

FAQ: Reopening Child Care Centers (as of 8/18/2020)

This document, updated regularly (7/7/20 changes are highlighted in yellow below; 7/29/2020 changes are highlighted in green below; 8/18/2020 changes are in aqua below), provides answers to the most frequently asked questions related to reopening child care centers in Phase 3 and Phase 4 of Restore Illinois. Check back frequently for updated information, and if you have additional questions that you do not see answered, send your questions to gov.oecd@illinois.gov.

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General

Who do we need to notify if and when we reopen?

Licensed child care programs should notify DCFS by submitting their Reopening Plan (more details in the next section).

The Child Care Resource & Referral (CCR&R) system is collecting information from programs (centers and homes) that are opening in Phases 3 & 4 of Restore Illinois to connect families that need care to local care that is available. Programs are strongly encouraged to submit their information to [Child Care Providers Opening in Phases 3 & 4 of Restore Illinois](#) so parents can be referred to your program.

What is the approval process for Reopening Plans? Do we have to wait for approval before reopening?

Previously closed programs are to submit their Reopening Plans to DCFS, but do not need to wait for DCFS approval before reopening. However, DCFS may contact programs at any time with questions or additional information needed regarding their reopening plans, and programs may need to provide additional information or adjust their practices as necessary. While site visits are not required as part of the reopening process, DCFS retains the authority to visit licensed programs at any time.

Programs that were open as an Emergency Day Care (EDC) may continue to operate. These programs are to update their program policies, plans, and practices to ensure they are in compliance with new and additional DCFS guidance and submit their Reopening Plan to DCFS as soon as possible.

Do we have to reopen by a certain date?

No, there is no deadline or timeframe for licensed child care programs to reopen. Programs should only reopen when they are prepared to meet the additional guidance in place for Phases 3 and 4. Providers are encouraged to talk with the families they serve to understand their need for care and inform their reopening process.

Providers should keep in mind that the simplified attendance exemption waivers for the Child Care Assistance Program (CCAP) are only available through June, and beginning in July, they will no longer receive CCAP payments for children not receiving care.

Reopening Plans

What do we need to submit to DCFS as part of our Reopening Plan in order to reopen?

See the [Restore Illinois Licensed Day Care Guidance and License Exempt School-Aged Guidance \(released 8/17/2020\)](#) for what to include in the Reopening Plan that is to be submitted to DCFS. A program's Reopening Plan should include an Enhanced Risk Management Plan (ERMP), a personal protective equipment (PPE) Operational Plan, and an Enhanced Staffing Plan.

Providers should also consult CDC and IDPH guidance to ensure plans appropriately follow their guidance:

- [CDC Guidance for Child Care Programs that Remain Open](#)
- [CDC Guidance for Resuming Child Care Programs](#)

Licensure

How long is this new Guidance in place?

Enhanced licensing standards will apply to Phases 3 and 4 of the Governor's Restore Illinois Plan. Illinois will not move into Phase 5 until there is a vaccine or effective treatment available, which is likely several months away. Providers should be prepared to meet these standards for the foreseeable future. However, DCFS plans to review [Restore Illinois Licensed Day Care Guidance and License Exempt School-Aged Guidance \(released 8/17/2020\)](#) on a regular basis to provide the latest standards as outlined by the CDC and IDPH.

When will DCFS monitoring visits start again?

DCLRs will continue to monitor all licensed programs. During visits, DCLRs will be making sure programs are in compliance with the new emergency rules, as well as in compliance with those aspects of licensing impacted by emergency rule and will work with providers to make necessary changes. In areas where emergency rules do not apply, regular licensing standards still apply and will be monitored and enforced by DCFS.

When will DCFS resume visits to child care licensure applicants so they can obtain a license and begin operations?

DCFS will continue to work with perspective applicants. If you have questions about DCFS operations, contact your [local DCFS Licensing Office](#).

We applied for the emergency license a few weeks ago. Will we be getting that license now? Will centers that are just reopening under the old emergency license have to meet all the new requirements as well?

As of May 29, 2020, emergency licenses will no longer be issued. Upon transitioning to Phase 3 of Restore Illinois, previously licensed child care programs' licenses have been restored, and programs should comply with all new guidance for Phase 3 and 4, as well as normal licensing standards. Before reopening, programs should submit a Reopening Plan to DCFS.

Programs that have not been previously licensed by DCFS but were interested in obtaining an emergency license can no longer apply for an emergency license.

