

Quick reference to rules that providers will need to comply with as Emergency Child Care Centers

407.415 Compliance with Licensing Standards

- a) An applicant for a license shall demonstrate compliance with the following sections or subsections of this Part:
 - 1) 407.70 Organization and Administration
 - k) The center shall develop a written risk management plan that identifies potential operational risks, specifies ways to reduce or eliminate the risks and establishes procedures to be followed in an emergency or crisis. All staff shall be trained in the implementation of the plan. This risk management plan shall specifically address at least the following:
 - 1) training, including universal precautions, provided to staff to identify and minimize risks, particularly as it relates to the care and supervision of children;
 - 2) the design and maintenance of the building and any vehicles used in day care;
 - 3) maintenance and storage of food service and maintenance equipment, chemicals, and supplies, including an integrated pest management plan in accordance with Section 407.390;
 - 4) selection, maintenance, and supervision of education materials, toys, pets, and playground equipment;
 - 5) food service sanitation;
 - 6) cleanliness of the building and grounds;
 - 7) means of receiving information to alert the center of severe weather conditions or other emergency situations that may affect the safety of the children; and
 - 8) emergency and disaster preparedness plans, including fire drills and evacuation plans.
 - 2) 407.90 Staffing Structure
 - (a)(3) Sufficient child care staff shall be provided to assure that staff/child ratios are maintained as required by Section 407.190.
 - (b) The day care center shall employ a qualified child care director to oversee the program and administer day-to-day operations. The child care director shall be responsible for the planning and supervision of the program and activities of the children; orientation to newly employed staff; on-site supervision of all staff; and in-service training totaling a minimum of 15 clock hours per year for each member of the child care staff. Except that for Emergency Child Care Centers, a qualified child care director shall meet the qualifications for Early Childhood Teachers per Section 407.140 of this part.
 - d) Each group of children shall be under the direct supervision of an early childhood teacher or a school-age worker, except that a qualified early childhood teacher in emergency child care shall meet the qualifications for an early childhood assistant per Section 407.150 of this Part, and a qualified school-age worker in emergency child care shall meet the qualifications for a school-age assistant per Section 407.150 of this Part.

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- 1) Infant, toddler and preschool groups, as well as multi-age groups, shall be supervised by an early childhood teacher at all times, except as allowed by Section 407.190(e)(2).
 - 2) School-age groups shall be supervised by a school-age worker at all times, except as allowed by Section 407.90(e)(2) below.
- 3) 407.100, General Requirements for Personnel
- a) Staff shall be able to demonstrate the skill and competence necessary to contribute to each child's physical, intellectual, personal, emotional, and social development. Factors contributing to the attainment of this standard include:
 - 1) Emotional maturity when working with children;
 - 2) Cooperation with the purposes and services of the program;
 - 3) Respect for children and adults;
 - 4) Flexibility, understanding and patience;
 - 5) Physical and mental health that do not interfere with child care responsibilities;
 - 6) Good personal hygiene;
 - 7) Frequent interaction with children;
 - 8) Listening skills, availability and responsiveness to children;
 - 9) Sensitivity to children's socioeconomic, cultural, ethnic and religious backgrounds, and individual needs and capabilities;
 - 10) Use of positive discipline and guidance techniques; and
 - 11) Ability to provide an environment in which children can feel comfortable, relaxed, happy and involved in play, recreation and other activities.
- b) Child care staff, in addition to meeting the requirements of subsection (a), shall generally demonstrate skill and competence necessary to assume direct responsibility for child care including:
 - 1) Skills to help children meet their developmental and emotional needs;
- g) A staff member experiencing fever, sore throat, vomiting or diarrhea shall not be responsible for food handling or the care of children.
- h) The center shall have on duty at all times at least one staff member who has successfully completed training and is currently certified in first aid, cardiopulmonary resuscitation (CPR) and the Heimlich maneuver, and for centers serving infants, first aid for choking infants in accordance with the approved method specified in the Department of Public Health's rules 77 Ill. Adm. Code 520 (The Treatment of Choking Victims). CPR certification must be specific for all age groups served, i.e., infant (birth to 12 months), child (one to 8 years) and adult (8 years and older).

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i) Any center that serves food shall have posted in a conspicuous location visible to employees the Choke Saving Methods Poster available from the Illinois Department of Public Health at <http://www.state.il.us/about/choking.htm>.

