



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

Purpose

Schools and early care and education (“ECE”) / child care programs are an important part of the infrastructure of communities. They provide safe, supportive learning environments for children and adolescents; employ teachers and other staff; enable parents, guardians, and caregivers to work; and some provide critical services, including school meal programs and social, physical, behavioral, and mental health services. ECE programs serve many children who are not yet eligible for vaccination. DCFS recognizes that COVID-19 has presented significant and unexpected challenges for children, parents and youth-serving program community. Therefore, this guidance emphasizes using multiple prevention strategies together to protect people, including vaccination of staff, families, and eligible children. The guidance is intended to help programs and local health officials select appropriate, layered prevention strategies and to provide up-to-date information regarding safety and health measures for day care settings based on the current recommendations from the Center for Disease Control and Prevention (“CDC”) and the Illinois Department of Public Health (“IDPH”)¹

¹ COVID-19 Guidance for Operating Early Care and Education/Child Care Programs, Updated January 28, 2022, <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/child-care-guidance.html>

Recommended Prevention Strategies include:

- [Promoting vaccination](#)
- [Consistent and correct mask use](#)
- [Physical distancing and cohorting](#)
- [Screening Testing for COVID-19](#)
- [Ventilation](#)
- [Staying home when sick \(isolating\) and getting tested](#)
- [Contact tracing in combination with quarantine](#)
- [Cleaning and disinfecting](#)

Executive Order 2021-28

The Executive Order 2021-28² which was issued by Governor Pritzker on October 22, 2021, and amended and revised in Executive Order 2021-30³ on November 12, 2021, remains in effect and all licensed or licensed-exempt day care facilities are required to comply with its mandates.

I. Who Must be Vaccinated or Undergo COVID-19 Testing.

All Licensed Day Care Center Workers must have

- at a minimum, the first dose of a two-dose COVID-19 vaccine series or a single-dose COVID-19 vaccine by December 3, 2021, and
- the second dose of a two-dose COVID-19 vaccine series by January 3, 2022.

Beginning December 3, 2021, to enter or work at or for a Licensed Day Care Center, Licensed Day Care Center Workers who have not been fully vaccinated against COVID-19 must undergo testing for COVID-19 until they establish that they are fully vaccinated against COVID-19. Any Licensed Day Care Center Workers who have not established that they are fully vaccinated against COVID-19 must be tested consistent with the testing requirements listed below.

“Licensed Day Care Center” is a child care facility which regularly provides child care for less than 24 hours per day for more than 3 children, aged 0-12 in a facility other than a family home that is licensed by the Department of Children and Family Services. Licensed Day Care Center does not include any State-owned or operated facility.

“Licensed Day Care Center Worker” means any person who

- performs services within, is employed by, volunteers for, or is contracted to provide services for a Licensed Day Care Center, or is employed by an entity that is contracted to provided services to a Licensed Day Care Center, and
- is in close contact (fewer than 6 feet) with other persons in the Center for more than 15 minutes at least once a week on a regular basis as determined by the Licensed Day Care Center.

“Licensed Day Care Center Worker” does not include any person who is

- present at the Licensed Day Care Center for only a short period of time and whose moments of close physical proximity to others on site are fleeting (e.g., contractors making deliveries to a site where they remain physically distance from others or briefly entering a site to pick up or drop off a shipment).

² <https://www.illinois.gov/government/executive-orders/executive-order.executive-order-number-28.2021.html#:~:text=Beginning%20December%202021%2C%20to,fully%20vaccinated%20against%20COVID%2D19.>

³ <https://www.illinois.gov/government/executive-orders/executive-order.executive-order-number-30.2021.html>

An individual is “fully vaccinated against COVID-19” two weeks after receiving the second dose in a two-dose series of a COVID-19 vaccine authorized for emergency use, licensed, or otherwise approved by the U.S. Food and Drug Administration (FDA), or two weeks after receiving a single-dose COVID-19 vaccine authorized for emergency use, licensed, or otherwise approved by the FDA.

