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**SECOND AMENDMENT TO MASTER AGREEMENT FOR ARTS AND CULTURAL ENRICHMENT (OUT-OF-SCHOOL), ACADEMIC SUPPORT (OUT-OF-SCHOOL) AND STUDENT HEALTH AND WELLNESS (IN-SCHOOL, OUT-OF-SCHOOL AND RECESS) SERVICES**

**(Right At School, LLC)**

This Second Amendment to Master Agreement for Arts and Cultural Enrichment (Out-of-School), Academic Support (Out-of-School) and Student Health and Wellness (In-School, Out-of-School and Recess) ("**Second Amendment**") is effective as of February 1, 2021 ("**Effective Date**") and is entered into by and between the Board of Education of the City of Chicago, a body politic and corporate, commonly known as Chicago Public Schools located at 42 West Madison, Chicago, IL 60602 ("**Board**" or "**CPS**"), and Right At School, LLC, having its principal offices at 990 Grove St., Suite 500, Evanston, IL 60201 ("**Provider**").

**RECITALS**

- A. The Board and Provider entered into that certain Master Agreement for Arts and Cultural Enrichment (Out-of-School), Academic Support (Out-of-School) and Student Health and Wellness (In-School, Out-of-School and Recess) Services for a term commencing August 1, 2016 and continuing through July 31, 2018 ("**Original Agreement**") (authorized by Board Report 16-0323-PR2), with the Board having two (2) options to renew for a period of one (1) year each.
- B. The Board exercised its first option to renew and amended the Original Agreement to provide for three (3) options to renew the Original Agreement for a period of one (1) year each pursuant to that certain First Renewal Agreement ("**First Renewal Agreement**") for a term commencing August 1, 2018 and continuing through July 31, 2019 (authorized by Board Report 18-0321-PR3).
- C. The Board exercised its second option to renew the Original Agreement pursuant to that certain Second Renewal Agreement ("**Second Renewal Agreement**") for a term commencing August 1, 2019 and continuing through July 31, 2020 (authorized by Board Report 19-0522-PR3).
- D. The Board exercised its third and final option to renew the Original Agreement pursuant to that certain Third Renewal Agreement ("**Third Renewal Agreement**") for a term commencing August 1, 2020 and continuing through July 31, 2021 (authorized by Board Report 20-0624-PR3).
- E. In response to the COVID-19 pandemic, the Board and Provider entered into that certain Amendment to Master Agreement for Arts and Cultural Enrichment (Out-of-School), Academic Support (Out-of-School) and Student Health and Wellness (In-School, Out-of-School and Recess) Services amending the Third Renewal Agreement to supplement the Scope of Services to add remote learning supervision services for a term commencing on September 8, 2020 and continuing through September 18, 2020 ("**First Amendment**"). The Original Agreement, First Renewal Agreement, Second Renewal Agreement, Third Renewal Agreement and First Amendment shall be referred to collectively herein as the "**Existing Agreement**".
- F. The parties now desire to amend the Existing Agreement as hereinafter set forth by supplementing the scope of services to add non-instructional school day supports, including remote learning supervision services, classroom support, lunch and recess services, and other non-instructional supports. The Existing Agreement and this Second Amendment shall be referred to herein as the "**Agreement**".

**NOW THEREFORE**, in consideration of the foregoing Recitals, which are incorporated into and made a part of the Amendment by this reference, the parties agree as follows:

1. **Definitions:** Any and all capitalized terms shall have the definition as set forth in the Existing Agreement, unless otherwise defined herein.

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2. **Term:** This Second Amendment shall become effective on February 1, 2021 and shall continue through July 31, 2021 ("**Second Amendment Period**").
3. **Services:** During the Second Amendment Period, Provider shall provide the services set forth in the Second Supplemental Scope of Services (the "**Second Supplemental Services**") attached hereto and incorporated herein as Exhibit A-2, in addition to the Services described in the Original Agreement. For the avoidance of doubt, Exhibit A-2 replaces Exhibit A-1 during the Second Amendment Period and the Services in Exhibit A-1 shall not continue past September 18, 2020. All references in the Existing Agreement to Exhibit A-1 are understood to be references to Exhibit A-2 during the Second Amendment Period.
4. **Compensation:** During the Second Amendment Period, Provider shall be compensated for the Second Supplemental Services in accordance with the pricing set forth in the Schedule of Pricing attached as Exhibit C to the Original Agreement.