Can programs that did not hold a license by DCFS but received an emergency care license continue to offer emergency child care?

EDCs may continue to operate; a DCFS licensing rep will be in contact with each individual EDC.

Why are some requirements in the new emergency rules more restrictive than what was allowed under the Emergency Day Care license?

The Emergency Day Care license requirements were developed in the earliest days of the COVID-19 pandemic. At that time, we had very little information about the virus, how it spread, and its impact on children. Since then, we have learned more about these issues and, with the guidance of public health officials, have incorporated what we have learned into our new emergency rules and guidance.

What license exempt programs can be operating during Phase 3 and 4? What additional standards are in place for exempt programs?

All license exempt programs may operate during Phase 3 and 4. All license-exempt programs are strongly encouraged to follow [Restore Illinois Licensed Day Care Guidance and License Exempt School-Aged Guidance \(released 8/17/2020\)](#), as well as guidance from the [CDC](#).

Enrollment, Capacity, & Grouping

What kind of workers can enroll their children in child care in my program during Phase 3 & 4 under the Restore Illinois plan?

All parents seeking care for their children are eligible to enroll their children.

To help plan and prepare for reopening, programs are encouraged to reach out to their families to quickly survey who plans on returning to child care immediately, and who does not yet want/need to have their child in child care.

What do we do if we can't care for all of the families that come back to our program because of limited capacity? Where should we send them?

Programs are encouraged to reach out to their families to quickly survey who plans on returning to child care immediately and who does not yet want/need to have their child in child care. If your program cannot meet the demand, please refer families to the local Child Care Resource & Referral Agency (CCR&R), the Early Learning Helpline at 1.888.228.1146 (available between 9:00 am - 3:00 pm), or the [Child Care Provider Search: Phase 3 and 4](#), as these systems are in place to help families identify child care in their community.

If a family does not feel comfortable returning to their center yet, can the center hold the child care slot for that family? Or should the center give that child's slot to another family?

Whether to hold slots is up to each individual child care program. Providers will continue to be paid for all CCAP eligible days through June 2020. Starting in July, programs may need to fill their open slots for financial purposes. Either way, it is up to the program to decide.

Why do the new regulations require centers to serve infants with a maximum group size of 8 infants when 10 were allowed under the Emergency Day Care rules?

Public health officials recommended that group sizes be limited to approximately 60-75% of the previous limits (and no more than 15 children for any age). For infants, recent research has suggested that children under the age of one are at higher risk of serious illness from the novel coronavirus than are older children. We also looked to peer states to see what others are doing. Most other states in the Midwest allow 8 or fewer infants in a group in their regular licensing rules. Ohio, which normally allows 12, has required infant and toddler groups of 6 or fewer as they reopen.

Will programs be able to add children to classrooms as they enroll?

Programs should maintain stable groups of children and staff in Phases 3 and 4. However, programs are allowed to add new children to a classroom if there are openings in the classroom.

How does the square footage work in each room per child?

There are no changes to minimum square footage per child. The only guidance on additional space is related to sleeping/napping children. Programs should do one of the following:

- Ensure a minimum of 6 feet between each crib or cot when in use; OR
- Separate cribs and cots with clear dividers; these dividers should be commercially produced for this purpose.

How will the group sizes work with programs that have open floor plans and separated spaces with half walls? What about programs where you have to walk through one classroom to get to another (no hallways)?

The emergency rules do not contain any new definitions of what constitutes a room. Regular licensing rules should be followed.

Staffing

Are we back to normal licensing requirements for staff qualifications?

Yes, normal licensing staffing standards apply (please refer to Rule 407). Please note the following:

- Classrooms may be staffed with Early Childhood Assistant qualified staff for up to 3 hours of the program day, provided this is documented in a written staffing plan and submitted to DCFS.
- For centers that operated as emergency child care programs in Phase 1 and/or 2, staff deemed qualified under the emergency child care rules to be an Early Childhood Teacher and who worked in that role during March through May 2020 may maintain that role for 60 days (through July 31, 2020).
- Remember, [DCFS Policy Guide 2020.07](#), effective February 28, 2020, is still in place and allows Early Childhood Teachers to be working toward the early childhood college coursework qualification.

The emergency rules allow a classroom to be staffed by assistant-qualified staff for up to 3 hours per day. Will this be allowed for child care programs from now on?

No, the accommodation of allowing classrooms to be staffed by assistant-qualified staff for up to 3 hours per day was done in recognition of the difficulty programs may face because classes cannot be combined at any time during the day. Programs are advised to plan for the fact that if and when the restriction on combining groups is lifted, programs will again be required to have a Teacher-qualified staff person in every classroom at all times.

