



RESTORE ILLINOIS LICENSED DAY CARE GUIDANCE & License Exempt School-Age Guidance

Background and Purpose

On March 9, 2020, Governor Pritzker declared all counties in Illinois a disaster area in response to the COVID-19 pandemic. 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. Illinois has now entered Phase V of Restore Illinois. On August 4, 2021, Governor Pritzker issued [Executive Order 2021-18](#)¹ requiring all day care facilities in Illinois to follow the joint guidance issued by Illinois Department of Children and Family Services (DCFS) and Illinois Department of Public Health (IDPH) and take proactive measures to ensure the safety of children, staff, and visitors, including, but not limited to:

- Requiring the indoor use of face coverings by children, staff, and visitors who are two and older and able to medically tolerate a face covering, regardless of vaccination status, consistent with CDC guidance; and
- Implementing other layered prevention strategies (such as physical distancing, screening testing, ventilation, handwashing, and respiratory etiquette, advising individuals to stay home when sick and get tested, contact tracing in combination with

¹ <https://www2.illinois.gov/government/executive-orders>; <https://coronavirus.illinois.gov/resources/executive-orders/display.executive-order-number-18.html>

appropriate quarantine isolation, and cleaning and disinfection) to the greatest extent possible and taking into consideration factors such as community transmission, vaccination coverage, screening testing, and occurrence of outbreaks, consistent with CDC guidance.

Day care facilities include all licensed day care centers, day care homes, group day care homes and license-exempt facilities.

This Guidance is heavily derived from documents provided by the federal Centers for Disease Control and Prevention ([CDC](#)), the Illinois Department of Public Health ([IDPH](#)) and DCFS administrative rules; however, as necessary it has been supplemented or modified to better reflect the needs of Illinois child care providers. Child care providers are required to comply with Executive Order 2021-18 and strongly encouraged to follow all federal CDC 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>

Governor's Executive Order 2021-18 can be accessed at <https://www2.illinois.gov/government/executive-orders> or <https://coronavirus.illinois.gov/resources/executive-orders/display.executive-order-number-18.html>.

Current CDC recommendations regarding COVID-19 vaccination can be accessed at <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/child-care-guidance.html#promoting-vaccination>.

Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. People who are fully vaccinated against COVID-19 are at low risk of symptomatic or severe infection. A [growing body of evidence](#) suggests that people who are fully vaccinated against COVID-19 are less likely to have an asymptomatic infection or transmit COVID-19 to others than people who are not fully vaccinated. In most settings, people who are [fully vaccinated](#) and do not have compromised immune systems can safely resume activities they did before the pandemic, except where prevention measures are required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance.

People 12 years and older are now eligible for COVID-19 vaccination, but most ECE programs serve children under 12 years old. ECE programs can promote vaccination among staff and families, including pregnant women, by providing information about COVID-19 vaccination, encouraging vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible.

When promoting COVID-19 vaccination, consider that certain communities and groups have been disproportionately affected by COVID-19 illness and severe outcomes, and some communities might have experiences that affect their trust and confidence in the healthcare system. Teachers, staff, and families may differ in their level of vaccine confidence. ECE administrators can adjust their messages to the needs of their families and community and involve trusted community messengers as appropriate, including those on social media, to promote COVID-19 vaccination among people who may be hesitant to receive it.

New CDC resources are available to provide information about this directive:

- The COVID-19 Vaccines for Teachers, School Staff, and Childcare Workers webpage provides school and childcare staff with the latest information about where and how to schedule an appointment.
- The COVID-19 Vaccine Toolkit for Staff in School Settings and Childcare Programs provides schools and childcare programs with ready-made materials they can use to communicate with staff about COVID-19 vaccination.

Illinois is currently accepting applications for COVID-19 vaccine clinics to improve equity of vaccine distribution. To learn more or submit an application to host a clinic in your community, visit <https://dph.illinois.gov/covid19/vaccinationclinics>.

Even after child care providers and staff are vaccinated, there will be a need to continue prevention measures for the foreseeable future including wearing masks, physical distancing and other important prevention strategies outlined in this guidance document.