For the avoidance of doubt, the aggregate maximum compensation payable to all providers during the Third Renewal Term, including this Second Amendment Period shall not change and shall not exceed the amount stated in Board Report 20-0624-PR3-1, as may be amended ("**Total Maximum Compensation**").

5. **Freedom of Information Act:** Provider acknowledges that this Second Amendment and all documents submitted to the Board related to this contract award are a matter of public record and are subject to the Illinois Freedom of Information Act (5 ILCS 140/1) and any other comparable state and federal laws and that this Second Amendment is subject to reporting requirements under 105 ILCS 5/10-20.44.
6. **Agreement:** Except as expressly provided in this Second Amendment, all terms and conditions of the Existing Agreement are and shall remain in full force and effect.
7. **Counterparts and Electronic Signature:** This Second Amendment may be executed in any number of counterparts, each of which shall be deemed to be an original, but all of which together shall constitute but one instrument. A signature delivered by facsimile or other electronic means shall be considered binding for both parties.

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**IN WITNESS WHEREOF**, the parties hereto have executed this Second Amendment as of the Effective Date set forth above.

**BOARD OF EDUCATION  
OF THE CITY OF CHICAGO**

DocuSigned by:  
*Jonathan Maples*  
Jonathan Maples  
Chief Procurement Officer

**RIGHT AT SCHOOL, LLC**

By: *Adam Case*

Name: Adam Case

Title: Chief Services Officer

Date: February 8, 2021

Date: 2/2/21

**Board Report No.:** 21-0127-RS1

Approved as to legal form: <sup>DS</sup> SP <sup>DS</sup> JG <sup>DS</sup> AB

DocuSigned by:  
*Joseph T. Moriarty*  
Joseph T. Moriarty  
General Counsel

**Attachments:**

Exhibit A-2: Second Supplemental Scope of Services

Attachment A: COVID-19 Online Case Report

Attachment B: CDPH Interim Guidance on Management of COVID-19 Cases in Childcare Settings

Attachment C: Attestation Form

Attachment D: Be Safe Childcare Guidance (English)

Attachment E: Be Safe Childcare Guidance (Spanish)

Attachment F: Data Sharing

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**EXHIBIT A-2  
SECOND SUPPLEMENTAL SCOPE OF SERVICES**

**Name of Project:** Chicago Public Schools Non-Instructional School Day Supports

**Board's Project Manager:** Bryan Stokes

**Phone:** 773-553- 5744

**Provider's Project Manager:** Julie Lyon

**Phone:** 312-434-1843

**Second Amendment Period: Start Date:** February 1, 2021

**End Date:** July 31, 2021

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This Second Supplemental Scope of Services ("**Second Supplemental Scope**") shall be conducted pursuant to the terms and conditions of the Agreement by and between Provider and the Board of Education of the City of Chicago (the "**Board**"). Defined terms used in this Second Supplemental Scope of Services shall have the same meanings as those ascribed to such terms in the Agreement unless otherwise defined herein.

**I. SERVICES:**

**A.** In addition to the services specified in the Provider's Existing Agreement with the Board, the Provider may also provide non-instructional school day support. These services include, but are not limited to:

- i. Remote learning supervision
- ii. Hallway monitoring
- iii. Classroom support
- iv. Lunchtime services

**B.** Services will be rendered during school hours at the request of the school. No subcontracting, assigning or delegating by Provider of any obligations imposed hereunder shall be allowed under this Agreement. Provider must collaborate with school principals, CPS Central Office Staff, and other entities that the Board utilizes to assist with these Second Supplemental Services.

**C.** Provider shall use developmentally-appropriate social-emotional practices and approaches and respond in particular to the needs of youth experiencing personal disruption and loss due to COVID-19.

**II. Student Recruitment and Students Served**

**A.** Provider shall be responsible for tracking Student Participant information at each of its Sites for the Program, pursuant to Section VI of this Supplemental Scope, titled, "Data Entry and Reporting". Accurate student attendance records at each Provider Site must be recorded by the Provider on a daily basis in an electronic system to be designated by CPS.

**B.** Provider shall provide a minimum of one (1) staff member per fifteen (15) Student Participants. Additional staff may be necessary to provide these Second Supplemental Services to more than one age group.

