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RESTORE ILLINOIS
LICENSED DAY CARE GUIDANCE

Background and Purpose

On March 9, Governor Pritzker declared all counties in Illinois a disaster area in response to the COVID-19 pandemic. Executive Order 2020-10 called for the suspension of all licensed day care centers, day care homes, and group day care homes in order to protect the health and safety of children and staff. On March 20, 2020, the Department of Children and Family Services (DCFS) began issuing Emergency Day Care (EDC) Licenses to ensure licensed child care was available to children and families of essential workers, with an emphasis on those in health care, public health, human services, law enforcement, public safety, and first responder fields. On May 29, 2020, the Governor announced Restore Illinois, a comprehensive phased plan to safely reopen the State's economy, get people back to work, and ease social restrictions. Child care is a critical component of getting Illinois back to work. Under Phase III of Restore Illinois (Executive Order 2020-38), licensed child care may choose to reopen pursuant to certain restrictions. Beginning May 29, 2020 all licensed day care programs may resume operation and must comply with the requirements detailed in Emergency Rules 406, 407, and 408. In addition, all day care programs should follow this Restore Illinois Licensed Day Care Guidance (Guidance).

This Guidance is heavily derived from documents produced by the federal Centers for Disease Control and Prevention (CDC) and the Illinois Department of Public Health (IDPH); however, in many instances it has been supplemented or modified to better reflect the needs of Illinois child

care providers. This Guidance is intended as a supplement to the licensing standards outlined in 89 Ill. Adm. Code 406, 407, and 408. The health and safety standards herein are in conjunction with other applicable requirements in law or regulation, in the rare event that these standards conflict with other law or regulation, the more stringent requirement shall be followed.

DCFS recognizes that COVID-19 has presented significant and unexpected challenges for the child and youth-serving program community. Further, DCFS understands that the COVID-19 pandemic is an everchanging situation. This Guidance is intended to be updated frequently as Illinois moves throughout the phases of Restore Illinois, in order to provide the most up to date guidance for the child care community.

Should this Guidance be amended it will be emailed to all licensed providers and posted on the DCFS https://www2.illinois.gov/dcfs/brighterfutures/healthy/Pages/Coronavirus.aspx and Sunshine Websites https://sunshine.dcfs.illinois.gov/Content/Help/News.aspx.

Minimum Standards for Health and Safety

A. THE REOPENING PLAN

Prior to re-opening, licensed day care homes, group day care homes and day care centers should submit to their DCFS licensing representative a Reopening Plan that details how the provider intends to meet the new health and safety standards around COVID-19. This Plan should include an Enhanced Risk Management Plan (ERMP), a personal protective equipment (PPE) Operational Plan, and an Enhanced Staffing Plan. Licensed day care programs do not need to wait for approval from DCFS to open, submission of the Reopening Plan is the only requirement to resume operation. A DCFS licensing representative will contact the provider to modify plans as necessary.

1. Enhanced Risk Management Plan (ERMP) is specific to each individual home or child care center and is intended to provide written instruction to staff, parents, and visitors detailing how the program will minimize risk of transmission of COVID-19. The ERMP should include:

    a. Plan for **DAILY** health checks for **ALL** persons entering the center, including an exclusion policy for staff and children with temperatures of 100.4 degrees in Fahrenheit or higher.
        i. Providers should encourage those with symptoms or a temperature of 100.4 degrees Fahrenheit or higher to see a health care provider for evaluation.
    b. Plan regarding exterior signage limiting entrance and drop-off/pick-up procedures.
    c. Cleaning procedures throughout the day, at closing and between part-day, day care, and night shift.
    d. Communication plan regarding how the provider will inform parents, guardians, and staff of positive COVID-19 cases in the facility among licensees, staff, or children.

2. PPE Operational Plan should include:

    a. Plan to provide PPE for staff and children, including a minimum supply list and plan for replenishing.
    b. How staff are informed of access to and trained on proper use and expectations regarding PPE. See CDC website for instruction on proper PPE use. https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

3. Enhanced Staffing Plan should include assurances of adequate staffing and maximum allowable group sizes. It should also include:

    a. Plan to keep children in the same group and with the same teacher(s) throughout the entirety of each day including during meal, snack, play and rest.
    b. Affirmation that each teacher and assistant is qualified per the licensing standards under which the program operates.

