



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

Background and Purpose

On March 9, 2020, Governor Pritzker first 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 is currently in Phase V of Restore Illinois. On October 22, 2021, Governor Pritzker issued [Executive Order 2021-28](#) requiring individuals who work in certain licensed day care centers to be fully vaccinated against COVID-19 or undergo testing on a weekly basis, at a minimum. Stopping the spread of COVID-19 in licensed day care settings is critically important because of the presence of children, who due to their age, are unable to be vaccinated. **Please be advised that this update issued January 21, 2022, is intended to clarify the guidance that is currently in place. We expect the Centers for Disease Control and Prevention (CDC) to issue updated child care guidance at which point this document will be amended.**

Executive Order 2021-28¹

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 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
- 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).

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.

¹ <https://www.illinois.gov/government/executive-orders/executive-order-executive-order-number-28-2021.html>

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 or volunteer 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 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 2021-18](#)² 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.

² <https://www2.illinois.gov/government/executive-orders>; <https://coronavirus.illinois.gov/resources/executive-orders/display.executive-order-number-18.html>

General Information and Resources

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 and 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 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.dcfs.illinois.gov/Content/Help/News.aspx>

Governor's Executive Orders 2021-28 and 2021-18 can be accessed at <https://www2.illinois.gov/government/executive-orders> or <https://coronavirus.illinois.gov/resources/executive-orders.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.

Persons age 5 years and older are now eligible for COVID-19 vaccination,³ but most 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.

³ Key Things to Know About COVID-19 Vaccines Updated Jan. 12, 2022, https://www.cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html?s_cid=10493:cdc%20covid%20vaccine:sem.ga:p:RG:GM:gen:PTN:FY21.

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.

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. 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 21-28. 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 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 HOMES⁴

	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 HOMES⁵

	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 CENTERS⁶

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

⁴ 89 Ill. Adm. Code 406.13

⁵ 89 Ill. Adm. Code 408.65

⁶ 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 direction⁷, 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.

In the event a day care center loses staff due to non-compliance with vaccination or testing requirements pursuant to Executive Order 2021.28, 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.

⁷ CDC [COVID-19 Guidance for Operating Early Care and Education/Child Care Programs \(cdc.gov\)](https://www.cdc.gov/oc/2021/11/10/covid-19-guidance-for-operating-early-care-and-education-child-care-programs) updated November 10, 2021 allows quarantine for 7 or 10 days. See also IDPH Decision Tree for Symptomatic Individuals chart attached at the of this document.

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 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; 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, Licensed Day Care Centers shall maintain records regarding proof of vaccination status of all Licensed Day Care Workers who are employed by or volunteer 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 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.**⁸

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.

⁸ 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")

4. *Close Contacts*

When day cares are notified of a positive staff or student, day cares should identify all close contacts who should stay home from day care for up to 14 days (see below Section D for more specific information about isolation and quarantine times). 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 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 be excluded if identified as a close contact to a confirmed case, but should monitor for symptoms and isolated and get tested immediately if symptoms develop. Fully vaccinated persons should test 5 days post-exposure.

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.

Please visit <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html> for information on testing approaches of symptomatic staff or students and need for use of a PCR 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.

- **Licensed Day Care Center Workers**

In accordance with the Executive Order 2021-28, 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. 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.

D. ISOLATION AND DISCHARGE OF SICK CHILDREN AND STAFF

The [COVID-19 Guidance for Operating Early Care and Education/Child Care Programs](#) issued by the CDC on November 10, 2021 is still in effect for day care settings and must be followed.

Children and staff who are infected with COVID-19 should isolate at home for 10 days, regardless of whether they have symptoms (Day 0 is date of onset or if asymptomatic, date of specimen collection for the positive test). If feasible, close contacts should be contacted within the same day of being notified that someone in the day care setting has tested positive.

CDC defines [close contact](#) as someone who was 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 (for example, three individual 5-minute exposures for a total of 15 minutes) with or without masks on.

