

While many child care homes and centers have been open and providing emergency care to the children of essential workers during the COVID-19 public health crisis under an emergency license obtained through DCFS, the majority of licensed child care programs have been closed during Phases 1 and 2 of the [Restore Illinois Plan](#). Starting in Phase 3 and continuing through Phase 4, child care providers are encouraged to reopen subject to guidance from the Illinois Department of Public Health to serve the many families who will be returning to work.

Illinois' Day Care Licensing regulations are designed to keep children healthy and safe and to support their learning and development in family child care homes and centers. Strong infection control policies are not new to child care, but the current pandemic requires many new procedures and policies pursuant to guidance from public health experts to protect the health of children, staff, and their families. In addition, limiting the spread of COVID-19 requires continued social distancing, which means that children and staff need to be in stable groups that are smaller than those normally permitted.

To date, Illinois has not seen significant transmission of COVID-19 in child care settings, which is encouraging evidence that child care can be provided safely. Public health experts emphasize, however, that there is much we still do not know about this new virus, how it spreads, and what effects it has on children. Therefore, Illinois is implementing a cautious approach that appropriately balances the need to greatly expand child care with the need for prudent restrictions that lessen the risk of spreading the coronavirus. Recognizing children's need for quality early learning experiences, providers will be expected to resume compliance with all licensing standards related to curriculum, learning environment, and staff qualifications.

This document provides an overview of the requirements and recommended practices for child care programs in Phases 3 and 4 of the Restore Illinois Plan. Additional details and guidance materials will be forthcoming to support programs as they plan to reopen or transition back from emergency care to their regular license.

*Guidance Issued May 22, 2020*

## A Gradual Approach for Reopening Child Care

A gradual approach has been developed in order to reopen child care programs in a prudent, safe way that recognizes the complex new health, safety, and social distancing practices that providers will need to implement.

Child care programs that have been providing emergency care using an emergency license obtained from DCFS during Phases 1 and 2 of Restore Illinois will be allowed to operate under their non-emergency license, if they have one, and expand capacity as their region enters Phase 3.

Child care programs that have been closed and will reopen in Phase 3 or 4 must develop a Reopening Plan that ensures they have revised operational and preparedness policies in place before opening. These newly reopened programs are required to operate at a reduced capacity for the first 4 weeks to support successful implementation of the heightened health and safety standards. After the initial 4 weeks, they may expand their capacity in accordance with the new group size limits that will remain in force throughout Phases 3 and 4 of Restore Illinois. In Phases 3 and 4, the use of child care centers and child care homes will no longer be restricted to children of essential workers.

### KEY POLICIES FOR ALL LICENSED CHILD CARE CENTERS AND HOMES IN PHASES 3 & 4

All licensed child care programs that reopen or continue operation in Phases 3 and 4 must:

- Follow all DCFS licensing rules, including new limits on group sizes (see below)
- Follow all CDC and IDPH guidelines for child care programs
- For child care programs that were closed during Phases 1 and 2, before reopening, develop and submit to DCFS a Reopening Plan that includes preparations for:
  - How to isolate children or staff who become sick
  - How to ensure substitutes are available in the event staff members become sick
  - What to do if a child or staff member tests positive for COVID-19, including:
    - Policy for reporting all positive cases to DCFS
    - Plan for reporting incidences of exposure to staff and families while maintaining privacy
    - Plan for a designated staff person to assist the local health department with contact tracing and monitoring of absenteeism among children and staff
    - Plan for working with the local health department to determine the need for facility closure
  - *Guidance to support programs in the development of this plan will be issued soon*
- Perform daily health checks for all children, caregivers, staff, and visitors including:
  - Symptom checks – persons who display signs of illness must not enter the facility
  - Temperature checks – persons with a fever of 100.4° or above must not be admitted
- Frequently sanitize all high-touch surfaces as recommended in CDC guidance
- Require face coverings:
  - In hallways and when entering/exiting the facility for all persons over age 2
  - In classrooms for children over age 2 to the extent practicable
  - In classrooms for staff (masks or face shields)
  - During outdoor play, face coverings for children and staff are optional
- Require physical examinations for children and staff as per licensing guidelines
  - A 60-day grace period will be allowed for obtaining documentation of physicals (30 days for new staff)

## SPECIFIC REQUIREMENTS FOR CHILD CARE HOMES IN PHASES 3 & 4

- *Licensed-exempt homes* must return to their pre-COVID-19 group size limits
  - No more than 3 unrelated children will be permitted at one time
- *Licensed homes* may reopen at the start of Phase 3
  - Before opening, programs must submit to DCFS a Reopening Plan that will include operational and preparedness components
  - Capacity will be limited to the smaller of the program's licensed capacity or 10 children
  - Group day care homes must be able to keep children in separate groups of 10 or fewer children, up to their licensed capacity
- In order to reopen, *all child care homes* must:
  - Maintain stable groups of children each day
  - Be able to provide sleeping spaces separated by 6 feet

## SPECIFIC REQUIREMENTS FOR CHILD CARE CENTERS IN PHASES 3 & 4

- For the first 4 weeks of operation, centers must operate with reduced group sizes
  - Limited per room to serving 8 infants, 10 children in all other age groups
  - *Emergency Day Care Centers* licensed with an emergency license during Phases 1 and 2 that have been open for at least 4 weeks have already met this requirement
- Before expanding enrollment, programs must:
  - Review their Reopening Plan with their DCFS Licensing Representative
  - Have at least 50 square feet per child 2 years and older
  - Add a minimum of 4 square feet—beyond regular licensing requirements—of sleeping space per child for infants and toddlers to ensure cribs and cots can be placed 6 feet apart
- The expanded group size limit per room for Phases 3 and 4 are as follows:
  - 8 infants, 12 toddlers, 12 two-year-olds, 15 children ages 3-5
  - 15 school-aged children (limited to 10 children in programs with changing participants week-by-week)
- Ratios will remain the same as per licensing regulations

## Key Additional Policies for Centers in Phases 3 & 4 of the Restore Illinois Plan

- Child care programs must maintain stable groups of children at all times
- Staff must be limited to working with one group of children
  - A "floating" staff member is permitted between no more than 2 rooms if smocks/overgarments are changed between rooms
  - Qualified substitutes are allowed for days that staff are out sick/on vacation
- Programs should staff for at least 2 adults per classroom if possible
  - One staff person per room is permissible at the start/end of day as long as ratios are met
- Playgrounds must be used by one group of children at a time per defined area; no mixing of groups
  - Must allow time between groups using outdoor play structures, or sanitize between groups
  - Assign playground toys to classrooms to the extent possible
- Children and staff should change shoes upon arrival or use shoecovers while indoors