II. Proof of Vaccination.

To establish that they are fully vaccinated against COVID-19, Licensed Day Care Center Workers must provide proof of full vaccination against COVID-19 to the Licensed Day Care Center. Proof of COVID-19 vaccination may be met by providing one of the following:

- a CDC COVID-19 Vaccination Record Card or photograph of the card;
- documentation of vaccination from a health care provider or electronic health record; or
- state immunization records.

III. Record Keeping.

Licensed Day Care Centers shall maintain records regarding proof of vaccination status of all Licensed Day Care Workers who are employed by, volunteer for, perform services within or are contracted to provide services for the Center. Licensed Day Care Centers shall also maintain records regarding proof of, at minimum, weekly COVID-19 testing compliance of all Licensed Day Care Workers who are not vaccinated and who are employed by, perform services within, or volunteer for the Center. For Licensed Day Care Workers who are contracted to provide services for a Licensed Day Care Center or are employed by an entity that is contracted to provide services to a Licensed Day Care Center, the employing entity is required to maintain records regarding proof of vaccination and weekly testing. Such records must be made available to the Licensed Day Center upon request.

IV. Access to Premises of Day Care Centers.

Beginning December 3, 2021, Licensed Day Care Centers shall exclude Licensed Day Care Center Workers who are not fully vaccinated against COVID-19 from the premises unless they comply with the testing requirements specified below.

Licensed Day Care Centers may permit Licensed Day Care Center Workers to be present on premises while they are awaiting the results of a weekly COVID-19 test required by this Executive Order as long as they do not have any symptoms of COVID-19 that warrant exclusion until a test result is received.

V. Testing Requirements.

Licensed Day Care Center Workers who are not fully vaccinated against COVID-19 must be tested for COVID-19 weekly, at a minimum.

- The testing must be done using a test that either has Emergency Use Authorization by the FDA or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services.
- The Licensed Day Care Center Worker must provide proof or confirmation of a negative test result to the Licensed Day Care Center
- IDPH recommends that Day Care Centers Workers be tested using a Polymerase Chain Reaction (“PCR”) test if available.

VI. Exemption from Vaccination Requirement.

Individuals are exempt from any requirement to be fully vaccinated against COVID-19 if:

- vaccination is medically contraindicated, including any individual who is entitled to an accommodation under the Americans with Disabilities Act or any other law applicable to a disability-related reasonable accommodation, or
- vaccination would require the individual to violate or forgo a sincerely held religious belief, practice, or observance.

Individuals who demonstrate they are exempt from the vaccination requirement shall undergo, at a minimum, weekly testing as provided for above.

Executive Order 2021-18

The Executive Order 2021-18 which was issued by Governor Pritzker on August 4, 2021, remains in effect and all licensed or licensed-exempt day care facilities are required to comply with its mandates.

Executive Order 2021-18⁴ requires 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 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.

⁴ <https://www2.illinois.gov/government/executive-orders>; <https://coronavirus.illinois.gov/resources/executive-orders/display.executive-order-number-18.html>

General Information and Resources

- A. 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 Orders 2021-28 / 2021-30 and 2021-18 and are 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 these standards conflict with other law or regulation, the more stringent requirement shall be followed.
- B. This Guidance is intended to be updated frequently as the COVID-19 pandemic is an everchanging situation.
- C. 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>
- D. Governor’s Executive Orders 2021-28, 2021-30 and 2021-18 can be accessed at <https://www2.illinois.gov/government/executive-orders>, <https://www.illinois.gov/government/executive-orders/executive-order-executive-order-number-30.2021.html>, or <https://coronavirus.illinois.gov/resources/executive-orders.html>.
- E. Current CDC recommendations regarding COVID-19 vaccination can be accessed at
1. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fvaccines%2Ffully-vaccinated.html
 2. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fvaccines%2Fkeythingstoknow.html
- F. Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. People who are [up to date](#) with COVID-19 vaccinations are at low risk of symptomatic or severe infection. A [growing body of evidence](#) suggests that people who are [Up to date](#) means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible. with COVID-19 vaccinations are less likely to have an asymptomatic infection or transmit COVID-19 to others than people who are not vaccinated.

