-type: none"> Must isolate at home for 10 days from the day the sample was collected. Siblings and household members and other close contacts should also follow this chart to determine quarantine length.

ACTION PLAN FOR A CONFIRMED OR SUSPECTED COVID-19 CASE IN A DANE COUNTY SCHOOL

For general school guidance, reference the Wisconsin Department of Public Instruction's (DPI) [Education Forward Resource](#).

The Wisconsin Department of Health Services has also published [Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin](#). Public Health Madison & Dane County (PHMDC) will generally follow these guidelines with several exceptions:

1. Schools should not report probable cases to PHMDC or do contact tracing for probable cases
2. Close contacts at school notified by letter will not be individually contacted by PHMDC or have their symptoms monitored by PHMDC
3. Close contacts who have a positive test need to isolate but do not need to complete their quarantine if isolation is shorter
4. Schools do not need to call PHMDC if they have three people report respiratory symptoms within 72 hours

These exceptions are consistent with the guidelines PHMDC has been using for case and contact follow-up throughout the COVID-19 pandemic. In addition to these exceptions, other details may vary such as suggested communication processes, specific information requested, etc.

Contact Tracing Process

PHMDC receives notification and contact information for all positive cases within the county. PHMDC case investigators attempt to call each individual that tests positive for COVID-19. They provide information about COVID-19 and isolation and also ask the case about who they had contact with while infectious. If the individual identifies that they were at a school while infectious, the case investigator would link the positive case to the school and then reach out directly to the school. To speed up the process, when schools are aware of a positive COVID-19 case that was inside the school building while likely infectious, the school should report the case to PHMDC.

The school nurse or designated employee(s) that will be responsible for reporting cases should request access from the Wisconsin Division of Public Health WEDSS staff. To request access, send an email to the Wisconsin Division of Public Health WEDSS staff. Contact information is available on this website: <https://www.dhs.wisconsin.gov/wiphin/wedss.htm>. More than one person in a school/district can request access to WEDSS.

It is recommended that the school nurse or designated employee(s) responsible for contact tracing within the school/district take the free online [Johns Hopkins COVID-19 Contact Tracing Course](#).

When Schools Should Report a Confirmed Case of COVID-19

Schools should report all confirmed cases of COVID-19 to PHMDC. Someone who tested positive is considered to be infectious from two days before symptom onset until they meet all of the following criteria: 24 hours fever free without fever-reducing medication, other symptoms are improving (but may still be present), and at least 10 days after symptom onset. If the individual does not have symptoms, they are considered to be infectious from two days before the test date until ten days after the test was collected. Schools should only report individuals that have a positive test result and should not report close contacts or suspected cases. For a confirmed case of COVID-19, schools do not need to ask for documentation of a positive test result from staff or students. Schools should keep a list of all cases reported to public health ([use template provided](#)).

Schools do not need to report probable cases to PHMDC (different from DHS guidelines). Students and staff who have symptoms compatible with COVID-19 should be tested to confirm or rule out COVID-19.

What to do if there is a Confirmed Case of COVID-19 in the School Building

1. When there is confirmation that a student or employee tested positive for COVID-19, a school nurse or designated employee(s) will report the case to PHMDC through the Wisconsin Electronic Disease Surveillance System (WEDSS).
 - a. The school should determine whether the individual was on school grounds or related transportation while infectious, working with PHMDC as necessary. For all individuals reported by a school, PHMDC will contact the school within 1-2 days of receiving the report of a positive test in most cases. If you do not hear from the case investigator within two business days of initially reporting the case, call PHMDC's Communicable Disease Nurse on-call (608-266-4821).
 - b. The school will be responsible for identifying individuals who had close contact with the person who tested positive, both on school grounds and on school-related transportation, and provide this information to PHMDC on the [provided line list](#) (see close contact definition in the section below).
 - c. PHMDC will also contact the person who tested positive to provide information about isolation and to identify close contacts outside of the school setting.
 - d. It is recommended that schools use assigned seating in the classroom and school transportation and have a system to track attendance/assigned seating in case there is someone who tests positive for COVID-19 in the school setting.
 - e. Schools should have a plan to provide a virtual learning option for students that are required to isolate or quarantine but are still able to do school work.