- 1) Not fully vaccinated.²
 - a) Staff, families, and children who are not fully vaccinated and are determined to be a close contact of someone with COVID-19 should:
 - i) Stay home from day care and away from other people immediately for a period of up to 14 days from the date of their last exposure, unless they receive different instructions from their day care setting or public health official.
 - ii) Test at least 5 days, but not later than 7 days after the date of their last known exposure to determine if they have developed COVID-19 as early as possible. They should continue to stay home even if they test negative. Isolate immediately if they develop symptoms of COVID-19 or test positive and notify the day care setting so that they can conduct any necessary contact tracing.
 - iii) If a close contact does not develop symptoms of COVID-19 and does not test positive or is not tested, that person can go back into public spaces, including the day care setting, after the exclusion period.
 - iv) Recommended options to shorten quarantine include a 10-day or a 7-day period combined with testing and a negative test result collected no sooner than day 6, individual may return to day care provided that consistent and correct masking can continue for 14 days.

⁹ 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. Executive Order 2021-28 at <https://www.illinois.gov/government/executive-orders/executive-order-executive-order-number-28.2021.html>.

- 2) Fully vaccinated close contacts should be tested for COVID-19 on day 5 post exposure or immediately if symptoms develop. If asymptomatic, fully vaccinated close contacts do not need to quarantine at home following an exposure. In addition to correctly wearing masks in the day care setting, they should wear a mask when around others inside the home or in public for 14 days or until they receive a negative test result.
- 3) Someone who tested positive for COVID-19 with a viral test within the previous 90 days and has subsequently recovered and remains without COVID-19 symptoms does not need to quarantine. However, close contacts with prior COVID-19 infection in the previous 90 days should:
 - a) Wear a mask indoors in public for 14 days after exposure.
 - b) Monitor for COVID-19 symptoms and isolate immediately if symptoms develop.
 - c) Consult with a healthcare professional for testing recommendations if new symptoms develop.

E. PHYSICAL DISTANCING AND COHORTING³

Maintaining physical distance is often not feasible in a day care 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 day care settings, it is especially important to layer multiple strategies to prevent the spread of COVID-19, such as:

- cohorting,
- masking indoors,
- improved ventilation,
- handwashing,
- covering coughs and sneezes, and
- regular cleaning to help reduce transmission risk.

People not fully vaccinated:	People who are fully vaccinated
A distance of at least 6 feet is recommended.	Maintaining physical distancing is not necessary unless required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance.

³ [COVID-19 Guidance for Operating Early Care and Education/Child Care Programs Section 3. Physical Distancing and Cohorting. Updated November 10, 2021, https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/child-care-guidance.html#cohorting](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/child-care-guidance.html#cohorting)

Cohorting

1. What is it?

Cohorting means keeping people together in a small group and having each group stay together throughout an entire day.

2. Purpose.

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](#).

3. Effect.

Cohorting can limit the spread of COVID-19 between cohorts but should not replace other prevention measures within each group.

4. Considerations in establishing cohorts.

- i. When determining how to ensure physical distance and size of cohorts, day care setting should consider education loss, social and emotional well-being of children, and the needs of the families served when they cannot attend day care in person.
- ii. Place children and staff into distinct groups that stay together throughout the entire day.
- iii. Maintain at least 6 feet between children and staff from different cohorts.
- iv. Provide physical guides, such as wall signs or tape on floors, to help maintain distance between cohorts in common areas.
- v. Stagger use of communal spaces between cohorts.
- vi. Stagger child arrival, drop-off, and pick-up times or locations by cohort and prioritize outdoor drop-off and pick-up, if possible.
- vii. Maintain cohorts if feasible in outdoor play spaces.
- viii. In transport vehicles, seat one child per row or skip rows when possible. Children from the same home can sit together.

F. 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.

For more information on choosing an appropriate mask see the [CDC 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](#).

IDPH also recommends the following:

- When possible, choose a procedure mask over a cloth mask.
- When choosing cloth masks make sure the mask is:
 - washable,
 - breathable, and
 - made of tightly woven fabrics with two or more layers.
 - Scarves and other loosely woven fabrics offer less protection.
 - One way to ensure a mask has enough layers is to wear two. For example, wear a two-layer cotton mask over a surgical mask.
- 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.

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

G. 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.

H. 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.

I. 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.

J. 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.

K. 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.