- G. Persons age 5 years and older are now eligible for COVID-19 vaccination,⁵ but most early care and education (“ECE”) / child care programs / day care settings serve children birth to 12 years old. CDC guidance emphasizes using multiple COVID-19 prevention strategies together to protect children and adults in day care settings. Day care settings 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.
- H. 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.
- I. 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>.
- J. 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.

⁵ Stay [up to date](#) with your vaccines. Updated Jan. 16, 2022, https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fvaccines%2Fkeythingstoknow.html.

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.⁶
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.

⁶ a. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

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. 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, guardians and eligible siblings receive the COVID-19 vaccination, whether or not they are subject to the requirements of Executive Order 2021-28 / 2021-30. 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 under the age of 5 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 staff who are [up to date](#) with COVID-19 vaccinations 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 adults [up to date](#) with COVID-19 vaccinations 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 HOMES⁷

	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 HOMES⁸

	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 CENTERS⁹

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

⁷ 89 Ill. Adm. Code 406.13

⁸ 89 Ill. Adm. Code 408.65

⁹ 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 direction¹⁰, 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 10 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.

In the event a day care center loses staff due to non-compliance with vaccination or testing requirements pursuant to Executive Order 2021-28 / 2021-30, the day care center may combine rooms and available staff in order to staff rooms in accordance with requirements of Part 407.190 Number and Ages of Children Served for a time period not to exceed 14 days to provide the day care center an opportunity to hire additional staff.

¹⁰ COVID-19 Guidance for Operating Early Care and Education/Child Care Programs, Updated January 28, 2022 at <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/child-care-guidance.html> and CDC Guidance on Quarantine and Isolation Updated January 20, 2022 at <https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html>

The Day Care Center Director or designee will make notification of a positive COVID-19 test or exposure or loss of staff plans as follows:

- i. Report the positive COVID-19 test to the local health department;
 - 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; or
 - v. Report the loss of staff due to staff non-compliance with vaccination or testing requirements and the staffing plan to accommodate existing staff and children in care.
- 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 to be excluded.

In accordance with the Executive Order 2021-28 / 2021-30, Licensed Day Care Centers shall maintain records regarding proof of vaccination status of all Licensed Day Care Workers who are employed by, volunteer for, perform services within, or are contracted to provide services for the Center. Licensed Day Care Centers shall also maintain records regarding proof of, at minimum, weekly COVID-19 testing compliance of all Licensed Day Care Workers who are not vaccinated and are employed by, perform services within, or volunteer for the Center. For Licensed Day Care Workers who are contracted to provide services for a Licensed Day Care Center or are employed by an entity that is contracted to provide services to a Licensed Day Care Center, the employing entity is required to maintain records regarding proof of vaccination and weekly testing. Such records must be made available to the Licensed Day Center upon request.

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.**¹¹

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.

¹¹ 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.htm#limitations). Updated March 17, 2021 at <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/symptom-screening.htm#limitations>.

4. *Close Contacts*

- a. When someone in an ECE program tests positive for COVID-19 or has symptoms consistent with COVID-19 and is a presumed positive case, it is important to stop the spread of COVID-19 in the ECE setting. Take the following steps to help reduce transmission:
 - i. identify anyone who was in close contact with that person,
 - ii. inform staff and families of children who may need to quarantine.
- b. Close contacts are those who were less than 6 feet away from an infected person (laboratory-confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period. People who are exposed to someone who had COVID-19 and who already completed at least 5 days of isolation are not considered close contacts.
- c. After identifying who was in close contact, ECE administrators should notify staff and families of children who were close contacts as soon as possible, to the extent allowable by applicable federal, state, local, tribal, and territorial privacy laws and regulations.
- d. If feasible, inform close contacts of their potential exposure within the same day of being notified that someone in the program has tested positive:
 - i. Instruct families to monitor children who are determined to be a close contact for symptoms following their exposure. Anyone who develops symptoms should isolate and get tested 5 days after exposure.
 - ii. Educate staff and families about when they and their children should get tested, or when they should stay home and quarantine and when they can return to ECE programs.
- e. For more information, please visit CDC’s Toolkit for Responding to COVID-19 Cases¹² for resources on contact tracing, quarantine, and isolation as well as for sample letters for parents and caregivers.