4) 407.110, Background Checks for Personnel

The day care center shall require all persons subject to background checks, as defined in 89 Ill. Adm. Code 385.20, to furnish written information regarding any criminal convictions, to submit to fingerprinting and to authorize the background checks required by 89 Ill. Adm. Code 385, Background Checks.

5) 407.120, Personnel Records

a) A confidential file shall be maintained on each staff person and contain at least the following information:

- 1) A copy of a form prescribed by the Department that contains information on persons employed in the day care center;
- 2) A record of current medical examination on a form prescribed by the Department,
- 3) Three written character references, verified by the day care center;
- 4) Proof of educational achievement as required for the individual's position, in accordance with qualifications required for Emergency Child Care staff, per this Section. Foreign credentials require additional documentation providing a statement of the equivalency in the U.S. educational system;
- 5) Verification of previous experience, when such experience is considered as part of the individual's qualifications for his or her position; and
- 6) A signed statement that acknowledges the employee's status as a mandated reporter of suspected child abuse and neglect.

b) Authorizations for and results of the background check required by 89 Ill. Adm. Code 385, Background Checks, shall be maintained in a separate and confidential file.

c) The Department shall be notified by the next business day when there is a change of director or school-age director. Other staff changes, including a change in an employee's position status within the center, shall be reported to the Department monthly in a form prescribed by the Department. Name changes shall be documented in the personnel file.

d) For any individual who serves as a child care facility driver, a driver application shall be submitted to the Department with a copy of the current medical report that was completed not more than 60 days prior to assuming duties as a child care driver. If an individual holds a valid school bus driver permit and is currently employed by a school district or parochial school, a

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copy of the school bus driver permit may be substituted for the required medical examination.

- e) The day care center shall maintain written documentation of the following:
 - 1) That a person certified in food service sanitation is on site to manage the preparation and/or service of food, including the service of catered food. This requirement does not apply if the center serves no food, or serves only prepackaged prepared snacks. Refer to the Illinois Department of Public Health, Food Service Sanitation Code (77 Ill. Adm. Code 750);
 - 2) That in-service training is being provided as required for the child care director and each member of the child care staff;
 - 3) That an employee who has successfully completed training and is currently certified in first-aid, cardiopulmonary resuscitation (CPR) and the Heimlich maneuver is on site at all times. CPR certification shall be specific for all age groups served (infant, child and adult);
 - 4) Mandated Reporter Training certificates identifying that all required staff have completed the DCFS-approved Mandated Reporter Training; and
 - 5) If the center is licensed to serve infants, current training certificates and attendance records that the day care center director, and other staff as required, have completed DCFS-approved trainings on SIDS, SUID, SBS and the safe sleep recommendations of the American Academy of Pediatrics.

- f) The day care center shall submit copies of the following to the Department for the child care director and any person designated to serve as alternate director:
 - 1) Proof of educational achievement, including course descriptions if necessary, in compliance with director qualifications per this Section; and
 - 2) Three written references.

- g) The records required by this Section shall be maintained in a locked file at the day care center.

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h) Per Emergency rule 407.425 d) During the hours of operation, Department staff has discretion to visit the licensed Emergency Day Care Program to ensure the health and safety of children, and to provide support and resources for the program. Ninety (90) days following the issuance of the license, a recertification visit will be conducted by licensing staff for operating Emergency Day Care Programs

6) Per Emergency rule 407.415 b) Grouping and Staffing: subsection (f) (child supervision) only

a) The group sizes and ratio of child care staff to children present at any one time shall be as follows:

AGE OF CHILDREN	STAFF/CHILD RATIO	MAXIMUM GROUP SIZE
Infants (6 weeks through 14 months)	1 to 4	10
Toddlers (15 through 23 months)	1 to 4	10
Two years	1 to 8	10
Three years	1 to 10	10
Four years	1 to 10	10
Five years (preschool)	1 to 10	10
School-age: Kindergartners present	1 to 10	10

f) Children shall not be left unattended at any time.

h) According to Emergency rule 407.415 b) Emergency child care centers will follow the following safety measures to protect the health of all children and staff:

- 1) Child care must be carried out in stable groups of 10 or fewer (“stable” means that the same 10 or fewer children are in the same group each day);
- 2) Children shall not change from one group to another;
- 3) If more than one group of children is cared for at one facility, each group shall be in a separate room. Groups shall not mix with each other;
- 4) Child care staff shall remain with the same group of children each day; and
- 5) Child care staff may work a maximum of 12 hours in a 24 hour period.

b)

7) 407.250, Enrollment and Discharge Procedures

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i) The day care center shall maintain a record on all children enrolled in the center to help staff plan effectively to meet each child's individual needs.

