

CHILD CARE CENTERS 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 centers 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.

○ Meet Appropriate Standards and Guidance

- **Follow all DCFS licensing standards, per rule 89 Ill. Adm. Code 407. Where DCFS emergency rules differ from permanent rules, providers should follow DCFS emergency rules.** The emergency rules include additional health and safety measures developed with guidance from IDPH and detailed throughout this document.
 - ▶ *DCFS Emergency Rules (407.605 Compliance with Licensing Standards), effective May 29, 2020*
- **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](#)

○ Submit Agency Action Plan to DCFS

Section 407.605

- **Before reopening, child care centers must develop and submit to DCFS an Agency Action Plan that details what policies and practices are in place to meet the enhanced standards under 407.605, to continue operations, and to prevent and prepare for exposure to COVID-19. The Agency Action Plan must include, but is not limited to, the following components:**
 - Enhanced written risk management plan that identifies potential operational risks, specifies ways to reduce or eliminate risks, and establishes procedures in the event of emergency or crisis
 - Written operational plan addressing the center's supply and use of personal protective equipment (PPE)

- Enhanced staffing plan to maintain stable groups of children and staff and list of qualified substitutes
- Enhanced daily arrival and departure plan that specifies how health screenings will be conducted to identify and prevent sick individuals from entering the facility
- Enhanced hand washing protocols
- Enhanced plans to ensure safe indoor and outdoor spaces
- Communications plan in case of emergency, included confirmed exposure

These components are described in more detail below, with required documentation and activities to include as part of a center’s Agency Action Plan.

○ Develop enhanced risk management plan	Section 407.605(a)
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○ Centers must enhance their existing risk management plan to establish procedures to be followed in a declared emergency or crisis. The enhanced risk management plan (ERMP) must include, at a minimum:

- Exclusion policies for staff and children with serious illnesses, contagious diseases, and reportable diseases, in accordance with IDPH regulations and recommendations
 - Any child suspected of having COVID-19, diagnosed with COVID-19, or having been in contact with persons suspected of or diagnosed with COVID-19 shall be excluded from the center until written documentation is provided by the child’s physician that the child is no longer communicable and may return to child care (407.605(i))
- How the center will notify of all parents or legal guardians, in accordance with IDPH recommendations, when any communicable disease or condition has been introduced into the program (must be in accordance with confidentiality and permission requirements in [Section 407.80\(b\)](#))
- Signage posted outside all entrances restricting entry to anyone with symptoms of illnesses/respiratory infection
- Limitations on all non-essential visitors to the facility
 - Note: who is considered a non-essential visitor may change over time. Currently, centers should limit vendors coming into the center to the extent possible, potential parents touring facility (centers are encouraged to provide virtual tours, if possible), visitors coming to offer occasional special activities, etc.
- Daily health checks for all persons entering the facility, including but not limited to all staff, children, parents, legal guardians, cleaning staff, caterers, nurses, visitors, therapists, supportive service providers, and Authorized Representatives of the Department.
 - This must include temperature checks completed in accordance with [CDC guidance for child care programs](#)
- Center will supply personal protective equipment (PPE) for staff and children, including but not limited to face masks or face shields and gloves
- PPE must be utilized in the following:
 - Staff shall wear a mask or face shield at all times when in the facility;
 - Children age 2 years and over shall wear a face mask when arriving and leaving the center; when in hallways; and in the classroom, as practicable (except when eating, napping, or playing outdoors)

- All parents/guardians/persons must wear face mask when dropping off and picking up
 - Non-permeable gloves shall be worn while serving food, diaper changing, and/or dealing with wounds
- Pick-up and drop-off policies must ensure that parents/guardians/authorized persons are allowed to enter the facility, but not classrooms, when they arrive to drop-off or pick-up their child
 - Face masks must also be required during pick-up and drop-off
- Any center that provides multiple shifts of care or has part day programs must close each classroom for at least one hour between programs or shifts to clean and disinfect.

○ Centers must train staff on the implementation of the risk management plan

○ Submit center’s enhanced risk management plan with this additional information to DCFS as part of Agency Action Plan

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](#)

○ Develop PPE Operational Plan Section 407.605(b)

○ Centers must develop a written plan regarding PPE, which refers to:

- Face masks
- Face shields
- Gloves
- Additional, recommended protective equipment, such as changes of clothing or smocks

○ PPE Plan must state, at a minimum:

- Where the center will store PPE supplies in the facility
- The center’s minimum supply list and plan for reorder of supplies
- How and when PPE supplies are inventoried
- How staff are informed or trained on the availability, location, and contents of PPE, with procedures for reporting low supplies

○ Submit written PPE plan to DCFS as part of Agency Action Plan

○ Train staff on PPE plan

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](#)

○ Centers shall enhance existing staffing plan to address the following:

- Ensure compliance with existing requirements in [407.90\(a\), \(d\), and \(f\)](#)
- Children and staff will maintain stable groups every day
- Groups cannot be interchanged or interact with one another
- Early childhood teachers shall meet staff qualifications per [407.140](#)
 - 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 21, 2020)
- Staff shall take temperature of child, parent, legal guardian, or other person bringing a child to the center
- Staff will have temperature taken and recorded upon arrival, and at any point of the day if they feel sick

○ Staffing plan must also take into account the group sizes and staffing requirements per IDPH guidelines for Phase 3 and 4 (407.605(f))