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C. Provider must provide the Board information about each staff member at each Site. Staff information provided shall include, but not be limited to:

1. Basic contact information (name and phone number);
2. Relationship to the Provider (including whether person is a volunteer or paid);
3. Credentials, experience or resume; and
4. Responsibilities of the staff member.

D. Emergency Services (If Applicable): During the Amendment Period, the Board shall have the option to add emergency services (“**Emergency Services**”), if a need arises for such Emergency Services at any of Board’s Sites as determined by the Board’s Office of the CEO. If the Board elects to add such Emergency Services for a specified Board Site(s) which may include late afternoon and evening hours, Provider shall receive at least 48 hours prior notice regarding these Emergency Services and shall commence the Emergency Services thereafter. The duration of the programming for such Emergency Services shall be determined by the Board’s Office of the CEO and shall be communicated to the Provider upon request by the Board for Emergency Services. Provider shall be compensated for its Emergency Services based on the Pricing Section below.

### III. Health Requirements

A. Provider shall remain in compliance with all applicable federal, state, county, and municipal, statutes, laws, ordinances, regulations, and guidelines, as well as any Board guidelines, policies, and rules in effect now or later, and as amended from time to time related to COVID-19.

B. Provider shall comply with evolving requirements to protect the health and safety of Student Participants and staff, as expressed in local, and state guidance from various government agencies. This includes, but is not limited to, adhering to all health and safety guidelines issued by CPS, IDPH, and CDPH related to COVID-19. Provider acknowledges these health and safety guidelines are subject to change.

C. Required health and safety practices may vary across age groups and settings. Provider shall comply, at a minimum, with all health and safety mandates issued by the State of Illinois and the City of Chicago and guidance from the Illinois State Board of Education (“**ISBE**”).

D. Under Chicago’s March 19 Public Health Order, congregate facilities (such as long-term care facilities, childcare settings, correctional facilities, etc.) must immediately report to CDPH clusters of COVID-19 patients, defined as two or more confirmed cases of COVID-19 occurring within 14 calendar days of each other at a facility. To report positive cases, Provider must complete the COVID-19 Online Case Report Form found at the following website: <https://redcap.dph.illinois.gov/surveys/?s=FR7MAJAY84>. A copy of the current COVID-19 Online Case Report Form is attached and incorporated into this Second Supplemental Scope as Attachment A. Provider must also comply with additional operational, reporting and tracing requirements established by CPS.

E. As of July 13, 2020, interim guidance issued by CDPH encourages notification for every COVID-19 case. For more information, see CDPH Interim Guidance on Management of COVID 19 Cases in Childcare Settings (“**CDPH Guidance**”) at the following link: <https://www.chicago.gov/content/dam/city/depts/cdph/HealthProtectionandResponse/Interim%20Guidance%20on%20Management%20of%20COVID%20Cases%20in%20Childcare%20Settings%2007.13.2020F.pdf>. A copy of the current CDPH Guidance is attached to this Second Supplemental Scope as Attachment B.

F. For additional information regarding CDPH requirements regarding notification of contacts, cleaning and reporting when there has been a confirmed COVID-19 case in a facility in which

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Provider is providing these Second Supplemental Services, reference the CDPH Guidance. Provider acknowledges it has signed an Attestation Form agreeing to comply with all CDPH and CPS guidelines with respect to COVID-19. A copy of that Attestation Form is attached to this Second Supplemental Scope as Attachment C.

**G.** "Be Safe Childcare Guidance" must be followed by Provider at Sites and can be found at the following link: <https://www.chicago.gov/content/dam/city/sites/covid/reopen-businesses-portal/guidelines/BeSafe.Childcare-City-of-Chicago-Phase-4-Guidelines.pdf>. A copy of the current Be Safe Childcare Guidance in English is attached to this Second Supplemental Scope as Attachment D. A copy of the current Be Safe Childcare Guidance in Spanish is attached to this Second Supplemental Scope as Attachment E.