- 1) A written enrollment application shall be on file for each child with the signatures of the enrolling parents. The application shall contain the following information:
 - A) Child's full name, date of birth and gender.
 - B) Date of enrollment and discharge.
 - C) Scheduled days and hours of care.
 - D) Name, home address and telephone number of parents.
 - E) Work hours of parents and name, address and telephone number of place of employment.
 - F) Name, address and telephone number of the child's physician or certified Christian Science practitioner, if applicable.
 - G) Name, address and telephone number of all persons authorized to pick up the child, which includes both:
 - i) A primary list of persons authorized to pick up the child regularly; and
 - ii) A contingency list of persons authorized to pick up the child occasionally, including conditions for releasing the child to such persons.
 - H) Name, address and telephone number (day and evening) of persons to be contacted in an emergency if the parents cannot be reached.
 - I) Information regarding the child's individual development, habits, medical needs and other factors critical to the child's well-being and ability to participate in the program.

8) 407.260 Daily Arrival and Departure of Children

b) Child care staff shall conduct a daily pre-admission screening to determine if the child has obvious symptoms of illness. If symptoms of illness are present, the child's inclusion or exclusion for the day shall be determined in accordance with Section 407.310(b) and (c).

d) A daily attendance log shall be maintained in such a way that it is always possible to determine the number of children present at any given time.

9) 407.270, Guidance and Discipline

10) 407.310 Health Requirements for Children

b) A child suspected of having or diagnosed as having a reportable infectious, contagious, or communicable disease for which isolation is required by the Illinois Department of Public Health's General Procedures for the Control of Communicable Diseases (77 Ill. Adm. Code 690) shall be excluded from the center.

c) Children shall be screened upon arrival daily for any obvious signs of illness. If symptoms of illness are present, the child care staff shall determine whether they are able to care for the child safely, based on the apparent degree of illness, other children present and facilities available to care for the ill child.

- 1) Children with diarrhea and those with a rash combined with fever (oral temperature of 101° F or higher or under the arm temperature of 100° F or higher) shall not be admitted to the day care center while those symptoms persist, and shall be removed as soon as possible should these symptoms develop while the child is in care.
- 2) Children need not be excluded for a minor illness unless any of the following exists, in which case exclusion from the day care center is required:
 - A) Illness that prevents the child from participating comfortably in program activities;
 - B) Illness that calls for greater care than the staff can provide without compromising the health and safety of other children;
 - C) Fever with behavior change or symptoms of illness;
 - D) Unusual lethargy, irritability, persistent crying, difficulty breathing or other signs of possible severe illness;
 - E) Diarrhea;
 - F) Vomiting 2 or more times in the previous 24 hours, unless the vomiting is determined to be due to a noncommunicable condition and the child is not in danger of dehydration;

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- G) Mouth sores associated with the child's inability to control his or her saliva, until the child's physician or the local health department states that the child is noninfectious;
- H) Rash with fever or behavior change, unless a physician has determined the illness to be noncommunicable;
- I) Purulent conjunctivitis, until 24 hours after treatment has been initiated;
- J) Impetigo, until 24 hours after treatment has been initiated;
- K) Strep throat (streptococcal pharyngitis), until 24 hours after treatment has been initiated and until the child has been without fever for 24 hours;
- L) Head lice, until the morning after the first treatment;
- M) Scabies, until the morning after the first treatment;
- N) Chicken pox (varicella), until at least 6 days after onset of rash;
- O) Whooping cough (pertussis), until 5 days of antibiotic treatment have been completed;
- P) Mumps, until 9 days after onset of parotid gland swelling;
- Q) Measles, until 4 days after disappearance of the rash; or
- R) Symptoms that may be indicative of one of the serious, communicable diseases identified in the Illinois Department of Public Health Control of Communicable Diseases Code (77 Ill. Adm. Code 690).

