
April 20, 2020

Comprehensive Health Guidance for Those Providing Child Care to Essential Workers During the COVID-19 State of Emergency

For child care homes and centers and for schools and other license-exempt locations that are open and providing child care to the children of essential workers during the COVID-19 State of Emergency, it is crucial to minimize the risks of spreading coronavirus. The following guidance is designed to help maintain health and safety standards and social distancing directives while providing a much needed child care service.

This document serves as a supplement to previously issued [COVID-19 Guidance for Child Care and Early Learning Programs Following the Extension of Governor Pritzker's Stay at Home Executive Order](#), in addition to other official guidance found [here](#).

Exclude children, staff, parents, and guardians from sites if they are showing symptoms of COVID-19, have been in contact with someone with COVID-19 in the last 14 days, or are at high risk due to underlying health conditions.

It is recommended that all staff wear cloth face coverings while providing care. The Centers for Disease Control and Prevention (CDC) recommends cloth face coverings in settings where other social distancing measures are difficult to maintain, especially in areas of significant community-based transmission. Adults doing drop-off and pick-up are also encouraged to wear cloth face coverings. Instructions for wearing and making cloth face coverings can be found on the [CDC website](#).

Child Care Providers and Staff

The following individuals should **not** provide child care during this time:

- Adults **65** years of age and older
- People who have serious underlying medical conditions, such as:
 - People with chronic lung disease or moderate to severe asthma
 - People who have serious heart conditions
 - People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
 - People with severe obesity
 - People with diabetes
 - People with chronic kidney disease undergoing dialysis
 - People with liver disease

So far, reports suggest that pregnant women do not have more severe symptoms than the general public; however, not enough is known about how the illness affects pregnant women. It is safest for pregnant women to “socially distance” and not work in day care settings.

For home-based child care providers: If a member of your household has any of the conditions described above, providers should ensure social distancing (a minimum of six feet) between the child care children and the household member. Ideally, the household member would remain in rooms separate from the children. Cleaning/disinfecting guidance should also be followed, as described below.



All Individuals: Close Contact

If a staff person, child, or parent/caregiver has been in close contact with someone who has been diagnosed with COVID-19, they should self-quarantine, meaning that they should stay at home and watch for symptoms for 14 days.

- Start the 14-day count from the day you last had contact with the diagnosed person. Day 0 is the day you were last in contact with the person.
- Watch for fever, cough, and shortness of breath, and milder symptoms of COVID-19, including headache, muscle aches, nasal congestion, sore throat, diarrhea, and loss of taste or smell.
- Don't leave home except to get medical care.
- Call ahead before visiting a health care provider or emergency department.
- If possible, stay in a specific room in your home and use a separate bathroom.
- Stay at least six feet away from others in your home at all times. Don't share household items.

Close contact means:

being within six feet of a person with COVID-19 for more than 15 minutes or having direct physical contact with a person with COVID-19 (e.g. shaking hands).

Close contact does not

mean: walking by or briefly being in the same room as someone with COVID-19.

People with COVID-19 may be infectious for 48 hours before symptom onset.

Drop-Off and Pick-Up

- Consider staggering arrival and drop off times and/or plan to limit direct contact with parents and caregivers as much as possible.
- Ideally, the same parent or designated person should drop off and pick up the child every day. If possible, older people such as grandparents should not pick up their children because they are more at risk for serious illness.
- Hand hygiene stations could be set up at the entrance of the facility or the entrance process could be rerouted through a different entrance nearest the sink. That way, children can clean their hands before they enter or immediately upon entry into the facility.
- Parents and caregivers who are self-quarantining due to close contact with a COVID-19 positive individual should NOT do drop-off or pick-up. Consider recommending that parents and caregivers who are health care workers identify someone else to handle drop-off and pick-up.
- Infants could be transported in their car seats. Store car seat out of children's reach within your facility.