The emergency rules allow a staff member who served as a teacher in an Emergency Day Care Center to continue in that role until July 31, 2020. Is it possible that there will be an extension of this allowance?

No, there will be no extension. After July 31, 2020, Teachers must meet the requirements in the licensing rules ([407.140](#)). Programs are reminded of [DCFS Policy Guide 2020.07](#), effective February 28, 2020, which allows Early Childhood Teachers to be working toward the early childhood college coursework qualifications.

How do breaks work for staff?

Programs should have additional staff (sometimes known as “floaters”) available to provide relief/coverage during a break. This practice will provide necessary staff relief while maintaining stable groups and licensing ratio requirements. This staff should be qualified for the position for which they are relieving.

Some best practices for “floaters”: change clothing/smock, and wash hands and then use hand sanitizer between classrooms. Staff should also wash their hands before leaving classrooms. Programs should schedule “floaters” so that they interact with as few classrooms as is feasible for the program.

Do we have to have two staff in a school-age classroom, with a maximum of 15 children?

No. The minimum staff to child ratio for school-aged classrooms is 1:15. However, it would be best practice to have a second staff person assigned to the school-aged rooms, especially during arrival and dismissal times, and to assist in the enhanced sanitation routines that are recommended.

How do we handle staff who wish to remain on unemployment, but we are opening back up and want to recall staff? Should they return?

While on Unemployment Insurance (UI), the individual is required to conduct a job search. If they have a job offer while on UI but turn down the position (in this case, to return to work with their former employer), the Employer can choose to report that to the Illinois Department of Employment Security (IDES), does not have to hold their position open for them, and should proceed to post the position for hire.

Personal Protective Equipment

See the [Restore Illinois Licensed Day Care Guidance and License Exempt School-Aged Guidance \(released 8/17/2020\)](#) for the most up-to-date information.

Why does the guidance now include face masks for staff?

Public health officials have identified face coverings as one of the most important ways to slow the spread of COVID-19. We have learned over the past few months that COVID-19 can be spread from person to person even if the person infected has no noticeable symptoms of the disease. It is this discovery that has led to the requirement for everyone over age 2 (except those for whom it is medically intolerable) to wear a face covering in public whenever social distancing cannot be maintained. Public health officials advised that staff in child care programs should wear masks or face shields at all times. Providers are encouraged to consider the face shield alternative, as it may allow for better communication with young children.

When can face shields be used as an alternative to face masks in child care settings?

There are some circumstances in which, in order to provide for an effective developmental environment, staff members may need to use face shields or clear masks to provide better visibility of facial expression and lip movements. For example, when caring for and communicating with very young children who are still mastering the basics of speech and language, seeing the adults' mouth may be especially important. In these circumstances, face shields may be used *with the understanding that they have not been deemed effective for source control*. This means that face shields do not provide as much protection against the spread of the COVID-19 as face masks or cloth face coverings. Therefore, face shields should only be used instead of masks or cloth face coverings when they are necessary to support children's learning and development. When face shields are used, staff are advised to be even more vigilant about implementing frequent hand washing, avoiding touching the face, and practicing social distancing to help prevent the spread of illness.

Why does the guidance include face masks for children age 2 and over?

Children should wear face masks when they are dropped off and picked up to be consistent with the current State requirement that everyone over age 2 (except those for whom it is medically intolerable) to wear a face covering in public whenever social distancing cannot be maintained. Children should not wear a mask when napping and do not need to wear masks when playing outdoors. While in the classroom, public health officials recommend that providers should encourage children to wear masks. If a child does not tolerate the mask well, or is unable to wear the mask without touching his or her face more frequently than if he or she were not wearing it, providers may allow the child to not wear the mask in the classroom. Be sure to communicate with parents about children's experiences with face masks, the importance of face masks to keep ourselves and others safe, and communicate with children about not touching their faces, how to wear their masks, etc.

Do we have to supply PPE to everyone? Can each staff and family provide their own?

Child care programs should ensure that they have adequate PPE supplies for staff and children in the facility. It is critical that appropriate and safe PPE is used in child care and that PPE can be replaced in instances of soiled, forgotten, or lost masks. Programs are not required to provide masks for parents/guardians or other visitors, although programs are encouraged to make masks available in case someone has forgotten or does not have a mask.