Minimum Standards for Health and Safety

A. COVID-19 MITIGATION PLAN

Each day care facility should maintain a COVID-19 Mitigation Plan (also known as Reopening Plan), that details how the provider intends to meet 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. A DCFS licensing representative may contact a day care provider to modify plans as necessary. Day care facilities should communicate their strategies and any changes in plans to staff and families, and directly to older children, using accessible materials and communication channels, in a language and at a literacy level that staff, families, and children understand. Day care facilities are encouraged to provide interior and exterior signage to remind staff, families and visitors of masking requirements.

1. Enhanced Risk Management Plan (ERMP) is specific to each individual day care 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** self-certified symptom screenings.
 - b. Plan regarding drop-off/pick-up procedures.
 - c. Communication plan regarding how the provider will inform parents, guardians, and staff of COVID-19 positive cases and/or exposures at the facility
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 along with:
 - a. Plan regarding grouping of children 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*

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). Groups shall be cared for in separate rooms per licensing standards under which the program operates.

IDPH and DCFS highly recommend that all owners, directors, staff, contractors, parents and eligible siblings receive the COVID-19 vaccination. Increasing the number of vaccinated individuals in a community greatly reduces the risk of COVID-19 transmission and quarantining, especially considering those who, like children in day care, are not eligible to be vaccinated as of the date of this guidance. When considering whether and/or how to combine groups of children, please consider the following:

- a. **Lowest Risk of COVID-19 Transmission**
The lowest risk of COVID-19 transmission is when groups of children are not combined, and staff do not move between the groups of children.
- b. **Slightly Higher Risk of COVID-19 Transmission**
There is slightly higher risk of COVID-19 transmission when fully vaccinated staff move between groups of children. Vaccinated staff limit the amount of transmission and promote continued care while reducing the risk of having to close the entire facility in the event of a COVID-19 outbreak because fully vaccinated adults do not have to quarantine if they are a close contact, except in limited circumstances.
- c. **Highest Risk of COVID-19 Transmission**
The highest risk of COVID-19 transmission is when groups of children are combined at the beginning and end of the day and staff are not vaccinated. In such circumstances, in the event of a COVID-19 outbreak, a facility is at significant risk of having to close multiple rooms and maintain operations with fewer staff.

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 HOMES²

	Minimum Staff to Child Ratio	Day Care Maximum Capacity
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 HOMES³

	Minimum Staff to Child Ratio	Day Care Maximum Capacity
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 CENTERS⁴

Ages	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

² 89 Ill. Adm. Code 406.13

³ 89 Ill. Adm. Code 408.65

⁴ 89 Ill. Adm. Code 407.190

3. *Staffing*

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

All Licensed Day Care Programs

Unvaccinated staff should be assigned to the same group of children each day for the duration of the program session.

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 CDC and local health department direction⁵, 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:

- 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.

⁵ CDC guidance (updated July 29, 2021) allows quarantine for 7 or 10 days:

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>. Local health departments must authorize early release from quarantine according to the IDPH Decision Tree for Symptomatic Individuals: <https://www.isbe.net/Documents/IDPH-COVID19-Exclusion-Decison-Tree.pdf> and <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>

- b. The Day Care Center Director or designee will:
 - i. Post written notice outside each day care room if 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 vaccinated 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 vaccinated support staff to certain classrooms for less cross over.
- 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. *Tracking System*

Day care providers should institute a tracking process to maintain ongoing monitoring of individuals excluded from care because they have COVID-19-like symptoms, have been diagnosed with COVID-19, or have been exposed to someone with COVID-19 and are in quarantine.

2. *Symptom Screenings*

Day care providers should require self-certification and verification for all staff, children, and visitors prior to entering the day care. **IDPH and the CDC no longer recommend screenings upon arrival.**⁶

Individuals who exhibit or self-report a temperature greater than 100.4 degrees Fahrenheit/38 degrees Celsius or currently have known symptoms of COVID-19, such as fever, cough, shortness of breath or difficulty breathing, chills, fatigue, muscle and body aches, headache, sore throat, new loss of taste or smell, vomiting, or diarrhea, may not enter day care facilities. These individuals should be referred to a medical provider for evaluation, treatment, and information about when they can return to the day care facility.

