

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

This document, updated regularly, (7/7/20 changes are highlighted in yellow below; 7/29/20 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 homes 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.

Table of Contents

1. General
2. Reopening Plans
3. Licensure
4. Enrollment, Capacity, & Grouping
5. Personal Protective Equipment
6. Food Preparation & Meal Service
7. Social Distancing
8. Safe & Healthy Spaces & Materials
9. Business & Finance
10. Health & Wellbeing

General

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

Child care programs should notify DCFS by submitting their COVID-19 Action 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 COVID-19 Action Plans? How quickly after submitting our plans can we reopen?

Providers 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 providers 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 providers 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 I have to reopen by a certain date?

No, there is no deadline or timeframe for licensed child care programs to reopen. Programs should 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 to help inform their decision to reopen.

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 I need to submit to DCFS as part of my 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 your 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?

The enhanced licensing standards 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](#).

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.

Does the maximum group size include the provider's own children?

Yes, providers' children in care are always included in licensed capacity.

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 child care yet, can the provider hold the child care slot for that family? Or should the provider 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.

How does square footage work per child?

There are no changes to minimum square footage per child. The only guidance on additional space is related to sleeping/napping children. Each child should have their own crib or sleeping

arrangements, not to be interchanged. While children are sleeping or napping, providers should either:

- Ensure a minimum of 6 feet between each crib/cot, OR
- Separate cribs/cots by a barrier; these barriers must be commercially produced for this purpose

As a licensed home, I can provide care for 8 children during the day shift, close for at least an hour to clean, and then care for 8 children for the night shift, right? And with an assistant, it would be 10 for each shift (or 12, for group homes)?

That is correct. As a licensed home provider, you can care for 8 children during the day and 10 with an assistant if approved for extended care. There are no changes listed for 1-hour closure prior to the next attending group. The only guidance is that the entire licensed space should be cleansed and sanitized prior to the next group of children attending your program. As a licensed home provider, the maximum capacity for night care is 8 and for Group Day Care Homes the maximum capacity for night care is 12 with an assistant.

Personal Protective Equipment (PPE)

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 providers and 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) 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 child care home, 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 really 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 a 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 Reopening Plan, the State will have a better sense of providers' 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 home, 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 homes? Will they be expected to purchase their own thermometers and batteries, or will these be provided?

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. 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?

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 that meals are plated or individually boxed for children, instead of served buffet or family style, to avoid any shared serving utensils.

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.

Business and Finance

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 must 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.

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 home providers 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 have to have new physicals and immunization records for all staff and children at time of enrollment/hire?

Yes.

What if my/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.

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.