Note: Screening testing, if conducted at the ECE program, can help inform the need for quarantine of close contacts and isolation of people with COVID-19.

5. *COVID-19 Testing*

Viral testing strategies are 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. For more information, please review [CDC’s Testing Strategies for SARS-CoV-2](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/K-12-contact-tracing.html).

¹² Toolkit for Responding to COVID-19 Cases, Updated December 28, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/K-12-contact-tracing.html>

D. STAYING HOME WHEN SICK (ISOLATING) AND QUARANTINE

1. Isolation

- a. Children and staff who have symptoms of infectious illness, such as influenza (flu) or COVID-19, should stay home and be referred to a healthcare provider for testing and care. Staying home when sick with COVID-19 (which is known as isolating) is essential to keep COVID-19 infections out of programs and prevent spread to others.
- b. Day 0 of isolation is
 - i. the first day of symptoms, or
 - ii. for people who do not have symptoms, the specimen collection date of the positive viral test.
- c. In the ECE setting, CDC recommends ending isolation based on when symptoms started and whether they improved for people who have COVID-19 symptoms (symptomatic) or based on the date of a positive test (the specimen collection date of the positive viral test) for people who do not have symptoms (asymptomatic). [See CDC's Quarantine and Isolation guidance](#) for complete information.
- d. ***Length of Isolation***
 - i. Staff and children who have presumed or confirmed COVID-19 should stay home and isolate for at least 5 full days and stay away from other people as much as possible.
 - People without symptoms can end isolation after 5 full days and return to the ECE program if they are older than age 2 and able to consistently and correctly wear a mask while in the ECE program.
 - People who once had symptoms can end isolation after 5 full days and return to the ECE program if they are fever-free for 24 hours without the use of fever-reducing medication and if symptoms have improved.
 - For children and staff who are unable to consistently wear a mask when around others (including all children under 2 years of age) the safest option is to continue to isolate for a full 10 days.
 - ii. Because of the importance of access to learning and care, when determining isolation policies, day care programs should consider multiple factors, including education loss and social and emotional well-being of children, and the needs of the families served when they cannot attend programs in person. Day care programs should also consider the level of community transmission of COVID-19, presence of other people who are at higher risk for severe illness, and the ability to use additional prevention strategies, such as improved ventilation and cohorting.

2. Quarantine

a. *Who Should Quarantine:*

Children and staff who come into close contact with someone with COVID-19 should quarantine if they have not had confirmed COVID-19 within the last 90 days and are in one of the following groups:

- i. Infants and young children who are not eligible for vaccination based on age
- ii. Staff and older children who are not [up to date](#) with COVID-19 vaccines (have not received all recommended COVID-19 vaccines, including any booster dose(s) when eligible).

b. *Length of quarantine:*

People who are not up to date with COVID-19 vaccines or did not have confirmed COVID-19 within the last 90 days should stay home and quarantine for at least 5 full days and stay away from other people as much as possible.

- i. People without symptoms can end quarantine after 5 full days and return to the ECE program if they are older than age 2 and able to consistently and correctly wear a mask while in the ECE program.
- ii. For children and staff who are unable to consistently wear a mask when around others (including all children under 2 years of age) the safest option is to continue to quarantine for a full 10 days.

c. Because of the importance of access to learning and care, when determining quarantine policies, day care programs should consider multiple factors, including education loss and social and emotional well-being of children, and the needs of the families served when they cannot attend day care programs in person. Day care programs should also consider the level of community transmission of COVID-19, presence of other people who are at higher risk for severe illness, and the ability to use additional prevention strategies, such as improved ventilation, physical distancing, and cohorting.

d. The CDC recommends that persons exposed to a confirmed case of COVID-19 test immediately if symptoms develop, or if they remain asymptomatic, 5 days after exposure.