Programs should supply face masks (face shields can be used by staff), gloves, and other PPE based on what practices you put in place or encourage. This could include smocks/uniforms for staff, especially infant toddler staff, and staff should be encouraged to have a change of clothes available for things like contact with sick child.

What resources are available to help find or pay for PPE?

For providers who were providing emergency child care, there has been a process put into place to acquire and distribute cleaning supplies as well as masks. These "kits" are already being mailed out (some of the products have not yet arrived) to providers who have indicated they are in need of cleaning supplies.

IDHS (through INCCRRA) continues to work with a vendor to acquire an “oversupply” of cleaning materials for child care providers to access over the coming months. This will be established as an [“on-line store”](#) while supplies last where supplies will be free of charge, but the provider will need to pay for shipping. This limited service is intended to help providers as supply chains adjust to the greatly increased demand for cleaning supplies, PPE, and other necessary supplies over the coming months. If a new provider cannot locate needed supplies or PPE, they can contact their local CCR&R for information about accessing supplies through the central portal.

By submitting an operational PPE plan as part of your program’s Reopening Plan, the State will have a better sense of programs’ PPE supply and capacity to acquire/maintain their supply, and what level of need there is for additional resources.

If children and staff change their shoes on the way into the classroom, when they go back outside to play, do they put back on the shoes they came in with or the shoes that they have at day care?

Child care programs are not required to have children, staff, and parents/visitors change their shoes or wear shoe coverings in the child care facility. If your program does decide to implement or encourage these practices, the child/staff may keep on the shoes they wear inside the child care facility to go outside, as the goal is to prevent contact with the shoes that have been in individual’s homes and in public spaces.

Who provides thermometers to centers? Will centers be expected to purchase their own thermometers and batteries, or will these be provided by a government entity?

Emergency Day Care Programs that were open and serving the children of essential workers during the Stay at Home Order/during Phases 1 and 2 of Restore Illinois were included in the opportunity to receive a kit of supplies that included a thermometer. The State is working to acquire more thermometers that will be made available to child care providers. In the meantime, if providers choose to reopen, given the temperature taking guidance, they should purchase their own thermometer. No-touch thermometers are recommended, though “traditional” thermometers are permitted if they are cleaned between use.

Food Preparation & Meal Service

Are washable dishes permitted during mealtimes or should everything be disposable? Are there other changes or requirements for mealtimes?

Follow normal rule guidance as it pertains to food preparation and meal guidance. In accordance to [CDC guidelines on food preparation and meal service](#), programs should ensure, among other precautions, that children are eating in their classrooms rather than in common spaces like a cafeteria and that meals are plated or individually boxed for children, instead of served buffet or family style, to avoid any shared serving utensils.

What about Head Start programs, where family style is a requirement for meals?

Family style meals are [no longer a requirement](#) of Head Start programs. The [Office of Head Start guidance](#) for programs serving children indicates that Head Start programs should follow IDPH and CDC guidelines and serve children individual meals; this aligns with DCFS licensing guidance during Phase 3 and 4. [CDC guidance on Food Prep and Meal Service can be found here](#).

Social Distancing

Can shelves be used to separate cots to reduce the 6-foot spacing requirement?

No, for the safety of the children in care 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.

Safe & Healthy Spaces & Materials

Is there standard signage available for us to print and post at entrances, making it clear that individuals cannot enter if they are sick, have symptoms, are not wearing a mask, etc.?

[Printable signs in Chinese, English, Korean, Polish, Spanish, and Tagalog](#) have been developed for programs that are following the emergency rules, executive orders, and guidelines issued by the state of Illinois in adherence with the Restore Illinois Plan.

What materials can we put back in our rooms?

Programs should continue compliance with [CDC guidance on toys in classrooms](#). Toys that cannot be cleaned and sanitized often (i.e. stuffed animals) should not be used. Toys should not be shared across groups unless cleaned and disinfected in between.

Will child care providers be able to store strollers/car seats, etc. for parents during the day?

There are no new requirements around the storage of strollers and car seats.

There is guidance around limiting groups on playground equipment and allowing time or sanitation between usage. What if I normally take the children to a public playground?

Outdoor play is encouraged as long as social distancing can be maintained. Teachers may want to check the playground and disinfect surfaces before taking children there.

Will classrooms be allowed to share a restroom?

Programs that share restrooms between classrooms should ensure that bathrooms are cleaned and disinfected regularly, in accordance with [CDC guidelines](#), and limit children waiting in lines/congregating near restrooms.

