



LICENSED DAY CARE GUIDANCE & LICENSE EXEMPT SCHOOL-AGE GUIDANCE

I. Purpose.

Early care and education (“ECE”) programs are an important part of the infrastructure of communities as they provide safe, supportive learning environments for children; employ teachers and other staff; and enable parents, guardians and caregivers to work. ECE programs serve many children who are not yet eligible for vaccination. The Illinois Department of Children and Family Service (“DCFS”) recognizes that COVID-19 has presented significant and unexpected challenges for children, parents and youth-serving program communities. To help ECE program administrators support safe, in-person learning and keep ECE programs open, while managing the spread of COVID-19, DCFS is issuing new guidance, fully adopting the Centers for Disease Control and Prevention (“CDC”) [Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning](#)¹ updated on May 27, 2022. The CDC guidance is based on the [COVID-19 Community Levels](#), and provides flexibility so ECE programs can adapt to changing local situations, including periods of increased community health impacts from COVID-19. For example, when Community Levels are high, universal masking is recommended.

II. Executive Orders.

The [Executive Order 2021-28](#)² 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 regarding COVID-19 vaccination and testing requirements for licensed day care centers and workers.

[Executive Order 2021-18](#)⁴ was issued by Governor Pritzker on August 4, 2021 and was subsequently amended and revised by [Executive Order 2022-06](#)⁵ on February 28, 2022 and [Executive Order 2022-10](#)⁶ on April 1, 2022. With some exceptions, Executive Order 2022-06 ended universal indoor masking requirements, including in childcare facilities.⁷ According to

¹ <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-childcare-guidance.html>

² <https://www.illinois.gov/government/executive-orders/executive-order.executive-order-number-28.2021.html>

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

⁴ <https://www.illinois.gov/government/executive-orders/executive-order.executive-order-number-18.2021.html>

⁵ <https://www.illinois.gov/government/executive-orders/executive-order.executive-order-number-06.2022.html>

⁶ <https://www.illinois.gov/government/executive-orders/executive-order.executive-order-number-10.2022.html>

⁷ <https://www.illinois.gov/government/executive-orders/executive-order.executive-order-number-06.2022.html>

Section 2 of Executive Order 2021-18 as amended by Executive Order 2022-10, “[a]ll day care facilities in Illinois are encouraged to follow recommendations from the CDC, DCFS and Department of Public Health (“DPH”) regarding measures to ensure the safety of children, staff, and visitors, including but not limited to guidance regarding physical distancing, screening testing, ventilation, handwashing and respiratory etiquette, advising individuals to stay home when sick and get tested, contact tracing, and cleaning and disinfection.”⁸ Day care facilities include all licensed day care centers, day care homes, group day care homes and license-exempt facilities. These executive orders are still currently in effect.

III. Summary of CDC’s [Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning](#)⁹ updated on May 27, 2022.

a. **[Strategies for Everyday Operations.](#)**

ECE programs (e.g., center-based child care, family child care, Head Start, or other early learning, early intervention and preschool/pre-kindergarten programs delivered in schools, homes, or other settings) should put in place a core set of infectious disease prevention strategies as part of their normal operations. **The following set of strategies for everyday operations should be in place at all COVID-19 Community Levels, including low levels.**

1. Staying up to date on [all vaccinations](#), including [COVID-19](#)
2. Staying home when sick
3. Optimizing ventilation systems
4. Reenforcing proper hand hygiene and respiratory etiquette
5. Utilizing proper cleaning and disinfection practices

b. **[COVID-19 Community Levels and Associated Prevention Strategies.](#)**

1. School and ECE program administrators should work with local health officials to consider other local conditions and factors when deciding to implement prevention strategies.
2. The addition and layering of COVID-19-specific prevention strategies should be tied to COVID-19 Community Levels

The following chart summarizes masking and testing recommendations at the three Community Levels.

| COVID Community Level | Prevention Strategy for Masking | Prevention Strategy for Testing |
|-----------------------|---|--|
| Low | Support those who choose to continue to mask | Ensure access to diagnostic testing for symptomatic persons and those exposed, |

⁸ <https://www.illinois.gov/government/executive-orders/executive-order-executive-order-number-10.2022.html>

⁹ <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-childcare-guidance.html>

| | | |
|--------|---|---|
| | | and for continuity, schools may choose to continue to implement screening testing |
| Medium | Person who are immunocompromised, at high risk for severe disease or have household or social contacts at high risk for severe disease, should be encouraged to talk to their healthcare providers about whether they need to wear a mask | Ensure access to diagnostic testing for close contacts and those exposed, and for continuity, schools may choose to continue to use screening testing |
| High | Universal masking indoors in public, regardless of vaccination status, should be promoted. Persons who are immunocompromised should be encouraged to wear a mask or respiratory that provides greater protection. | Ensure access to diagnostic testing for close contacts and those exposed, and for continuity, schools may choose to continue to use screening testing |

A. When the COVID-19 Community Level indicates an increase, particularly if the level is medium or high, ECE programs should consider adding layered prevention strategies listed below.

- i. Masking
- ii. [Testing](#)
- iii. Cohorting
- iv. [Ventilation improvements](#)
- v. [Case investigation and contact tracing](#)
- vi. [Quarantine and isolation](#)

Persons identified as [close contacts](#) (persons not up to date with COVID-19 vaccination who were within 6 feet of an infected person for a cumulative total of 15 minutes or more in a 24 hour period) should quarantine for five days consistent with CDC guidance and mask for 5 additional days, or 10 days if unable to mask. For those up to date with COVID-19 vaccination, masks should be worn for 10 days after exposure.

B. If an ECE program is experiencing a COVID-19 [outbreak](#), it should consider adding prevention strategies regardless of the COVID-19 Community Level.

C. With decreasing or low COVID-19 Community Levels, ECE programs can consider removing prevention strategies one at a time, followed by close monitoring of the COVID-19 Community Level in the weeks that follow.

c. [Considerations for Overnight Child Care.](#)

While shared housing, such as overnight child care, is considered a congregate setting, it is considered a low-risk congregate setting due to the lower risk of severe health outcomes related to COVID-19 (such as [hospitalizations](#) and [death](#)) for children. Therefore, CDC recommends shared housing facilities follow the general population [guidance for isolation, quarantine](#), and recommendations under [COVID-19 Community Levels](#).

IV. Additional Information and Resources.

- a. Frequently Asked Questions for K-12 and Early Care and Education (ECE) Settings: Information for School and ECE Administrators, Teachers, Staff, and Parents is available at <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/parent-faqs.html>
- b. Although the updated guidance is written for COVID-19 prevention, many of the layered prevention strategies described in this guidance can help prevent the spread of other infectious diseases, such as influenza (flu), respiratory syncytial virus (RSV), and norovirus, and support healthy learning environments for all.¹⁰
- c. The CDC's [Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning](#) updated on May 27, 2022 is meant to supplement and not replace any federal, state, tribal, local, or territorial health and safety laws, rules, and regulations with which ECE programs must comply.¹¹

V. Staffing at Day Care Centers.

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

- a. 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 direction, 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.
- b. In the event a day care center loses staff due to non-compliance with vaccination or testing requirements pursuant to Executive Orders 2021.28 and 2021.30 the day care center may combine rooms and available staff in

¹⁰ <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-childcare-guidance.html>

¹¹ <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-childcare-guidance.html>

July 13, 2022

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.

- c. 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.
- d. Section V(a) - (c) of this guidance regarding staffing at day care centers will only be in effect until December 31, 2022. Starting January 1, 2023 day care centers must ensure to have adequate staffing levels in accordance with Part 407.