3. Return from Isolation/Quarantine:

- a. Ending isolation for people who had COVID-19 and had symptoms
 - i. If you had COVID-19 and had [symptoms](#), isolate for at least 5 days. To calculate your 5-day isolation period, day 0 is your first day of symptoms. Day 1 is the first full day after your symptoms developed. You can leave isolation after 5 full days.
 - You can end isolation after 5 full days if you are fever-free for 24 hours without the use of fever-reducing medication and your other symptoms have improved (Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation).
 - You should continue to wear a [well-fitting mask](#) around others at home and in public for 5 additional days (day 6 through day 10) after the end of your 5-day isolation period. If you are unable to wear a mask when around others, you should continue to isolate for a full 10 days. Avoid people who are [immunocompromised or at high risk for severe disease](#), and nursing homes and other high-risk settings, until after at least 10 days.
 - If you continue to have fever or your other symptoms have not improved after 5 days of isolation, you should wait to end your isolation until you are fever-free for 24 hours without the use of fever-reducing medication and your other symptoms have improved. Continue to wear a [well-fitting mask](#). Contact your healthcare provider if you have questions.
 - See additional information [about travel](#).
 - Do not go to places where you are unable to wear a mask, such as restaurants and some gyms, and avoid eating around others at home and at work until a full 10 days after your first day of symptoms.
 - ii. If an individual has access to a test and wants to test, the best approach is to use an [antigen test](#)¹³ towards the end of the 5-day isolation period. Collect the test sample only if you are fever-free for 24 hours without the use of fever-reducing medication and your other symptoms have improved (loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation). If your test result is positive, you should continue to isolate until day 10. If your test result is negative, you can end isolation, but continue to wear a [well-fitting mask](#) around others at home and in public until day 10. Follow additional recommendations for masking and [avoiding travel](#) as described above.

¹³ As noted in the [labeling for authorized over-the-counter antigen tests external icon](#): Negative results should be treated as presumptive. Negative results do not rule out SARS-CoV-2 infection and should not be used as the sole basis for treatment or patient management decisions, including infection control decisions. To improve results, antigen tests should be used twice over a three-day period with at least 24 hours and no more than 48 hours between tests.

- iii. Note that these recommendations on ending isolation **do not** apply to people with moderate or severe COVID-19 or with weakened immune systems (immunocompromised). See section below for recommendations for when to end isolation for these groups.
- b. Ending isolation for people who tested positive for COVID-19 but had no symptoms
 - i. If you test positive for COVID-19 and never develop [symptoms](#), isolate for at least 5 days. Day 0 is the day of your positive viral test (based on the date you were tested) and day 1 is the first full day after the specimen was collected for your positive test. You can leave isolation after 5 full days.
 - If you continue to have no symptoms, you can end isolation after at least 5 days.
 - You should continue to wear a [well-fitting mask](#) around others at home and in public until day 10 (day 6 through day 10). If you are unable to wear a mask when around others, you should continue to isolate for 10 days. Avoid people who are [immunocompromised or at high risk for severe disease](#), and nursing homes and other high-risk settings, until after at least 10 days.
 - If you develop [symptoms](#) after testing positive, your 5-day isolation period should start over. Day 0 is your first day of symptoms. Follow the recommendations above for [ending isolation for people who had COVID-19 and had symptoms](#).
 - See additional information [about travel](#).
 - Do not go to places where you are unable to wear a mask, such as restaurants and some gyms, and avoid eating around others at home and at work until 10 days after the day of your positive test.
 - ii. If an individual has access to a test and wants to test, the best approach is to use an [antigen test](#)¹⁴ towards the end of the 5-day isolation period. If your test result is positive, you should continue to isolate until day 10. If your test result is negative, you can end isolation, but continue to wear a [well-fitting mask](#) around others at home and in public until day 10. Follow additional recommendations for masking and avoiding travel as described above.
- c. Ending isolation for people who were severely ill with COVID-19 or have a weakened immune system (immunocompromised)
 - i. People who are severely ill with COVID-19 (including those who were hospitalized or required intensive care or ventilation support) and people with [compromised immune systems](#) might need to isolate at home longer. They may also require testing with a [viral test](#) to determine when they can be around others. CDC recommends an isolation period of at least 10 and up to 20 days for people who were severely ill with COVID-19 and for [people](#)

¹⁴ As noted in the [labeling for authorized over-the-counter antigen test external icon external icon](#): Negative results should be treated as presumptive. Negative results do not rule out SARS-CoV-2 infection and should not be used as the sole basis for treatment or patient management decisions, including infection control decisions. To improve results, antigen tests should be used twice over a three-day period with at least 24 hours and no more than 48 hours between tests.

with weakened immune systems. Consult with your healthcare provider about when you can resume being around other people.