B. GROUPING, RATIOS AND STAFFING

1. Group Sizes must be limited as set forth in 89 Ill. Adm. Code 406, 407, and 408, replicated in the charts below in section (B)(2). DCFS will continue to evaluate maximum allowable group sizes as Illinois proceeds through the phases of Restore Illinois.

   a. Children must remain with the same group each day while in care.
   b. Groups must not be combined at any time, including on playgrounds.
   c. Groups shall be cared for in separate rooms per licensing standards under which the program operates.

2. Required Ratios and Maximum Group Sizing. In order to provide the level of supervision required to adhere to the following health and safety requirements, the following child-to-staff ratios must always be maintained during the program day.

DAY CARE HOMES

	Minimum Staff to Child Ratio	**Maximum Group Size (Children)**
Mixed Group	1 Caregiver alone 8 children	8 children (includes the caregiver's own children under the age of 12)
Mixed Group	Caregiver and 1 Assistant 8 children plus 2 school aged children = 10 children	8 children plus 2 school aged children = 10 children (this includes caregiver's own children under the age of 12 and additional 2 children full-time-enrolled school age children)

GROUP DAY CARE HOMES

	Minimum Staff to Child Ratio	**Maximum Group Size (Children)**
Mixed Group	1 Caregiver alone 8 children	8 children (includes the caregiver's own children under the age of 12)
Mixed Group	Caregiver and Assistant 12 children	12 children (includes the caregiver's own children under the age of 12)

DAY CARE CENTERS

Ages	**Minimum Staff to Child ratio**	**Maximum Group Size (Children)**
Infant	1:4	8
Toddler	1:5	12
Two	1:8	12
Three	1:10	15
Four	1:10	15
Five	1:15	15
School Age	1:15	15

3. Staffing. Standards below are best practice and should be followed in response to the COVID-19 pandemic.

All Licensed Day Care Programs

a. The same staff should be assigned to the same group of children each day for the duration of the program session, while children are in care.
b. Licensees and staff holding first aid and CPR certification from the American Red Cross that has or will expire during Restore Illinois may utilize the online certification extension programs offered by the American Red Cross.
c. COVID-19 testing is not required of licensees or employees prior to reopening.

DAY CARE CENTERS

a. Additional qualified staff members designated as support can "float" between classrooms in order to relieve primary staff, help with cleaning, mealtime etc. as long as the support staff member washes hands, uses hand sanitizer, and changes all PPE prior to switching rooms. The additional staff member must be qualified, as set forth in 89 Ill. Adm. Code 406, 407, and 408, for the position being provided relief and use of the support staff should be documented in the Enhanced Staffing Plan.
    - Programs should consider pairing support staff to certain classroom for less cross over.
    - The Director may choose to serve as support staff in classrooms as long as the Director washes hands and uses hand sanitizer and changes all PPE between rooms.
b. Centers may choose to staff classrooms with a qualified early childhood assistant for up to 3 hours of their program day and should document such in the program's Enhanced Staffing Plan.
c. Centers should develop and maintain a list of qualified substitutes in the event staff are out sick.

SCREENING AND MONITORING CHILDREN AND STAFF

1. Daily Health Screenings should be conducted for all children, parents, guardians and visitors entering the facility. An area outdoors or in the immediate entryway of the facility should be designated for screening. Indoor screening areas should be separated from the program facility by walls or physical barriers. Outdoor screening areas should be sufficiently sheltered to allow utilization during inclement weather. In-car screening is permissible. Social distancing or physical barriers should be used to eliminate or minimize exposure risk during screening. The CDC and IDPH strongly recommend individuals with a temperature of 100.4 degrees Fahrenheit or higher be excluded from the facility.

   a. Children. Temperature checks should be conducted and recorded for each child upon arrival by utilizing social distancing practices or using barrier/partition control methods described below in section C(2) .

   b. Parents, Legal Guardians, or Other Persons Authorized for Drop-off/Pick-up. Temperature checks should be conducted and recorded for each parent, legal guardian, or authorized person upon arrival for drop-off and/or pick-up if they are entering the facility by utilizing the barrier/partition method.

   c. Staff. Staff should take their temperatures before entering the facility at the beginning of their reported work period and should maintain records for monitoring. Staff should be rechecked for fever during their work period if they begin to feel ill or experience any sign of respiratory illness.

   d. Visitors
   Visitors should not be permitted into classrooms unless necessary for the health, safety and education of children and should always be masked while inside the facility, unless they have medical conditions or disabilities that prevent use of a face covering. Visitor's temperature should be taken before entering the facility using the barrier/partition method.