**H.** CPS-specified health practices may change over time. Provider shall follow all CPS specified health practices, including:

1. Policies related to face coverings, physical distancing, and handwashing.
2. Small, consistent groupings of staff and children: Providers must ensure that different stable groups of up to 15 children have no or minimal contact with one another or utilize common spaces at the same time, to the greatest extent possible.
3. Daily health checks for staff and children: Providers must implement mandatory daily health screening practices of their employees and visitors, such as contractors or vendors. Screening is also mandatory for children, either directly or through their parent/guardian.
4. Provider must follow the CPS reporting process for children, employees, and parents/guardians who have a suspected or confirmed case of COVID-19.
5. Reporting: Provider must notify CDPH immediately upon being informed of any positive COVID-19 test result by anyone at the Site including, but not limited to, a Provider staff member or a Student Participant.
6. Following reporting and closure protocols after confirmed cases of COVID 19 at a Site.

**I.** All CPS-specified standards and protocols with respect to cleaning and building maintenance with respect to COVID-19. These protocols are subject to change at the discretion of the Board.

#### **IV. RESTRICTIONS**

Provider shall be responsible for ensuring that the following restrictions are strictly enforced at all times throughout the term of this Amendment:

**A. No Home Visitations:** No Provider Staff shall visit the home residence of any CPS student to provide Second Supplemental Services under this Amendment.

**B. No Student Transport:** Neither Provider, nor any of its Staff shall transport any CPS student in private vehicles. If transportation is provided, all transportation must be through a Board approved transportation provider in coordination with the Project Manager and in compliance with the Board's Student Travel Policy (10-0526-P01), and, in each case, such travel must be approved by the parent/guardian of each participating student in writing.

**C. Communications with Participants:** Any direct communication between Provider's Staff and any Student must be conducted on Provider-owned/contracted networks only, whether e mail, text messaging, telephone, or Internet communications. Provider's Staff shall not use personal computers and/or personal electronic devices to provide Second Supplemental

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Services under this Amendment. Provider and its Staff must promptly provide all data or records related to CPS Student communications with Provider or its Staff that may be requested by the Board from time to time; and Provider agrees that the Board shall have an express right to review and receive copies of all such communications upon notice to Provider.

**V. PRICING**

Provider shall be compensated for the Second Supplemental Services in accordance with the hourly rates set forth in Exhibit C of the Original Agreement. Provider may not charge families any fees or co-payments to participate in Second Supplemental Services.

**VI. DATA ENTRY & REPORTING**

The Provider agrees to provide to the Board such information regarding its Services as the Board may require from time to time. The Provider may have limited access to, and shall be required to use with respect to reporting Services-related data, a software system designated by the Board for that purpose (the "Designated Data Reporting System"), which shall be subject to the approval of the Board's Program Manager for Student Support and Engagement (see Attachment E). In the event Provider is granted access to a Designated Data Reporting System, the Board will share the data listed in Section 1 of Attachment F for the purpose ("Purpose") of Provider providing program and participation information, including student participant rosters, to the Board. The Provider must limit use of the Designated Data Reporting System strictly to employees who receive CPS' prior written permission for use of that system. If directed by the Board, the Provider must designate by name one or more members of its staff to participate in required CPS training regarding the Designated Data Reporting System, which may be an in-person or online training module. The Board may set a schedule by which the Provider's data entry and submission must be required. The Provider's data submittals must be accurate and complete, and time is of the essence for all submittals. The Provider's failure to provide submittals that are accurate, complete, and timely shall constitute an Event of Default and, in addition to all remedies otherwise available to the Board under this Agreement, the Board shall be entitled to withhold any payments that may be due hereunder until the Provider cures every Event of Default, including without limitation correction of incorrect data and submission of missing data.

The Provider will be entitled to access only its own data in the Board's Designated Data Reporting System—as provided by the Board's general standards for use by third-party providers of the Board's Designated Data Reporting System—but solely for the purposes of providing the Services hereunder.

If a login is required to access the Board's Designated Data Reporting System, the Provider will be provided with an administrator account to manage the Provider's data entry for the Services rendered. That login will be for the administrator and may not be used by line staff entering data.

If a login is required to access the Board's Designated Data Reporting System, each member of the Provider's Staff who will be responsible for, and authorized to undertake, data entry will have a unique password and login. The Provider must provide the Board with a list of responsible and authorized Staff to obtain access to the Designated Data Reporting System.

The Provider must restrict access to the CPS School to which the Provider is providing Services. The Provider also must take all steps and processes necessary, in the event a member of its Staff is terminated or otherwise leaves its employment, to protect the login usernames and passwords to the Designated Data Reporting System that may have been issued.

