

CHILD CARE HOMES PHASE 3 AND PHASE 4 REOPENING REQUIREMENTS

This guidance document was created to support licensed providers as they prepare to reopen their programs in Phase 3 and Phase 4 of Restore Illinois. This quick reference guide outlines all new or different standards for Department of Children and Family Services (DCFS) licensing; these standards were developed with the guidance of the Illinois Department of Public Health (IDPH) and informed by the Centers for Disease Control and Prevention (CDC).

This quick reference guide outlines the activities and documentation required of licensed family child care homes and group homes in order to reopen. In addition, each section includes links to more detailed guidance from the CDC and additional resources to support implementation wherever possible. This tool is designed to help providers stay organized as you move through the process of reopening under Phase 3 or Phase 4, with more comprehensive information readily available for your reference.

o Meet Appropriate Standards and Guidance

- o **Follow all DCFS licensing standards, per rule 89 Ill. Adm. Code 406 (homes) or rule 89 Ill. Adm. Code 408 (group homes), including additional emergency rule measures for operating during a public health emergency.** The emergency rules include additional health and safety measures developed with guidance from IDPH and detailed throughout this document.
 - ▶ *DCFS Emergency Rules (406.28 Operation During Public Health Emergency), effective May 29, 2020 (licensed homes)*
 - ▶ *DCFS Emergency Rules (408.140 Operation During Public Health Emergency), effective May 29, 2020 (licensed group homes)*
- o **Follow all CDC guidance and any additional IDPH guidelines for child care programs.** In some instances, DCFS and IDPH have adopted specific Illinois requirements that may differ from the CDC guidance. In those instances, providers should meet Illinois-specific requirements. Child care providers should check CDC frequently to stay up-to-date on guidance for child care programs.
 - ▶ [CDC Guidance for Child Care Programs that Remain Open](#)
 - ▶ [Interim Guidance for Administrators of US K-12 Schools and Child Care Programs](#)
 - ▶ [Interim Guidance for Preventing Spread of COVID-19 in Childcare/Daycare Centers](#)

o Submit COVID-19 Action Plan to DCFS

(Section 406.28(a)(1))
(Section 408.140(a)(1))

- o **Providers must develop a detailed COVID-19 Action Plan. This plan shall follow CDC guidelines, which include, but are not limited to:**
 - Exclusion policies for employees and children shall address serious illnesses, contagious diseases, and reportable diseases in conformance IDPH regulations

- Per [406.14\(d\)](#), exclusion policies need to ensure that children will remain excluded from the home until the Illinois Department of Public Health or local health department states, in writing, that the communicable, contagious or infectious stage of the disease has passed and that the child may be re-admitted to the day care home.
- Notification to all parents and guardians, in accordance with IDPH recommendations, when any communicable disease or condition has been introduced into the child care home
- Post signs outside any entrance prohibiting entry for anyone with symptoms of illness, including respiratory infection
- Temperatures shall be taken of providers, employees, household members, children, parents, guardians, or other authorized person picking up and dropping off children each day
 - Individuals with a temperature of 100.4 degrees or above shall be excluded
- Licensee shall supply personal protective equipment (PPE) for employees and children, including face masks/shields, gloves, etc.
 - Licensees, employees, and household members shall wear face masks or face shields while on site
 - Children ages 2 years and up shall wear a face mask, when tolerable, throughout the day except when napping, eating, or outdoors (406.28(g))/ (408.140(d)(4))

○ Submit COVID-19 Action Plan to DCFS local licensing office

Resources for additional guidance:

- ▶ [CDC Guidance for Schools and Child Care – Emergency Preparedness Plans](#)
- ▶ [CDC Guidance for Child Care Programs – Excluding and Isolating Sick Staff and Children](#)
- ▶ [CDC Guidance on Health Screenings in Child Care](#)
- ▶ [CDC Guidance on Use and Care of Face Masks](#)
- ▶ [CDC Guidance on Donning and Doffing PPE](#)

○ Submit PPE Plan to DCFS

(Section 406.28(a)(2))
(Section 408.140(a)(2))

○ Providers must develop a Personal Protective Equipment (PPE) Plan, which shall include details on:

- Where PPE will be stored
- How PPE is inventoried
- How employees are informed and trained about the availability, location, and procedures for reporting refilling needs

○ Submit PPE Plan to DCFS

Resources for additional guidance:

- ▶ [CDC Guidance on Using, Making, and Caring for Face Masks](#)
- ▶ [CDC Poster – How to Wear a Mask](#)
- ▶ [CDC Guidance on Caring for Infants and Toddlers](#)

○ Comply with group size limits

(Section 406.28(e))
(Section 408.140(e))

○ Providers must comply with maximum group sizes of 10 children

- Licensed homes must comply with all provisions of 406.13 (age groupings), limiting the maximum group size to no more than 8 children in a child care home or 10 children with an assistant present.
- Licensed group homes must comply with 408.65 (age groupings), limiting the maximum group size to no more than 10 children.