- Child care centers that did not provide emergency child care during Phases 1 and 2 that reopen in Phase 3 and Phase 4 are required to operate with reduced group or classroom sizes for the first 4 weeks, to ensure a safe approach and allow for programs to implement additional health and safety practices before expanding capacity.
 - For the first 4 weeks of operation, these centers are limited to serving 10 children in a group (except infants, which are limited to 8 children)
 - After 4 week period, these reopened programs must consult with DCFS to ensure they have adequate staffing plan, square footage, etc. to expand capacity to the maximum capacity limits listed below
 - NOTE: Centers that have been providing emergency child care for at least 4 weeks have already met this requirement and may serve the maximum group sizes listed below
- Maximum group sizes (required staffing ratios have not changed):
 - Infants: maximum of 8 children;
 - Toddlers: maximum of 12 children;
 - Two year olds: maximum of 12 children;
 - Three to five year olds: maximum of 15 children;
 - School-age children: maximum of 15 children
- Each group of children must be cared for in separate room
- Children shall be with the same group each day, at all times of the day.
- In the event that a child is moved to a new group, a transition plan must be developed (407.605(f)(11))
- Staff must be with the same stable group of children each day
- Centers must follow normal staff qualifications in [407.90](#), [407.140](#), and [407.100](#), except:
 - 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 (407.605(f)(8))
 - 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 21, 2020) (407.605(c)(3))
 - Staff 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 (407.605(e))
- An additional staff member must be available for relief as needed to maintain ratios; this individual must be qualified for the position being provided relief and shared between no more than 2 rooms
 - Note: IDPH recommends that smock/over garments are changed and hands are washed between rooms
- Qualified substitutes are allowed for days that staff are out sick/on vacation; centers shall develop and maintain a list of qualified substitutes (407.605(e))

○ **Submit enhanced staffing plan to DCFS as part of Agency Action Plan**

Resources for additional guidance:

- ▶ [CDC Guidance for Schools and Child Care on preparedness – absenteeism among staff and children](#)
- ▶ [CDC Guidance for Child Care Programs – Considerations for protecting high risk and vulnerable populations](#)

○ **Develop Enhanced Arrival and Departure Plans**

Section 407.605(h)

○ **Centers shall develop an enhanced daily arrival and departure plan. The plan shall ensure, at a minimum:**

- One person will be permitted entry to the center, but will not be permitted to enter classrooms, upon arrival for drop-off and pick-up
- Health checks upon arrival for each individual entering the center
 - Including, but not limited to all staff, children, parent/guardian, cleaning staff, caterers, nurses, visitors, therapists, supportive service providers, and DCFS representatives (407.605(a)(4))
 - Temperatures checked and recorded
 - Individuals with a temperature of 100.4 degrees or above shall be excluded and not permitted entry
- Children age 2 and above and adults dropping off or picking up children shall wear face masks when entering facility
- During drop off and pick-up, there shall be no handshaking or physical contact between parents, staff, and other adults

○ **Submit enhanced daily arrival and departure plan to DCFS as part of Agency Action Plan**

○ **Daily arrival and departure plan shall be communicated with parents/legal guardians.**

Resources for additional guidance:

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

○ Enhance Handwashing Protocols

Section 407.605(j)

- **In addition to existing handwashing policies in 407.320, centers must adhere to enhanced protocols, including:**
 - Staff must comply with the [CDC guidelines on handwashing](#) in child care
 - Alcohol-based hand sanitizer must be placed at the entrance to every classroom
- **Submit description of enhanced handwashing protocols to DCFS as part of Agency Action Plan**

Resources for additional guidance:

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

○ Enhance Plans to Ensure Safe Indoor and Outdoor Spaces

- **Centers must develop enhanced plans to ensure safe indoor space for children, staff, and visitors. Plan must include, at a minimum, the actions below.** (Section 407.605(k))
 - Remove all soft plush toys that can harbor germs and cannot be readily cleaned
 - Increased cleaning and sanitizing practices:
 - Clean all high touch surfaces – including doorknobs, toys, phones, keyboards, computers, etc. – every hour or more often, as needed
 - Clean and disinfect areas used, equipment, and toys at the end of each day
 - Any center that provides multiple shifts of care or has part day programs must close each classroom for at least one hour between programs or shifts to clean and disinfect (407.605(a)(8))
 - Toys or other items that are mouthed shall be removed for sanitizing immediately; teething toys shall be removed for sanitizing once discarded by a child
 - Post signage throughout the facility on ways to prevent the spread of germs
 - Encourage parents to leave an extra pair of shoes for their child’s exclusive use at child care
- **Ensure adequate spacing when children are napping or sleeping** (Section 407.605(g))
 - Ensure a minimum of 6 feet between each crib or cot when in use; OR
 - Separate cribs and cots with clear dividers; dividers must be commercially produced for this purpose
- **Centers must develop enhanced plans to ensure a safe outdoor space for children, staff, and visitors. Plan must include, at a minimum, the actions below.** (Section 407.605(m))
 - Playgrounds should only be used by one group of children at a time
 - Note: IDPH recommends playground time should be scheduled to allow 30 minutes between groups; if less than 30 minutes, playground equipment should be disinfected between groups
 - To the extent possible, assign playground toys to classrooms

- **Submit description of enhanced safety and sanitation plans to DCFS as part of Agency Action Plan.**

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](#)

○ **Enhance Communications Plan**

Section 407.605(l)

- **Centers are required to have communications plans in case of emergencies. These plans must be enhanced to include a written communication plan in the event that a staff or child in attendance tests positive for COVID-19.**
 - Plan must ensure that parents/guardians are notified when any communicable disease has been introduced into the program
 - Communication must be in accordance with confidentiality and permission requirements in [Section 407.80\(b\)](#)
 - Plan must ensure the center notifies IDPH, CDC, and local DCFS Licensing office immediately upon being informed of exposure to COVID-19
 - Plan must ensure families immediately notify the center if someone in the house tests positive or if the child has been in close contact with a positive case
- **Submit enhanced communication plan to DCFS as part of Agency Action Plan.**
- **Centers must share communication plan with parents/guardians and staff.**

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](#)

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.