**ATTACHMENT A**



# COVID-19 Case and Cluster Report Form

Both individual lab-confirmed cases and clusters of COVID-19 are reportable conditions to the Chicago Department of Public Health.

**For Healthcare Facilities and Laboratories: individual lab-confirmed cases:**

Healthcare providers must report individual lab-confirmed cases of COVID-19 into [I-NEDSS](#). This form should only be used if you are an outpatient facility and do not have access to I-NEDSS or you are a lab who does not report electronically to I-NEDSS.

**For community single cases or clusters:**

Single cases or clusters of two or more cases (at least one of which is lab-confirmed) in a community congregate setting (such as a child care setting, long-term care facility, camps/athletic facilities, faith community, correctional facility, homeless shelter etc.) should be reported using this form.

If you have been notified that a person who attends, lives, or works in their your facility tested positive for COVID-19, please report here.

Select the case type you want to report:

Submit





## Attachment B

# Interim Guidance on Management of COVID-19 Cases in Childcare Settings

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## COVID-19 Reporting to DCFS and CDPH

Under [Public Health Order No. 2020-2](#), child care facilities must report to CDPH clusters of 2 or more cases of COVID-19 occurring within 14 calendar days of each other within 24 hours of identifying the cluster. **In order to protect the progress we've made in Chicago to reduce COVID-19 transmission, as of July 13, 2020, our interim guidance now encourages notification for every case.**

Each case of COVID-19 in any type of childcare facility should prompt a contact to your DCFS licensing office and Chicago Department of Public Health (CDPH). As of July 13, 2020, we are asking facilities to report EVERY case through the confidential CDPH COVID-19 Online Case Report Form: <http://redcap.link/chicovidreport> (select the second option: Cluster of 2 or more cases OR single case in a congregate setting).

In order to complete the form, you will need the following information:

- Total number of classrooms at your facility
- Total number of classrooms impacted
- Total number of students at your facility
- Total number of staff at your facility
- Total number of students thought to be exposed
- Total number of staff thought to be exposed
- The positive individual's reported or observed symptom onset date
- The positive individual's last date at the facility
- The positive individual's test date
- Additional optional information includes the testing provider (if known).

If your facility has 2 or more cases (apart from household members) that involve 2 or more different classrooms, call 311 and ask to speak to the medical director on-call to discuss management.

## Childcare Facility Contact Tracing

Given your access to staff and student records, the need for prompt notification to close contacts, and the relationship you have with your staff and families, your facility is best positioned to conduct initial contact tracing and notification. Support from CDPH can be requested by emailing [coronavirus@chicago.gov](mailto:coronavirus@chicago.gov), but the below should be completed as soon as possible. CDPH will conduct additional follow-up with staff close contacts and families of child close contacts, as well as contact tracing of the case outside of the facility.

### Contact Tracing First Steps

- Above all, ensure the identity of the positive individual is protected.
- Interview the staff member or child's parent/guardian by telephone as soon as you receive a verbal or written report that they tested positive. Questions to ask include:
  - Were they were diagnosed through a test?
    - If so, what type (nose swab, mouth/oral swab, or blood test).
      - If they had only an antibody (blood test) and they have not had any symptoms, no further action is required.
    - What was the test date?
  - What was the last day they were in the facility? (Please confirm by looking at attendance files.)
    - If symptoms, please ask the first day of their symptoms.
    - If NO symptoms, confirm the test date again.
- Complete the CDPH Online COVID-19 Case Report Form: <http://redcap.link/chicovidreport> (select the second option: Cluster of 2 or more cases OR single case in a congregate setting).

### Determining Who is a Close Contact

- By definition, close contacts are individuals with whom the positive case was within 6 feet for more than 15 minutes starting **2 days prior to their first day of symptoms (or for asymptomatic individuals their test date) through their last day at the facility.**
- During Phase 4 of the COVID-19 response, all children and staff within the positive individual's classroom should be considered close contacts.
- Assess whether there were any other staff members not assigned to the classroom or children in other classrooms with whom the positive individual had close contact (e.g., siblings or alternate caregivers of the child). If the positive individual is a staff member, this assessment should include an interview of that staff member.
- Once your [CDPH Online COVID-19 Case Report Form](#) is received by CDPH, you will receive an encrypted email with instructions to reply (to ensure it is encrypted) and attach a list of contacts.
  - This list should include the following information:
    - Student\_Staff Name
    - Date of Birth
    - Parent\_Guardian Name
    - Address
    - All contact numbers on file
    - Email address