2. The school will contact employees and families of students identified as close contacts using the letter templates previously sent to notify them that they are a close contact and need to quarantine (if you did not receive the letter templates, please request them by contacting coronavirus@publichealthmdc.com). PHMDC will not contact these individuals separately unless they are in the same household as the person who tested positive. For confidentiality purposes, the individual who tested positive will not be identified in communications to the families, students and employees at large. The school may send letters without consulting with PHMDC. If the school would like to consult with PHMDC before sending letters, please wait for the case investigator to contact you as listed in #2a above.
3. For the first positive case of the 2020-2021 school year, schools may also wish to notify all families that someone in the school building tested positive and that close contacts are being notified individually by the school by using the letter template (this letter is provided directly to schools. If you need this template letter, [please email us](#)). Schools do not need to notify all families about each case (different than DHS guidelines). The fact sheet on [Paid Sick Leave Under the Families First Coronavirus Response Act](#) (in English and Spanish) is a good resource to give families with this letter.

If the school does not have access to WEDSS, they can report a positive case to PHMDC by calling (608) 266-4821 and ask for the Communicable Disease Nurse on-call. After business hours, schools would leave a message. PHMDC's voicemail is confidential. When leaving a message, please include the case's name and date of birth in order to expedite follow-up. Messages left after business hours or during the weekend will be returned the next business day. After reporting the case, the case will be referred to a case investigator and the case investigator follows-up directly with the individual who tested positive and then the case investigator would contact the school afterwards. This process may take 1-2 days before the school is contacted. If the school does not hear from the case investigator within two business days of initially reporting the case, call PHMDC's Communicable Disease Nurse on-call (608-266-4821). In the meantime, the school should gather information on close contacts and send the Close Contact Letters to employees and students (this letter is provided directly to schools. If you need this template letter, [please email us](#)). The fact sheet on [Paid Sick Leave Under the Families First Coronavirus Response Act](#) (in English and Spanish) is a good resource to give employees and families with this letter.

Reporting a Case that Lives Outside of Dane County

If a case lives outside of Dane County, schools can still report the case via WEDSS or by calling the individual's local health department (list located [here](#)). By reporting the case in WEDSS, it will refer the case to the individual's local health department.

Since the school building is located in Dane County, the school should identify and notify close contacts as listed above in #3. Schools should also contact the PHMDC Communicable Disease Nurse on-call (608-266-4821) to report the case and arrange to send the line list of contacts. PHMDC will enter the contacts into WEDSS and those who live outside of Dane County will be referred to their local health department.

School Building Closure

PHMDC will determine school and district closures on a case-by-case basis. PHMDC will review outbreak data and make a determination based on several factors, including but not limited to number of positive cases, extent of exposure, and contact tracing capacity. Schools and district administrators may also choose to close their schools and districts based on impediments to school functioning, such as high absenteeism and staff shortages.

If it is required for a school building to be closed, schools should have a plan to switch to all virtual learning. All face-to-face school activities will be canceled or rescheduled, regardless of whether the activity was to take place in the building or another location, including extracurricular activities, and field trips. Families/students and employees will be encouraged to stay at home until more information is provided by the School or PHMDC.

Close Contact

If a student or employee had close contact with an individual who tested positive with COVID-19 the student or employee should quarantine for 14 days from the last date of exposure. If a close contact tests negative for COVID-19, they still have to quarantine for 14 days. If a close contact has a positive test for COVID-19, they should follow COVID-19 isolation guidelines (below), which may be shorter than the 14 day quarantine guideline originally provided (different from DHS guidance).

A close contact is someone who was within 6 feet of a positive COVID-19 case for 15 minutes or more within a 24 hour period. For a classroom or school transportation, a closed cohort model (where classrooms do not mix) and/or assigned seating will make it easier to identify close contacts and limit the number of people potentially exposed. It may be difficult for students to both maintain 6 feet of distance and to recall close contacts. Therefore, if school staff cannot identify close contacts in a classroom or on school transportation, the entire classroom/school bus would be required to quarantine for 14 days. If close contacts in the classroom/school bus are known, then only students/staff within 6 feet of a positive COVID-19 case would be required to quarantine.

Other situations where someone is considered a close contact:

- Had direct physical contact with a positive COVID-19 case (for example, a hug, kiss, or handshake).
- Had contact with a positive COVID-19 case respiratory secretions (for example, coughed or sneezed on; contact with a dirty tissue; shared a drinking glass, food, towels, or other personal items).
- Live with a positive COVID-19 case or stayed overnight for at least one night in a household with them.

These close contact definitions apply even if any or all parties were wearing face coverings or if physical barriers were used. These measures reduce the risk of spread but do not eliminate it.

School-based health care providers are generally not exposed if they are wearing the proper personal protective equipment outlined in the [CDC guidance for health care providers](#).