11) 407.320 Handwashing

a) Children's hands shall be washed routinely and frequently with soap and water. Hand sanitizers or diaper wipes are not acceptable substitutes for soap and running water. Hand washing shall occur at least at the following times:

- 1) Upon arrival at the center;
- 2) Before and after each meal or snack;
- 3) After using the toilet or having diapers changed;

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- 4) After handling pets or animals;
- 5) After wiping or blowing his or her nose;
- 6) After touching items soiled with body fluids or wastes (e.g., blood, drool, urine, stool or vomit);
- 7) Before and after cooking or other food experience;
- 8) After outdoor play time; and
- 9) Before and after using the water table.

b) Staff hands shall be washed routinely and frequently with soap and water at least at the following times:

- 1) Upon arrival at the center;
- 2) After using the bathroom or helping a child use the bathroom;
- 3) After changing a diaper;
- 4) After wiping or blowing their nose, or helping a child to wipe or blow his or her nose;
- 5) After handling items soiled with body fluids or wastes (e.g., blood, drool, urine, stool or vomit);
- 6) After handling pets or other animals;
- 7) After handling or caring for a sick child;
- 8) Before and after eating or drinking;
- 9) Before preparing, handling or serving food;
- 10) Before dispensing any medication;
- 11) Before and after administering first aid; and
- 12) When changing rooms or caring for a different group of children.

c) The following technique for thorough hand-washing shall be used:

- 1) Wet hands under warm running water.
- 2) Lather both hands well and scrub vigorously for at least 15 seconds.

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- 3) Rinse hands thoroughly under warm running water.
- 4) Dry both hands with a new single-use towel or automatic dryer.
- 5) For hand-held faucets, turn off the water using a disposable towel instead of bare hands to avoid recontamination of clean hands.

e) When children are too young to wash hands by themselves, staff shall wash their hands using the above technique. As children are developmentally ready, staff shall teach children the proper hand-washing technique and assist and supervise the procedure as needed.

12) 407.330, Nutrition and Meal Service: subsections (j) (special diets) and (k) (plans for provision of meals) only

j) Provisions of this Section notwithstanding, a child requiring a special diet due to medical reasons, allergic reactions or religious beliefs shall be provided with meals and snacks according to the written instructions of the child's parents, clergy and/or the child's medical provider.

- 1) Information on special diets shall be obtained in writing from the parents and/or medical providers and maintained on file at the child care center.
- 2) Records of food intake shall be maintained when indicated by the child's medical provider.
- 3) When providing a special diet causes undue hardship or expense for the child care center, meals or portions of meals shall be provided by the parent upon written agreement of the parent and the center. The parent shall be responsible for the safety of food brought into the center.
- 4) Potentially hazardous and perishable food shall be refrigerated immediately upon arrival.
- 5) Special foods provided by parents shall be clearly labeled with the child's name, date and identity of the food and shall not be shared by other children.

k) Meals and snacks for children one year of age and older shall comply with the requirements of Appendix E. Meals shall be prepared so as to moderate fat and sodium content. Limit salty snack foods, such as pretzels or chips.

13) 407.340 Diapering and Toileting Procedures

- c) Changing surfaces shall be cleaned and sanitized between each diaper change.

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i) Toilets and lavatories shall be readily accessible to the children. If toilets are not located near the children's activity areas, an adult shall accompany children 4 years of age or younger.

14) 407.350 Napping and Sleeping:

- a) When a child's time in attendance at the day care center requires sleep or nap provisions, the center shall provide a separate crib, bed or cot and individual sheets and bedding.
 - 1) Children under 6 years of age who are not enrolled in kindergarten or elementary school who remain 5 or more hours shall have the opportunity to rest or nap.
 - 2) Infants and toddlers shall be allowed to rest or sleep according to each child's individual pattern, as determined in consultation with parents.
 - 3) Children 3 years of age and older (until they are enrolled in kindergarten) generally shall not nap for more than 2 hours or rest without sleeping for more than 60 minutes. Children in this age group who do not sleep may be permitted to get up and shall be helped to have a quiet time with equipment or activities that will not disturb the napping children. When children are allowed to get up, the staff to child ratio shall comply with Section 407.190(a).
 - 4) Kindergarten and school-age children shall not be required to sleep or nap. However, floor pillows, sofa, carpet, bean bag chairs, padded chairs or cots shall be provided for lounging or resting.
- d) Cribs, beds and cots shall be maintained in clean and sanitary conditions.
 - 1) Cribs, beds and cots shall be wiped clean as often as necessary. Cribs shall be cleaned twice per week and then sanitized with a germicidal solution. Cots shall be cleaned once per week with a germicidal solution.
 - 2) All cribs, beds or cots shall be thoroughly cleaned and then sanitized with a germicidal solution when a child is no longer enrolled, prior to use by another child.
 - 3) At no time shall 2 children be allowed to share the same crib, bed or cot unless it is thoroughly cleaned and then sanitized with a germicidal solution before each child's use.