## Isolation/Quarantine Recommendations

### For student or staff with a positive test:

- Ensure the positive individual is aware that they should stay home and away from others until it has been at least 10 days since their symptoms first appeared (or for asymptomatic individuals, from their test date) and at least 24 hours with no fever (without using fever-reducing medications) and improved symptoms, whichever is longer.
- The CDC recommends that any child or staff with close contact to a person suspected of having or diagnosed with COVID-19 be excluded from the childcare facility for **14 days from the last day of exposure to a positive case** and monitored for symptoms. If symptoms develop, they should be evaluated and tested for COVID-19.
  - Negative testing does not clear a close contact to return to the childcare facility sooner than 14 days from the date of last exposure.
- While masking of staff and other facility precautions are critical to prevent spread of COVID-19 within the facility, out of an abundance of caution, these factors will not change the recommendation for quarantine of close contacts.
- If the positive individual is a staff member who has a child enrolled at the facility, the child should also quarantine for 14 days from the end of the isolation period of the staff member, or if the staff member can guarantee complete isolation from the child, for 14 days from the last date of exposure to the positive staff member. See [CDC's Quarantine Guidance](#).
  - If the positive staff member's child is symptomatic, testing is recommended. Pre-emptive closure and notification of the classroom is also recommended until the test result returns. If the test is positive, the above contact tracing steps for that child should occur and the child's classroom should remain quarantined for the full 14 days.
  - If the positive staff member's child is asymptomatic and has been appropriately quarantined for 14 days, no additional steps need to be taken with that child's classroom beyond continued daily symptom monitoring.
- If the positive individual is a child who has a sibling enrolled or a parent on staff at the facility, the same quarantine instructions apply for the sibling or parent as for the child of a positive staff member.

### For student or staff with symptoms but no test:

If a child or staff member has symptoms of COVID-19, and it is determined by a medical provider that the individual likely does NOT have a COVID-19 infection, the child or staff member may return to the childcare facility if the following is met:

- Documentation of a negative test for COVID-19; AND
- It has been 24-hours with no fever (without fever-reducing medication); AND
- Completion of a full 14-day quarantine if the individual was a close contact of a case; AND
- A note from a medical provider documenting an alternate diagnosis if the child or staff member continues to be symptomatic for another reason besides COVID-19 infection.

## Notifications

- Notify the identified close contacts that they were exposed to someone with COVID-19 at your facility. It is recommended that you notify exposed staff and the families of exposed children in person or via telephone to confirm receipt of this information. A sample close contact notification template is included at the end of this document for those you may be unable to reach by other means or if you choose to send an additional written notification.
  - Instruct them to quarantine at home for 14 days from the last day of contact with the person who self-reported (do not reveal the identity of the positive case).
  - Close contacts should monitor their symptoms and contact their medical provider if they develop symptoms of COVID-19.
- All staff and families within the facility, regardless of whether they are close contacts or not, should be notified of the positive case. You may use the general notification letter template at the end of this document as a guide.

## Testing Recommendations

As of July 13, 2020, all close contacts (with or without symptoms) should be tested **between days 5 and 9 after exposure to a positive case**. Close contacts of positive cases may call their healthcare provider to arrange for testing. If other testing options are needed, refer to the [City of Chicago's coronavirus testing website](#).

- A negative result does not rule out developing COVID-19 disease and does not clear a close contact to return to the childcare facility sooner than 14 days from the date of last exposure. Quarantine for 14 days is essential to continue to monitor for symptoms.
- A positive result should be reported to the daycare as well as CDPH. If positive, individuals should isolate themselves until:
  - It has been at least 10 days since the onset of the individual's illness or specimen collection date;
  - The individual's symptoms, including cough, have improved; and
  - The individual is free from fever without the use of fever-reducing medications for at least 24 hours.

If symptoms develop at any time during the 14 days, the individual should be evaluated and tested for COVID-19 as soon as possible.

- A negative result does not rule out developing COVID-19 disease. Quarantine for 14 days is essential to continue to monitor for symptoms. If symptoms worsen, the individual should speak with their healthcare provider to discuss retesting.
- A positive result should be reported to the daycare as well as CDPH. If positive, individuals should isolate themselves until:
  - It has been at least 10 days since the onset of the individual's illness or specimen collection date;
  - The individual's symptoms, including cough, have improved; and
  - The individual is free from fever without the use of fever-reducing medications for at least 24 hours.