3. *Visitors*

Visitors must wear a face covering while inside the facility, unless they are not able to medically tolerate a face covering. In such situations where a visitor is not able to medically tolerate a face covering, strict social distancing shall be observed.

4. *Close Contacts*

The local health department will assess exposures and determine which individual(s) will be placed in quarantine and for how long due to close contact with a COVID-19 positive case. A close contact is anyone (with or without a face mask) who was within 6 feet of a confirmed case of COVID-19 (with or without a face mask) for a cumulative total of 15 minutes or more over a 24-hour period during the infectious period. Repeated exposures result in an increased amount of time of exposure; the longer a person is exposed to an infected person, the higher the risk of exposure/transmission. An infected person's period of infectiousness begins two calendar days before the onset of symptoms (for a symptomatic person) or two calendar days before the positive sample was obtained (for an asymptomatic person) and continues until they meet criteria for discontinuing home isolation. If the case was symptomatic (e.g., coughing, sneezing), persons with briefer periods of exposure may also be considered contacts. Persons who have had lab-confirmed

⁶ See the [CDC's Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/symptom-screening.html#limitations) for rationale regarding this decision.

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/symptom-screening.html#limitations> (see "COVID-19 symptom screening limitations in children and adolescents")

COVID-19 within the past 90 days prior to exposure, or those fully vaccinated and do not have COVID-19 symptoms, according to CDC guidelines, are not required to quarantine or get tested if identified as a close contact to a confirmed case.

5. ***COVID-19 Testing***

Viral testing strategies are increasingly becoming an important part of a comprehensive mitigation approach. Testing is most helpful in identifying new cases to prevent outbreaks, reduce risk of further transmission, and protect students and staff from COVID-19.

The following resources <https://www.isbe.net/Documents/IDPH-COVID19-Exclusion-Decison-Tree.pdf> and <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html> should be used to guide testing approaches of symptomatic staff or students and need for use of a polymerase chain reaction test for confirmation. Day care facilities are encouraged to contact their local health department to help arrange testing of a student or staff member if necessary.

D. ISOLATION AND DISCHARGE OF SICK CHILDREN AND STAFF

Please refer to [Public Health Interim Guidance for Pre-K-12 Schools and Day Care Programs for Addressing COVID-19](#) issued by the Illinois Department of Public Health.

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

Per Executive Order 2021-18, day cares, including day care centers, day care homes, and group day care homes licensed by the DCFS and those that are exempt from licensure, shall require the indoor use of face coverings by children, staff, and visitors who are two and older and able to medically tolerate a face covering, regardless of their vaccination status, consistent with CDC guidance. Day cares may permit face coverings to be removed while eating, drinking, or sleeping; when individuals are outdoors; while playing a musical instrument if necessary; and, for staff, when alone in classrooms or offices with the door closed. To facilitate learning and social emotional development, consider having staff wear a clear or cloth mask with a clear panel when interacting with young children, children learning to read, or when interacting with people who rely on reading lips.

Particularly in areas of substantial to high transmission as defined by the CDC, day cares should encourage staff and children who are not fully vaccinated to wear a mask outdoors when in crowded settings or during activities that involve sustained close contact with other people who are not fully vaccinated. To find out if your day care facility is in an area of substantial to high transmission please visit the [CDC](#) or [IDPH website](#) for county level transmission.

This information will be updated as the State continues progressing through the Restore Illinois stages and COVID-19 vaccine is authorized and recommended for younger children. 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 IDPH at: 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.

Outdoor/indoor waterplay may resume. Providers should follow IDPH and CDC guidance, which outline appropriate mitigation efforts including masking (when appropriate – masks should not be worn during waterplay or other activities that could get masks wet) and 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) Day care facilities should follow regular hand washing and sanitation procedures outlined in 89 Ill. Adm. Code 406, 407, and 408.
- 2) All rooms should be cleaned and sanitized between use by different groups and between day care and night care shifts.

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 must 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. License-exempt programs must follow the guidance contained within this document, including the directive in Executive Order 2021-18 requiring indoor use of face coverings by children, staff, and visitors who are two and older and able to medically tolerate a face covering, regardless of vaccination status, consistent with CDC guidance.

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.dcfs.illinois.gov/Content/Licensing/Welcome.aspx>. Please note that a family which 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 evolving 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.