- ii. People who are immunocompromised should talk to their healthcare provider about the potential for reduced immune responses to COVID-19 vaccines and the need to continue to follow current prevention measures (including wearing a well-fitting mask, staying 6 feet apart from others they don't live with, and avoiding crowds and poorly ventilated indoor spaces) to protect themselves against COVID-19 until advised otherwise by their healthcare provider. Close contacts of immunocompromised people—including household members—should also be encouraged to receive all recommended COVID-19 vaccine doses to help protect these people.

- d. For the complete CDC guidance please visit <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/child-care-guidance.html>.

E. PHYSICAL DISTANCING AND COHORTING¹⁵

Maintaining physical distance is often not feasible in an ECE setting, especially during certain activities such as diapering, feeding, holding/comforting, and among younger children in general. When it is not possible to maintain physical distance in ECE settings, it is especially important to layer multiple prevention strategies, such as cohorting, masking indoors, improved ventilation, handwashing, covering coughs and sneezes, and regular cleaning to help reduce transmission risk. Mask use is particularly important when physical distance cannot be maintained. A distance of at least 6 feet is recommended between adults who are not up to date on COVID-19 vaccination.

1. **Cohorting:** Cohorting means keeping people together in a small group and having each group stay together throughout an entire day. Cohorting can be used to limit the number of children and staff who come in contact with each other, especially when it is challenging to maintain physical distancing, such as among young children, particularly in areas of moderate-to-high transmission levels. The use of cohorting can limit the spread of COVID-19 between cohorts but should not replace other prevention measures within each group. When determining how to optimize physical distance and size of cohorts, ECE programs should consider education loss and social and emotional well-being of children, and the needs of the families served when they cannot attend ECE programs in person.

For those providers who would like to consider cohorting options, please see further guidance at [COVID-19 Guidance for Operating Early Care and Education/Child Care Programs, Updated January 28, 2022](#).

2. Consistent and Correct Mask Use 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,

¹⁵ COVID-19 Guidance for Operating Early Care and Education/Child Care Programs, Updated January 28, 2022, <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/child-care-guidance.html>

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.

- a. Particularly in areas of substantial to high transmission as defined by the CDC, day cares should encourage staff and children to wear a mask outdoors when in crowded settings or during activities that involve sustained close contact with other people. 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.
 - b. For more information on choosing an appropriate mask see the [CDC's Your Guide to Masks](#). CDC now recommends that people can [choose respirators](#) such as N95s and KN95s, which, if worn properly, can provide a higher level of protection than a cloth or procedure mask. Consider choosing a mask from the CDC's [list of masks](#).
 - c. IDPH also recommends the following:
 - i. When possible, choose a procedure mask over a cloth mask.
 - ii. When choosing cloth masks make sure the mask fits well. Gaps can let air with respiratory droplets leak in and out around the edges of the masks. Gaps can be caused by choosing the wrong size or type of mask and when a mask is worn.
 - iii. It is important to [check that it fits](#) snugly over your nose, mouth, and chin.
 - Check for gaps by cupping your hands around the outside edges of the mask.
 - Make sure no air is flowing from the area near your eyes or from the sides of the mask.
 - If the mask has a good fit, you will feel warm air come through the front of the mask and may be able to see the mask material move in and out with each breath.
 - iv. Any mask should fit snugly over the nose and chin with no large gaps around the side of the face. Ways to improve a mask's fit include using a nose clip or nose wire, tying a simple knot in the ear loops, or using a brace over the mask to prevent leaks. See other suggestions from the CDC on ways to improve how a mask protects you.
3. This information will be updated as the CDC and IDPH issue updated guidances. 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

1. 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.
2. 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.
3. 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.
4. 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.

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.dcf.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.