## Cleaning

Perform enhanced cleaning and disinfection after persons suspected/confirmed to have COVID-19 have been in the facility. Follow [CDC cleaning and disinfection recommendations](#). **Unless otherwise recommended by CDPH, automatic facility closure is not required with a single case of COVID-19 as long as close contacts have been notified of quarantine recommendations.**

## Next Steps

1. After receiving a report, CDPH will contact you to discuss infection controls in place at your facility, ways to protect your staff and students, and obtain the list of contacts.
2. CDPH will call the positive staff member or family of the child once the positive lab result is received from a healthcare provider and conduct household and community contact tracing outside of your facility.
3. You should notify CDPH if additional positive cases are identified in your facility by filling out the CDPH COVID-19 confidential [online case report form \(select the second option: Cluster of 2 or more cases OR single case in a congregate setting\)](#).
4. Refer to the following resources for further information:
  - a. [www.chicago.gov/coronavirus](http://www.chicago.gov/coronavirus)
  - b. [CDC Guidance for Childcare Facilities](#)
  - c. [DCFS Restore Illinois Licensed Day Care guidance](#)
  - d. [www.chicago.gov/reopening](http://www.chicago.gov/reopening)

# Notification Templates

## **CLOSE CONTACT COMMUNICATION**

Subject: Exposure to COVID-19 Case at \_(FACILITY)\_

Dear \_(Individual's Name)\_,

We are writing to update you on a recent development regarding the Coronavirus Disease 2019 (COVID-19). We have learned that a \_(FACILITY)\_ employee/student has been diagnosed with COVID-19. You were identified as a close contact of this individual.

You/your child should monitor your health starting now through \_(DATE of 14 days after last exposure to positive case)\_. Symptoms of COVID-19 include fever (temperature greater than 100.4 degrees Fahrenheit), chills, cough, shortness of breath, fatigue, muscle/body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea.

You/your child should not go to work or school and should avoid public places during this time.

**If you/your child develop [symptoms of COVID-19](#)**, please contact your medical provider to discuss evaluation and testing. Any individuals who are sick with or exhibiting symptoms of COVID-19 must stay home and away from others for at least 10 days since their symptoms first appeared and at least 24 hours with no fever (without using fever-reducing medications) and improved symptoms, whichever is longer. See the Chicago Department of Public Health's [guidance on what to do if you are sick](#). If your symptoms are severe, such as difficulty breathing or shortness of breath, persistent pain or pressure in the chest, new confusion or difficulty waking up, or bluish lips or face, please seek the closest emergency department or call 9-1-1 immediately.

**If you/your child do not have symptoms**, it is recommended to be tested 5 to 9 days after your exposure to a positive case, which was \_(DATE)\_. Close contacts of positive cases are encouraged to call their healthcare provider to arrange for testing. If other testing options are needed, refer to the [City of Chicago's coronavirus testing website](#). Remember that even if you test negative, you must still complete the full 14-day quarantine. If you test positive, you must stay home for at least 10 days after your test date.

For any additional COVID-19 questions or support, please visit [www.chicago.gov/coronavirus](http://www.chicago.gov/coronavirus) for the most reliable information. If you do not find the information you need on the website, email [coronavirus@chicago.gov](mailto:coronavirus@chicago.gov).

The health and wellness of our staff and students are the highest priority of \_(FACILITY)\_. We continue to follow Chicago Department of Public Health and CDC guidelines as we ensure proper protocols and preventative measures are in place for the health and safety of our staff and patrons. Please contact us at \_(FACILITY CONTACT INFORMATION)\_ if you have any questions.

Sincerely,

SIGNATURE

(FACILITY LEADERSHIP NAME)

## **GENERAL COMMUNICATION**

Subject: Confirmed COVID-19 Case at \_(FACILITY)\_

Dear Staff and Families,

We are writing to update you on a recent development regarding the Coronavirus Disease 2019 (COVID-19). We have learned that a \_(FACILITY)\_ employee/student has been diagnosed with COVID-19.

[The employee/student was last at the facility on (DATE) - only to be included if it can be done without obviously identifying the individual. If needed, give a broad date like "the week of \_\_\_\_."] To ensure the health and safety of our families and staff, following CDC guidance, \_(FACILITY)\_ [will ensure/has conducted] a thorough cleaning and disinfection of our facility.