2. Screening Methods

   a. Social Distancing Practice includes the following steps:

      i. Parents, guardians, and those authorized for drop-off/pick-up may be asked to take their child's temperature either before coming to the facility or upon arrival at the facility;
      ii. Staff should record temperature provided and make note that temperature was taken before coming to facility;
      iii. Staff should ask the parent/guardian to confirm that the child does not have fever, shortness of breath or cough; sore throat, vomiting, or diarrhea and
      iv. Staff should make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.

b. Barrier/Partition Method. Staff should take the following steps:

i. Stand behind a physical barrier, such as a glass or plastic window or partition that can serve to protect the staff member's face and mucous membranes from respiratory droplets produced if the child being screened sneezes, coughs, or talks;
ii. Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness;
iii. Conduct temperature screening (follow steps below); and
iv. Record temperature.

3. Temperature Checks.
   a. All staff, children, parents/guardians and visitors with a temperature of 100.4 degrees Fahrenheit or higher should not be permitted to enter the facility.
      - Providers should encourage those with symptoms or a temperature of 100.4 degrees Fahrenheit or higher to see a health care provider for evaluation.
   b. If staff uses disposable or non-contact thermometers (preferred) and does not have physical contact with the child, staff does not need to change gloves before the next check.
   c. If staff uses contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client.
   d. Staff should keep logs as documentation that temperature checks were completed.

C. ISOLATION AND DISCHARGE OF SICK CHILDREN AND STAFF

Any child or staff member suspected of having COVID-19 or diagnosed with COVID-19 shall be excluded from the facility pursuant to existing licensing standards regarding communicable disease, 89 Ill. Adm. Code 406, 407, and 408. Symptoms of COVID-19 are fever (temperature greater than 100.4F/37C), chills, sore throat, runny nose, cough, shortness of breath, muscle aches, headache, vomiting and diarrhea.

If the child or staff member is diagnosed with COVID-19, he or she is not to return to the child care facility until **ALL** three of the following are met:

- Individual is free from fever without the use of fever-reducing medications for at least 72 hours.
- Individual's symptoms, including cough, have improved.
- It has been at least 10 days since the onset of the individual's illness.

If the child or staff member has symptoms of COVID-19 and it is subsequently determined by a medical provider that the individual likely does not have a COVID-19 infection, the child or staff member can return to day care if the following is met:

- No fever for 72 hours without the use of fever reducing medications (fever is temperature greater than 100.4F/37C)
- Negative test for COVID-19 or;

- A note from a medical provider documenting no clinical suspicion of COVID-19 infection

The CDC recommends that any child or staff with close contact (within 6 feet for greater than 15 minutes) to a person suspected or diagnosed with COVID-19 be excluded from the day care for 14 days and monitored for symptoms. If symptoms develop, they are encouraged to be evaluated and tested for COVID-19.

Child care providers should develop a written communication plan (part of the ERMP) to be shared with parents, guardians and staff in the event a staff member or child in attendance tests positive for COVID-19. This plan should minimally include:

- How the program will inform parents, guardians and staff of positive COVID-19 cases in the facility;
- Identify the responsible person(s) to notify the local DCFS licensing office by phone and IDPH at 1-800-889-3931 or DPH.SICK@ILLINOIS.GOV immediately upon being informed of licensee, staff or child exposure to COVID-19 and follow-up in writing to local DCFS licensing office; and
- Specify that families are expected to immediately notify the child care center or home if someone in their home tests positive or if the child has been in close contact (within 6 feet for greater than 15 minutes) with a positive case.

Child care providers should designate a separate space with the door or a solid barrier if possible, to isolate children or staff who become sick while at the child care center. Licensing rules requires all children including those isolated for illness be supervised at all times.

If a child becomes symptomatic, immediately isolate that child from other children and minimize exposure to staff.

Licensing rules require staff members that become symptomatic while giving care cease child care duties immediately and isolate until they can leave.

D. PPE

Face Coverings (masks, face shield, cloth covering, etc.)