Health Screening of Children and Staff Upon Arrival

Conduct a Daily Health Check for the **child(ren) attending child care**, and your **staff**:

1. Have they been in close contact with a person who has COVID-19?
2. Have they felt unwell with respiratory symptoms in the last few days? *For example, have they had a cough, high temperature, shortness of breath, or difficulty breathing?*
3. Screen children and staff for cough or shortness of breath upon arrival each day. Make a visual inspection of children for signs of infection, which could include flushed cheeks, fatigue, extreme fussiness, etc.
4. Conduct temperature screening, using the protocol provided below.

Persons who have a fever of 100.4⁰ or above or other signs of illness should not be admitted into the facility. Encourage parents/guardians to be on the alert for signs of illness in their children and to keep them home when they are sick. Screen children upon arrival, if possible, using one of the suggested screening methods below.

EXAMPLES OF SCREENING METHODS

Example 1: Reliance on Social Distancing

- Ask parents/guardians to take their child's temperature either before coming to the facility or upon arrival. If upon arrival, stand at least six feet away from the parent/guardian and child.
- Ask the parent/guardian to confirm that the child does not have fever, shortness of breath, or cough.
- Make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.

You do not need to wear personal protective equipment (PPE) if you can maintain a distance of six feet.

Example 2: Reliance on Barrier/Partition Controls

- Stand behind a physical barrier, such as a glass or plastic window or partition that can serve to protect the staff member's face and mucous membranes from respiratory droplets that may be produced if the child being screened sneezes, coughs, or talks.
- Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- Conduct temperature screening (follow steps below)
 - Perform hand hygiene
 - Wash your hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
 - Put on disposable gloves.
 - Check the child's temperature, reaching around the partition or through the window.
 - Make sure your face stays behind the barrier at all times during the screening.
- If performing a temperature check on multiple individuals, ensure that you use a clean pair of gloves for each child and that the thermometer has been thoroughly cleaned in between each check.
- If you use disposable or non-contact (temporal) thermometers and you did not have physical contact with the child, you do not need to change gloves before the next check.
- If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each person. You can reuse the same wipe as long as it remains wet.

Example 3: Reliance on Personal Protective Equipment (PPE)

- If social distancing or barrier/partition controls cannot be implemented during screening, PPE can be used when within six feet of a child. However, reliance on PPE alone is a less effective control and more difficult to implement, given PPE shortages and training requirements.
- Upon arrival, wash your hands and put on a facemask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown could be considered if extensive contact with a child is anticipated.
- Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and confirm that the child is not experiencing coughing or shortness of breath.
- Take the child's temperature.
 - If performing a temperature check on multiple individuals, ensure that you use a clean pair of gloves for each child and that the thermometer has been thoroughly cleaned in between each check.
 - If you use disposable or non-contact (temporal) thermometers and did not have physical contact with an individual, you do not need to change gloves before the next check.
 - If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.
- After each screening, remove and discard PPE, and wash hands.
 - Use an alcohol-based hand sanitizer that contains at least 60% alcohol or wash hands with soap and water for at least 20 seconds.
 - If hands are visibly soiled, soap and water should be used before using alcohol-based hand sanitizer.
- If your staff does not have experience in using PPE:
 - Check to see if your facility has guidance on how to don and doff PPE. The procedure to don and doff should be tailored to the specific type of PPE that you have available at your facility.
 - If your facility does not have specific guidance, the [CDC has recommended sequences for donning and doffing PPE.](#)

Children Attending Care

- Anyone diagnosed with COVID-19 or awaiting test-results should self-isolate until:
 1. It's been three full days of no fever without the use of fever-reducing medication, and
 2. Other symptoms have improved, and
 3. At least seven days have passed since symptoms first appeared.
- If symptoms begin while at the child care program, the child should be sent home as soon as possible. Keep sick children separate from well children and limit staff contact as much as reasonably possible, while ensuring the safety and supervision of the child until they leave.
 - Child care providers can protect themselves by wearing an over-large button-down, long sleeved shirt and by wearing long hair up off the collar in a ponytail or other updo. Those that have not worn a button-down shirt and who have had close contact with the child sent home should assess the need to leave the facility to shower and change clothes, depending on proximity of contact.
 - Child care providers should wash their hands, neck, and anywhere touched by a child's secretions.
 - Child care providers should change the child's clothes if secretions are on the child's clothes, including drool. They should change the button-down shirt if there are secretions on it and wash their hands again.
 - Contaminated clothes should be placed in a plastic bag or washed in a washing machine.
- People with a temperature greater than 100.4 F should be sent home until they have had no fever for 72 hours without the use of fever-reducing medications (e.g., Advil, Tylenol).
- Materials, toys, and furniture touched by the child who is sent home should be thoroughly cleaned and disinfected.
- The health department encourages all care providers and families to coordinate decision making around the child's care with the family health care provider if there are specific health concerns, chronic disease, or complex social or emotional dynamics in the home.