School COVID-19 Health & Safety Guidance

Included in this document is foundational COVID-19 outbreak information for schools. For more information on COVID-19 health and safety including care for students with physical or medical needs, PPE guidance and other tools for schools, reference WI DPI's [COVID-19 Infection Control and Mitigation: Toolkit](#).

Separation While in School

Each school must have a room or space separate from the health office where students or employees who may have COVID-19 or another communicable disease will wait to be evaluated or for pick-up. Students will be given a mask to wear if they do not already have one. Only essential employees and students assigned to the room may enter, everyone should sign-in so that there is a record of the persons who entered the room, and the room will be disinfected several times throughout the day. Strict physical distancing is recommended, and employees should wear appropriate PPE. Students who are ill will be walked out of the building to their family. For more information reference, DPI guidance linked above.

Response to Exclusion from School or Self-Quarantine

As soon as the school becomes aware of a student or employee has COVID-19, the custodial staff will be informed so that all areas including desks, lockers, and workspaces of the person are thoroughly disinfected. [According to CDC](#), schools should close off areas used by the individual that tested positive for COVID-19 and do not use these areas until after cleaning and disinfecting. Best practice is to wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure safe and correct use and storage of cleaning and disinfection products external icon, including storing products securely away from students.

Schools should make plans to provide virtual learning to students who need to quarantine or when classrooms or schools are temporarily closed. These students will generally be healthy and able to participate in virtual learning while out of school.

Siblings or Other Students in the Household

If a student has a positive COVID-19 test, their siblings or other students living in the same household would be required to quarantine as close contact. If the close contact is unable to have complete separation from the student or person who had a positive COVID test: Self-quarantine for the full 14 days after the person who tested positive ends their isolation. If able to completely separate from the person who tested positive: Self-quarantine for 14 days after last contact with the person who tested positive. If a household member has a positive test, they will then follow the COVID-19 isolation guidelines for a person with a positive test. This means they may be able to return to school before their original 14 day quarantine date (different from DHS guidance).

Return to School After Exclusion

If a student or employee is excluded from the school environment due to COVID-19 symptoms or testing positive, they may return after they satisfy CDC's exclusion protocols.

*Note: All close contacts are required to quarantine for 14 days from the date of last exposure even if they have a negative test.

CDC exclusion requirements are:

1. **COVID-19 symptoms and untested.** Individuals who have not received a test proving or disproving the presence of COVID-19 but experience symptoms may return if the following three conditions are met:
 - a. They have been fever-free for 24 hours (without the use of fever reducing medications)
 - b. Their other symptoms have improved
 - c. It has been at least 10 days since their symptom onset

2. **COVID-19 symptoms and tested.** Individuals who experienced symptoms and have been tested for COVID-19 may return to school if the following conditions are met. Schools do not need to ask for documentation of results from staff or students.
 - a. They receive a negative test result:
 - i. If they are not a close contact, they meet other return to school criteria (e.g. fever-free for 24 hours or no vomiting/diarrhea for 24 hours)
 - ii. If they are a close contact, they meet other return to school criteria AND they complete their quarantine.

 - OR
 - b. They receive a positive test result:
 - i. They have been fever-free for 24 hours (without the use of fever reducing medications)
 - ii. Their other symptoms have improved

iii. It has been at least 10 days since their symptom onset

3. **No symptoms and tested positive.** Individuals who have not had symptoms but test positive for COVID-19 may return 10 days after their test, unless they develop symptoms, then they should follow 2.b above.

For staff and students who had a positive test, schools should not require negative tests in order to return to school. People with COVID-19 can test positive for weeks after their illness but are no longer infectious. Requiring negative tests keeps people out of work/school unnecessarily.

See our fact sheet (adapted from Wisconsin Department of Health Services), [COVID-19: When a Student or Faculty/Staff Member Can Return to School](#) for more information. For more quarantining information reference, DPI's [Returning to School After COVID-19](#). For [DHS definitions of COVID-19 cases](#) reference the "Reporting and Surveillance Guidance" under "Physical Health and Safety Guidance".

Other Key Public Health Madison & Dane County Resources

- [Q&A about Schools that have someone with COVID-19 \(in Spanish\)](#)
- [Employee is exposed to someone with COVID-19 or tested positive for COVID-19 \(in Spanish / in Mandarin\)](#)
 - Includes scenarios that are relevant to both employees and also students.
- [Paid Sick Leave Under the Families First Coronavirus Response Act fact sheet](#) (in English and Spanish)