1. Staff. To slow the spread of COVID-19, program staff should wear a face covering while serving children and interacting with parents and families.
   a. Program staff should wear a face covering whenever 6 feet of physical distancing is not possible.
   b. Programs are encouraged to consider the use of transparent face coverings to allow for the reading of facial expressions, which is important for child development.
2. Children. When possible, and at the discretion of the parent or guardian of the child, programs should encourage wearing face coverings for children age 2 and older who can safely and appropriately wear, remove, and tolerate masks.
   a. When children can be safely kept at least 6 feet away from others, then they do not need to be encouraged to wear a face covering.

b. Face coverings are not to be worn while children are eating/drinking, sleeping, and napping. Strict and consistent physical distancing must always be practiced during these activities.
c. Face coverings need not be worn while engaging in active outdoor play as long as children are able to keep physical distance from others.
d. Children 2 years of age and older should be supervised when wearing a mask. If wearing the face covering causes the child to touch their face more frequently, staff should reconsider whether the face covering is appropriate for the child.

3. Parents/Guardians/Those Authorized for Pick-Up/Drop off should wear a face covering at all times during drop/off and pick/up and at any time when entering the facility.

4. Exceptions to Use of Face Coverings should include, but are not limited to:
   a. Children under 2 years old;
   b. Children who cannot safely and appropriately wear, remove, and tolerate face coverings;
   c. Children who have difficulty breathing with the face covering or who are unconscious, incapacitated, or otherwise unable to remove the cover without assistance;
   d. Children with severe cognitive or respiratory impairments that have a hard time tolerating a face covering;
   e. Children for whom the only option for a face covering presents a potential choking or strangulation hazard;
   f. Children who, due to a behavioral health diagnosis or an intellectual impairment, are unable to wear a face covering safely; and
   g. Individuals who need to communicate with people who rely upon lip-reading.
   h. Individuals who have medical conditions or disabilities that prevent use of a face covering.

E. HYGENE AND HEALTH PRACTICES

During nap/sleep time, children's cots or cribs should be separated by either 6 feet or a non-permeable barrier to separate napping children. The barrier must be one that has been commercially produced for this purpose and should not impede the staff's ability to supervise the children during nap time. Consider placing children head to toe in order to further reduce the potential for viral spread.

Consider staggering arrival and drop off times and/or have child care providers come outside the facility to pick up the children as they arrive.

Use of shared waterplay, including pools, should be postponed at this time. Sprinklers are permissible as long as children practice social distancing.

Children and staff should wash their hands before and after playground use. Playground toys (e.g., balls, etc.) should not be shared between classrooms.

F. ENHANCED CLEANING AND SANITATION PROCEDURES

1) Child care programs should clean and sanitize regularly throughout the day. All high touch surfaces including, but not limited to, doorknobs, toilet flush handles and sink handles should be cleaned every two hours, and computer components and telephones should be wiped down before each use.
2) All rooms should be cleaned and sanitized between use by different groups and between day care and night care shifts.
3) No soft or plush toys shall be permitted.

G. EMERGENCY DAY CARE CENTERS (EDC)

Those programs licensed as an Emergency Day Care Program between March 21, 2020 and May 29, 2020 that do not otherwise hold a day care permit or license are permitted to continue operation under those provisions until the expiration date on the license. Emergency Day Care Programs should comply with all guidance issued to child care programs by DCFS.

Staff qualified to work as Early Childhood Teachers in an EDC and who served in the role from March -May 2020 can continue to work as an Early Childhood Teacher through July 31, 2020, at the same program which has since reverted to their normal day care license.

H. LICENSE EXEMPT FACILITIES

Programs that had previously been approved for day care licensing exemptions and those that now seek exemptions have been and will be approved strictly as an exemption from DCFS licensure. This exemption does not exempt the program from any operational provisions, Governor's Executive Orders, or IDPH or CDC guidelines. The license-exempt facilities are strongly encouraged to follow all DCFS, IDPH and CDC guidelines.

This section applies to exemptions granted under any portions of the Child Care Act of 1969.

I. CONSIDERATIONS FOR FUTURE PHASES

DCFS understands that these new health and safety standards limit providers ability to operate normally and appreciate the continued commitment to the health and safety of children. It is critical that health and safety protocols are in alignment with the latest guidance from public health experts and informed by data. Prior to any changes in Guidance or rule, DCFS will evaluate recommendations of the CDC and IDPH to ensure a safe transition to lessened restrictions.