15) 407.360, Medications

- a) The day care center shall maintain a written policy regarding medications.

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- b) Both prescription and non-prescription medication shall be accepted only in its original container.
 - 1) Prescription medications shall be labeled with the full pharmacy label.
 - 2) Over-the-counter (non-prescription) medication shall be clearly labeled with the child's first and last name. The container shall be in such condition that the name of the medication and the directions for use are clearly readable.
- c) Medication shall be administered in a manner that protects the safety of the child.
 - 1) A specific staff person shall be designated to administer and properly document the dispensation of the medication each day.
 - 2) Prescription medication shall be administered as required by a physician subject to the receipt of appropriate releases from parents, which shall be on file and regularly updated. Prescription medication shall be used only for the child named on the label.
 - 3) Over-the-counter medications may be dispensed in accordance with manufacturer's instructions when provided by the parent with written permission.
 - 4) The day care center shall maintain a record of the dates, times administered, dosages, prescription number, if applicable, and the name of the person administering the medication.
- d) Medications shall be safely stored.
 - 1) Medication containers shall have child-protection caps whenever possible.
 - 2) All medication, whether refrigerated or unrefrigerated, shall be kept in locked cabinets or other containers that are inaccessible to children and that are designated and used only for this purpose.
 - 3) Medications shall be kept in a well-lighted area.
 - 4) Medications shall be kept out of the reach of children.
 - 5) Medication shall not be kept in rooms where food is prepared or stored, unless refrigerated in a separate locked container.

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f) Drills for possible emergency situations including fire and tornado shall be conducted.

1) A floor plan shall be posted in every room indicating the following:

A) The building areas that will provide the most structural stability in case of tornado; and

B) The primary and secondary exit routes in case of fire.

r) The center shall be cleaned daily and kept in a sanitary condition at all times.

1) The center shall provide necessary cleaning and maintenance equipment.

2) Toys, table tops, furniture and other similar equipment used by children shall be washed and disinfected when soiled or contaminated with matter such as food, body secretions or excrement.

3) Cleaning equipment, cleaning agents, aerosol cans and other hazardous chemical substances shall be labeled and stored in a space designated solely for this purpose. These materials shall be stored in a locked place that is inaccessible to children.

t) There shall be means for communication in emergencies.

1) An operable non-coin telephone shall be on the premises, easily accessible for use in an emergency and for other communications.

17) 407.380, Equipment and Materials: subsections (g) (furnishings and equipment cleanliness) and (j)(4) (first aid kits) only

g) Equipment, table tops, play materials and classroom surfaces shall be maintained in sound, clean conditions at all times.

1) Toys and equipment that are placed in children's mouths or are otherwise contaminated by body secretions or excretions shall be set aside to be cleaned with water and detergent, rinsed, sanitized and air-dried before handling by another child. Machine-washable cloth toys may be used and shall be machine-washed at least weekly and when contaminated.

2) Water tables and toys used in water tables shall be emptied daily and cleaned with a mild germicidal solution before being air-dried. Children and staff shall wash their hands before using the water table.

j) First-aid kits shall be maintained and readily available for use.

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4) The on-site first-aid kits shall contain the following supplies, at minimum:

- A) Disposable latex gloves;
- B) Scissors;
- C) Tweezers;
- D) Thermometer;
- E) Bandage tape;
- F) Sterile gauze pads;
- G) Flexible roller gauze;
- H) Triangular bandage;
- I) Safety pins;
- J) Eye dressing;
- K) Pen/pencil and note pad;
- L) Cold pack;
- M) Adhesive bandages; and
- N) Current American Academy of Pediatrics or American Red Cross standard first-aid text or an equivalent first-aid guide.