○ Submit documentation of compliance with maximum group sizes to DCFS

Resources for additional guidance:

- ▶ [CDC Guidance for Schools and Child Care on preparedness – absenteeism among staff and children](#)

○ Develop Communication Plan

(Section 406.28(f)(2))
(Section 408.140(f)(2))

○ Providers must develop a communication plan with employees, parents/guardians in the event of COVID-19 case with a child or employee. As part of the communication plan, providers should include the following requirements:

- Written notification must be provided to parents/guardians within 24 hours of any confirmed COVID-19 exposure (406.28(d)(2)) / (408.140(d)(2))
- Providers must notify the local DCFS Licensing office immediately by telephone and in writing upon any confirmed infection or exposure to COVID-19 (406.28(j)) / (408.140(j))
- Providers must report any known or suspected case or carrier of communicable disease to the local health authorities and local DCFS Licensing office
 - Comply with IDPH's rules for the Control of Communicable Diseases ([77 Ill. Adm. Code 690](#))

○ Submit communication plan to DCFS

Resources for Additional guidance:

- ▶ [IDPH Guidance on exposure in child care and considerations for temporary closures](#)
- ▶ [CDC resources to prevent, interrupt, and respond to stigma](#)

○ Develop Enhanced Arrival and Departure Plan

○ Enhance daily arrival and departure policies and procedures

- Daily temperature checks upon arrival for children, parents/adults dropping off or picking up a child, employees, providers, and household members (406.28(a)(1)(D)) / (408.140(a)(1)(D))

- Use non-contact thermometers (406.28(b)(6)) / (408.140(b)(7))
 - Keep daily log of temperatures (date, time, name, temp reading)
 - Individuals with temperature of 100.4 degree or above must be excluded
- Parent/guardian or authorized adult dropping off or picking up a child must wear a face mask (406.28(d)(1)) / (408.140(d)(1))
- No physical contact/handshaking between providers, parents/adults (406.28(b)(7)) / (408.140(b)(7))

○ Submit enhanced daily arrival and departure policies and procedures to DCFS

Resources for additional guidance:

- ▶ [CDC Guidance on Health Screenings in Child Care](#)
- ▶ [CDC Guidance on Parent Drop-Off and Pick-Up](#)

○ Enhance Sanitation Procedures to Ensure Safe Space

○ Providers must implement enhanced sanitation policies and procedures to ensure safe indoor spaces

- Increase routine cleaning and disinfecting to hourly, during hours of operation, for frequently touched items – including doorknobs, toys, phones, computer parts, etc. (406.28(b)(4)) / (408.140(b)(4))
- All equipment shall be cleaned and disinfected daily with a germicidal solution approved by the CDC (406.28(b)(3)) / (408.140(b)(3))
- Homes that offer multiple shifts of care must close for an hour between shifts for cleaning and disinfecting of all surfaces and equipment (406.28(i)(5)) / (408.140(i)(5))
- For infants and toddlers, as well as children receiving overnight care, providers must ensure the following in regards to sleeping and napping (406.28(h) and (i)) / (408.140(h) and (i))
 - Each child shall have their own crib or sleeping arrangements, not to be interchanged
 - While children are sleeping or napping, either ensure a minimum of 6 feet between each crib/cot or separate cribs/cots by a barrier (406.28(f)(5)) / (408.140(f)(5)); Barrier must be commercially produced for this purpose
 - All sheets shall be cleaned and laundered daily
 - Bedding is to be changed when soiled
 - Children shall not have masks while sleeping
- Post signs describing ways to prevent the spread of germs throughout the home, including where children are dropped off and picked up (406.28(b)(2)) / (408.140(b)(2))
- Stuffed animals are not to be used or made available to children during this time 406.28(f)(4) / (408.140(f)(4))

○ Submit enhanced sanitation policies and procedures to DCFS

Resources for additional guidance:

- ▶ [CDC Guidance on Cleaning and Disinfecting in Child Care Programs](#)
- ▶ [EPA List of disinfectants for use against COVID-19](#)
- ▶ [Caring for our Children – sample cleaning, sanitizing, and disinfecting schedule](#)
- ▶ [CDC Posters, including Preventing the Spread of Germs \(available in multiple languages\)](#)
- ▶ [CDC Guidance on Food Prep and Meal Service](#)

○ Enhanced Handwashing Protocols

○ Providers must implement enhanced handwashing protocols

- Provider and employees must wash hands in accordance with [CDC guidelines](#), including before and after contact with household members (406.28(f)(3)) / (408.140(f)(3))
- Post CDC handwashing guidelines and COVID-19 precautions in visible locations throughout the home, including handwashing areas accessible to employees, children, parents/guardians (406.28(b)(1)) / (408.140(b)(1))

○ Submit enhanced handwashing protocols to DCFS

Resources for additional guidance:

- ▶ [When and How to Wash your Hands](#)
- ▶ [CDC posters encouraging health hand washing technique and behaviors](#)

○ Provide Required Provider Documentation

(Section 406.28(c))
(Section 408.140(c))

○ Providers must provide medical report verifying no reportable communicable diseases.

- Licensees, employees and all members of the household shall provide medical evidence, as required by Section 408.35 (f), that they are free of reportable communicable diseases. In the case of providers, evidence must show they are free of physical or mental conditions that could interfere with child care responsibilities.
 - Note: This does not mean that COVID-19 testing is required.

○ Providers must maintain CPR/First Aid Certification

- Licensees and employees holding first aid and CPR certification that has expired or will expire during COVID-19 response closures may utilize online certification extension programs through State of Illinois approved training sources to renew their certifications.

○ Submit documentation to DCFS

Additional Strategies and Considerations

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. Information specific to child care and early childhood can be found on the [Governor's Office of Early Childhood Development](#) website.

- **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.
- **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 with 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.
- **Communicate with children.** Children may be confused or worried about COVID-19, and they may experience some anxiety both at home and in child care. It is important to prepare staff to talk with children about COVID-19, and providers should be supporting parents to talk to their children, too. The CDC has [tips for talking to children](#) about the virus and how we can all stay safe during this time.
- **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.