



## **RESTORE ILLINOIS LICENSED DAY CARE GUIDANCE & License Exempt School-Age 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 IV of Restore Illinois, 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. P.G. 2020.15, released October 19<sup>th</sup> increased group size. 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. Recognizing regional differences of the impact of COVID-19 exist around the State, DCFS strongly recommends child care providers follow guidance issued by the federal Centers for Disease Control (CDC), Illinois Department of Public Health (IDPH), **and** consult the local health department for COVID related guidance. 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.dcf.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 COVID19. 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.
    - Providers should encourage those with symptoms or fever of  $\geq 100.4$  F or  $\geq 38$  C 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

	<b>Minimum Staff to Child Ratio</b>	<b>Day Care Maximum Capacity</b>
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	8 children plus 4 school aged children = 12 children (this includes caregiver's own children under the age of 12)

GROUP DAY CARE HOMES

	<b>Minimum Staff to Child Ratio</b>	<b>Day Care Maximum Capacity</b>
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 plus 4 school aged children = 16 children (this includes caregiver's own children under the age of 12)

## DAY CARE CENTERS

Age	Minimum Staff to Child ratio	Maximum Group Size (Children)
Infant	1:4	12
Toddler	1:5	15
Two	1:8	16
Three	1:10	20
Four	1:10	20
Five	1:20	20
School Age	1:20	30

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. **Early Childhood Assistant/School Age Worker COVID 19 Temporary Early Childhood Teacher Assignment**

In the event of a documented COVID-19 positive test and/or exposure of an Early Childhood Teacher/School Age Worker (lead teacher), that requires the staff to isolate (in the case of a positive test) or quarantine (in the case of an exposure) in accordance with public health guidelines<sup>1</sup>, the assigned Early Childhood Assistant/School Age Assistant for that classroom may serve as the Early Childhood Teacher/School Age Worker (lead teacher), for a time frame not to exceed 14 days, to ensure children and families receive continuity of service. The utilization of an Early Childhood Assistant/School Age Assistant in this capacity, cannot exceed 25% of staffing personnel. Ongoing, on-site supervision will be provided by the Director of the Licensed Day Care Center, and mentoring/coaching by an Early Childhood Teacher/School Age Worker qualified-mentor. The Day Care Center Director or designee will make notification of a positive COVID-19 test or exposure as follows:

<sup>1</sup> CDC guidance (dated Dec. 2, 2020) allows quarantine for 7 or 10 days: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

- i. Report the positive COVID-19 test or exposure to IDPH;
  - ii. Report the positive COVID-19 test or exposure to the Day Care Licensing Representative;
  - iii. Notify parents/guardians of the positive COVID-19 test or exposure; and
  - iv. The Early Childhood Assistant/School Age Assistant will acknowledge in writing, acceptance of a temporary Early Childhood Teacher/School Age Worker (lead teacher) assignment and the Day Care Center Director or designee will send a copy of this acknowledgement to the Licensing Representative.
- b. The Day Care Center Director or designee will:
- i. Post written notice outside each day care room if that the room is temporarily being led by an Early Childhood Assistant/School Age Assistant serving in a temporary Early Childhood Teacher/School Age Worker (lead teacher) assignment; and;
  - ii. Keep a log of each day care room that is being serviced by an Early Childhood Assistant/School Age Assistant in the temporary lead position, that includes the classroom, staff names and dates of temporary assignment. This log will be accessible to licensing upon request and a copy kept in the staff personnel file.
- c. 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.
- i. Programs should consider pairing support staff to certain classroom for less cross over.
  - ii. 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.
- d. 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.
- e. Centers should develop and maintain a list of qualified substitutes in the event staff are out sick.

## C. 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 fever of  $\geq 100.4$  F or  $\geq 38$  C 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 fever of  $\geq 100.4$  F or  $\geq 38$  C should not be permitted to enter the facility.
  - Providers should encourage those with symptoms or fever of  $\geq 100.4$  F or  $\geq 38$  C 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.

**D. ISOLATION AND DISCHARGE OF SICK CHILDREN AND STAFF**

Please refer to The Illinois Department of Public Health issued **Public Health Interim Guidance for Pre-K-12 Schools and Day Care Programs for Addressing COVID-19.**

**E. PPE FACE COVERINGS (masks, cloth covering, etc.)**

The following emergency rule, 77 Illinois Administrative Code 690.50, was adopted by the Department of Public Health (DPH) in response to Governor JB Pritzker's Gubernatorial Disaster Proclamations and Executive Orders related to COVID-19, and in accordance with 20 ILCS 2310/15. This rule became effective upon filing with the Secretary of State on August 7, 2020 and will remain in place for a maximum of 150 days.

This rule, in part, provides:

*Day cares, including daycare centers, day care homes, and group daycare homes licensed by the Department of Children & Family Services (DCFS) and day care centers that are exempt from licensure, shall require students, employees, and other individuals who are over age two and able to medically tolerate a face covering to cover their nose and mouth with a face covering when on premises. Day cares may permit face coverings to be removed while eating or drinking, when individuals are outdoors and social distance is maintained, while playing a musical instrument if necessary, and, for staff, while using a face shield when necessary to allow for facial visualization during instruction and communication.*

*Pursuant to 20 ILCS 2305/2(a), all local boards of health, health authorities and officers, police officers, sheriffs, and all other officers and employees of the State or any locality, including the DPH and certified local health departments under 20 ILCS 2310/15, (“enforcing entities”), shall enforce the rules and regulations so adopted and orders issued by the Department.*

*Enforcing entities may give a written notice of non-compliance and a reasonable opportunity (no less than the next business day) to cure to a day care that fails to comply with the above. The enforcing entity shall notify the following entities after issuing a written notice of non-compliance to the daycare: the certified local health department, the local board of health or health authorities (if enforcing entity is other than the local board of health or health authorities) or DCFS, as appropriate. Upon receipt of a notice of non-compliance, a day care must notify parents in writing that a notice of non-compliance was issued and disclose its plan to comply.*

Should any day care center, day care home, group day care home or program exempt from DCFS licensure have further questions they should contact their local health department or DPH at: [DPH.SICK@ILLINOIS.GOV](mailto:DPH.SICK@ILLINOIS.GOV)

## **F. HYGIENE 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.

## **G. 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.

## **H. LICENSE EXEMPT FACILITIES**

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

License exempt programs providing services for school age children may operate during remote learning days as determined by their local school district. No license exempt program shall serve a school age child during the school day if that child is enrolled in a school district that is requiring physical attendance on that day. DCFS and DPH recommend that license-exempt programs follow the guidance contained within this document.

## **I. GROUP/POD LEARNING QUESTIONS**

During this pandemic, many families are exploring learning pods or group learning settings and may be bringing children to a home or multiple homes with a tutor or parent in an effort to oversee or enhance remote learning. By definition, under the Child Care Act, a day care home includes “family homes which receive more than 3 up to a maximum of 12 children for less than 24 hours per day.” 225 ILCS 10/2.18. The limitation of 3 children in the home includes one’s own children.

DCFS encourages anyone who plans to provide care covered by the Child Care Act to become licensed through the Department. This can be done by contacting 1(877)746-0829 or visiting our website <https://sunshine.dcf.illinois.gov/Content/Licensing/Welcome.aspx>. Please note: a family that is eligible for the Child Care Assistance Program may only use their CCAP certificate in a setting that is either exempt from licensure (e.g., a day care home that receives 3 or fewer children) or one that is licensed by the Department.

DCFS strongly encourages learning pods/groups to follow the important health and safety guidance outlined in the document.

## **J. 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.