COVID Cases in Care

When there is a confirmed case of COVID-19 in the child care program, consult with the Illinois Department of Public Health (IDPH): 1-800-889-3931 or DPH.SICK@Illinois.gov.

In partnership with IDPH, the following should be considered:

- Dismiss children and most staff for two to five days
- Communicate with staff and parents/caregivers
- Clean and disinfect thoroughly
- Decisions about extending closure

→ If there is a reduction in child care capacity, centers [click here](#) and licensed homes please [click here](#) to complete the form to notify the state and the Child Care Resource and Referral System of program closure.

Social Distancing Strategies: Class Size, Napping

1. Children must be kept in small groups, not more than six children in a home and ten children per classroom (with a recommended maximum of five classrooms) per center. Classrooms and outside play areas divided by gates or partial walls are considered one room and shall only serve one group of children.
2. Wherever possible, the same child care providers should remain with the same group of children each day.
3. There must be absolutely no multi-classroom activities. Social distancing practices should be in place, which means different groups of children should not have contact with one another.
4. At nap time, place resting children head to toe in order to further reduce the potential for viral spread. Programs with sufficient space should place children six feet apart at naptime as much as possible.
5. There should be **no outside visitors and volunteers** with the exception of **employees or contracted service providers who should observe all protocols**.
6. Conversations about a child's day are encouraged to be done by phone with parents or caregivers. Handwritten notes about a child's day are also recommended to support information sharing and social distancing.

Healthy Hand Hygiene Behavior

1. All children, staff, and volunteers should engage in hand hygiene at the following times:

- Arrival to the facility
- After staff breaks
- Before and after preparing food or drinks
- Before and after eating, handling food, or feeding children
- Before and after administering medication or medical ointment
- After diapering
- After using the toilet or helping a child use the bathroom
- After coming in contact with bodily fluid
- After handling animals or cleaning up animal waste
- After playing outdoors
- After playing with sand
- After handling garbage
- After cleaning

2. Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available. If possible, have plenty of hand lotion to support healthy skin.

3. Supervise children when they use hand sanitizer to prevent ingestion.

4. Assist children with handwashing, including infants who cannot wash hands alone.

5. After assisting children with handwashing, staff should also wash their hands.

6. Place posters describing handwashing steps near sinks. [Developmentally appropriate posters in multiple languages](#) are available from the CDC.



Cleaning & Disinfecting, Including Toys & Bedding

1. Programs should engage in frequent thorough cleaning each day. Child care programs shall follow regulations regarding cleaning, sanitizing and disinfecting. Clean and disinfect frequently touched objects and surfaces such as:

- All surfaces, especially where children eat
- Bathrooms
- Frequently used equipment, including electronic devices
- Door handles and handrails
- Items children place in their mouths, including toys
- Playground equipment to the best of your ability

2. Toys that cannot be cleaned and sanitized should not be used, including items such as soft toys, dress-up clothes, and puppets.

3. Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed. Per child care licensing regulations, children's bedding is required to be stored separately. This may be in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child. Bedding that touches a child's skin should be cleaned weekly or before use by another child.

4. Children's books, like other paper-based materials such as mail or envelopes, are not considered high risk for transmission and do not need additional cleaning or disinfection procedures.