In order to make space available for cots and cribs, many centers will be required to move shelving units and rearrange their classrooms. Will centers scheduled for monitoring visits still be required to meet all ECERS requirements during Phases 3 and 4?

DCFS does not require centers to follow ECERS. ECERS is used as part of ExceleRate Illinois, the State's quality rating and improvement system. GOECD is finalizing guidance for programs related to compliance with ECERS and ExceleRate Illinois standards; this will be available for providers soon.

Business & Finance

With smaller group sizes, it will be hard for my program to make ends meet. Is the state planning to provide any support to providers?

On June 11, 2020, Governor Pritzker [announced](#) a \$270 million grant program for Illinois child care providers. The Child Care Restoration grant program will dedicate at least \$270 million of the state's Coronavirus Urgent Remediation Emergency (CURE) Fund to support the economic health of childcare providers as the state's economy continues to reopen in the coming weeks and months. As part of CURE, the Business Interruption Grants (BIG) Program is specifically designed to support businesses who endure lost revenue due to the COVID-19 public health emergency. More information can be found [here](#).

Will the 30% enhanced rate continue in June? If so, does it apply for all families or just those deemed "essential workers"?

The 30% enhanced rate will continue through June only for those providers who have been caring for children under an emergency day care permit. Attendance information should be shared with the IDHS as a condition of the 30% enhanced rate. Providers just opening in Phase 3 or 4 are not eligible for the enhanced rate.

What is happening with the attendance exemption in June and beyond?

The attendance exemption is still in effect through the month of June for all providers regardless of when you open for business. The attendance exemption granted during Phases 1 & 2 of the Restore Illinois plan will be discontinued starting July 1, 2020.

Is there any way to require business liability and workman's comp insurance to be extended at no cost to make up for the months when child care was required to be closed?

Providers acquire and manage their own business liability and workman's compensation benefits and would need to negotiate directly with their insurance provider for any changes to their policy based on closures during Phases 1 & 2 of the Restore Illinois plan.

When does the family copay for CCAP return to normal levels? If parents are no longer able to pay a copay (due to job loss/unemployment), how can centers accommodate them?

Copays will return to their normal levels in July 2020. If the family is now unemployed, they should be redetermined to adjust their copayment and take advantage of the job search period. For those who are already receiving CCAP, they can continue to receive CCAP for a job search period of 90 days.

Health & Wellbeing

Will teachers and families attending child care have priority access to COVID-19 testing? How often can they be tested since they may face higher exposure?

On June 4, 2020, IEMA and IDPH [announced](#) that community-based testing sites are now available to all regardless of symptoms. Before this announcement, child care providers were included in Category 4 of the IDPH priority COVID-19 testing population if/when a positive COVID-19 case is identified in a program. A list of testing sites is available on the [IDPH website](#).

Are DCFS caseworkers allowed to visit foster children involved with the DCFS child welfare system while the children are in child care?

There is nothing preventing the caseworker from visiting the child in their child care facility. The caseworker should be screened for fever and symptoms upon entering, like all staff and visitors, and follow appropriate guidance including wearing a face mask in the facility.

How/where will Early Intervention (EI) services be allowed to happen in child care programs?

Early Intervention providers will be allowed. [Please visit the GOECD website \(scroll down to "Resources for Early Intervention Providers" for the most up-to-date guidance\)](#). When EI providers come back to child care facilities, they should be screened for fever and symptoms upon entering, like all staff and visitors, and follow all appropriate guidance.

Do we still need to have physicals and immunization records for all staff and children at time of enrollment/hire?

Yes.

What if staff's CPR/First Aid certification expires during the pandemic?

Licensees and staff holding first aid and CPR certification from the American Red Cross that has or will expire during Restore Illinois may utilize the online certification extension programs offered by the American Red Cross.

What are Head Start toothbrushing guidelines?

Toothbrushing guidelines are currently suspended due to COVID-19. Guidance can be found [here](#).

Should vulnerable populations be providing/receiving care in child care settings?

We recommend you consider [IDPH](#) and [CDC](#) guidance related to vulnerable populations and precautions related to congregate care.

If my facility has been closed for a long time, are there guidelines available for how to safely reopen?

The CDC has developed [Guidance for Reopening Buildings after Prolonged Shut Down or Reduced Occupation](#) that includes steps to minimize the risks of Legionella.

During this time will nurses still be required to visit licensed day care centers?

Yes, per the rule 407.210, nurse visits are required at all licensed child care providers that serve infants and toddlers.