Caring for Infants and Toddlers

1. When diapering a child, wash your hands and wash the child's hands before you begin. If possible, wear gloves. Follow safe diaper changing procedures.
2. After diapering, wash your hands (even if you were wearing gloves) and disinfect the diapering area.
3. If reusable cloth diapers are used, they should not be rinsed or cleaned in the facility. The soiled cloth diaper and its contents (without emptying or rinsing) should be placed in a plastic bag or into a plastic-lined, hands-free, covered diaper pail to give to parents/guardians or laundry service.
4. It is important to comfort crying, sad, and/or anxious infants and toddlers. They often need to be held. When washing, feeding, or holding very young children:
 - Child care providers can protect themselves by wearing an over-large button-down, long sleeved shirt and by wearing long hair up off the collar in a ponytail or other updo.
 - Child care providers should wash their hands, neck, and anywhere touched by a child's secretions.
 - Child care providers should change the child's clothes if secretions are on the child's clothes, including drool. They should change their button-down shirt if there are secretions on it and wash their hands again.
 - Contaminated clothes should be placed in a plastic bag or washed in a washing machine. Infants, toddlers, and their providers should have multiple changes of clothes on hand in the child care center or home-based child care.

Food Preparation and Meal Service

1. If a cafeteria or group dining room is typically used, serve meals in classrooms instead, if possible. If meals are typically served family-style, plate each child's meal to serve it so that multiple children are not using the same serving utensils.
2. Wherever possible, food preparation should not be done by the same staff who diaper children.
3. Sinks used for food preparation should not be used for any other purposes.
4. Caregivers should ensure children wash hands prior to eating.
5. Caregivers should wash their hands before preparing food and after helping children to eat.

Resources

General questions about COVID-19? **Dial 1-800-889-3931**

To help essential worker caregivers find emergency child care in their area, direct them to call (888) 228-1146 or visit [COVID-19 Emergency Provider Search](#).

Illinois residents experiencing stress and mental health issues related to COVID-19 can text "TALK" or "HABLAR" to: 5-5-2-0-2-0. Within 24 hours, you will receive a call from a counselor employed by a local community mental health center to provide support.

[CDC Interim Guidance for Administrators of US K-12 Schools and Child Care Programs](#)

[CDC Supplemental Guidance for Child Care Programs That Remain Open](#)

[IDPH Recommended Guidance for Preventing Spread of COVID-19 in Childcare/Daycare Centers](#)

[COVID-19 for Early Childhood Webpage](#)

[Emergency Child Care for Communities & Providers Webpage](#)

[Caring for Children in Group Settings including Children with Disabilities or Other Special Needs](#)

[\(also available in Spanish\)](#)

[Emergency Child Care FAQs](#) (last updated 4/10/2020)



Additional Strategies

PREPARE

- **Stay informed about the local COVID-19 situation.** Know where to turn for reliable, up-to-date information. Monitor the [CDC COVID-19](#) and the [Illinois Department of Public Health](#) websites for the latest information.
- **Update an emergency contact list.** Update emergency contact lists for families, staff, and key resources and ensure the lists are accessible within your facility. For example, know how to reach your local or state health department in an emergency.
- **Emergency evacuation drills.** Hold practice evacuation drills with staff once a week and within one day of operation with new staff. It is important for staff to know who is responsible for what role during an emergency evacuation, where to go, and how to safely get all children outside. **Children and staff must remain in groups of ten or fewer.**
- **Develop a communications plan.** A key component to being prepared is developing a communication plan that outlines how you plan to reach different audiences (e.g. families, staff, community) including ensuring all communications are culturally and linguistically appropriate and accessible for individuals with disabilities.

COMMUNICATE

- **Communicate about COVID-19 with your staff.** Share information about what is currently known about COVID-19 and your program's emergency response plans. Communicate your expectations for modeling respiratory etiquette, staying home when sick, and supporting employees who need to take care of a sick family member.
- **Communicate about COVID-19 families.** Provide updates about changes to your policies or operations. Use all communication channels available to you, including direct communications (face-to-face, letters) and electronic communications (your program's website or social media pages). *It is critical to maintain confidentiality for staff and children.* Make sure to plan ahead for linguistic needs, including translating materials.
- **Intentionally and persistently combat stigma.** Misinformation about COVID-19 can create fear and hostility that hurts people and makes it harder to keep everyone healthy. We're stronger as a community when we stand together against discrimination. Take advantage of these [CDC resources](#) to prevent, interrupt, and respond to stigma.