Students and staff who have been identified as having been in prolonged close contact with this individual [will be/have been] notified via a separate communication. As a reminder, prolonged close contact is defined as being within 6 feet of an infected person for 15 minutes or more. Those who had brief, casual contact with an infected individual are not considered at great risk of transmission and, for most people, the illness is generally mild and can be safely managed at home. As always, everyone should monitor their health and stay at home if they develop symptoms. Anyone who develops severe symptoms should seek medical care immediately.

We continue to follow Chicago Department of Public Health and CDC guidelines as we ensure proper protocols and preventative measures are in place for the health and safety of our staff and patrons.

### **Public Health Guidance**

Symptoms of COVID-19 include fever (temperature greater than 100.4 degrees Fahrenheit), chills, cough, shortness of breath, fatigue, muscle/body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. If you or your child develop symptoms of COVID-19, please contact your medical provider to discuss evaluation and testing.

For severe symptoms, such as difficulty breathing or shortness of breath, persistent pain or pressure in the chest, new confusion or difficulty waking up, or bluish lips or face, please seek the closest emergency department or call 9-1-1 immediately.

Any individuals who are sick with or exhibiting symptoms of COVID-19 must stay home and away from others for at least 10 days since their symptoms first appeared and at least 24 hours with no fever (without using fever-reducing medications) and improved symptoms, whichever is longer.

For any additional COVID-19 questions or support, please visit [www.chicago.gov/coronavirus](http://www.chicago.gov/coronavirus) for the most reliable information. If you do not find the information you need on the website, email [coronavirus@chicago.gov](mailto:coronavirus@chicago.gov). The health and wellness of our staff and students are the highest priority of \_(FACILITY)\_. Please contact us at \_(FACILITY CONTACT INFORMATION)\_ if you have any questions.

Sincerely,

SIGNATURE  
(FACILITY LEADERSHIP NAME)

**ATTACHMENT C  
ATTESTATION**

**REMOTE LEARNING SUPERVISION VENDORS PROVIDING SERVICES ON BOARD PROPERTY**

The undersigned Vendor has been designated a remote learning supervision provider by the CPS Department of Procurement and has executed a CPS approved contract, or contract amendment to provide remote learning supervision services to the district.

1. It shall provide remote learning supervision services (a) only as expressly approved through a written contract with CPS; (b) in compliance with all policies, guidelines, requirements, procedures and protocol regarding health, safety and COVID-19 of CDPH, including the COVID-19 Guidance referenced below; (c) in compliance with all CPS policies, guidelines, requirements, procedures and protocol regarding health, safety and COVID-19, as may be amended from time to time, including but not limited to all standards and expectations for on-site programming at schools during remote learning and all requirements or recommendations regarding face coverings and social distancing.
2. It has read and fully understands the CDPH Interim Guidance on Management of COVID-19 Cases in Childcare Settings, as may be updated or revised from time to time ("COVID-19 Guidance") found at <https://www.chicago.gov/content/dam/city/depts/cdph/HealthProtectionandResponse/Interim%20Guidance%20on%20Management%20of%20COVID-19%20Cases%20in%20Childcare%20Settings%2007.13.2020F.pdf> and agrees to comply with all provisions of the COVID-19 Guidance and deliver all services in accordance with such Guidance.
3. The undersigned Vendor acknowledges that the Board has the sole right to control and direct the means, manner and method by which the services will be performed.
4. The undersigned Vendor acknowledges that it is and shall remain in full compliance with all CPS and CDPH cleaning and sanitizing guidelines.
5. Authorization: The undersigned Vendor represents that it has taken all action necessary for the approval and execution of this Attestation, and execution by the person signing on behalf of Vendor is duly authorized by Vendor and has been made with complete and full authority to commit Vendor to all terms and conditions of this Attestation which shall constitute valid, binding obligations of Vendor.

**This Attestation confirms that the undersigned Vendor has read and understands the above-stated requirements. Your signature stipulates that each employee, agent, volunteer or subcontractor shall perform such remote learning supervision services in compliance with: (i) all the terms set forth in this Attestation, (ii) the terms and conditions of a CPS-approved agreement with Vendor; (iii) and any other requirements deemed necessary or advisable by CPS to protect the health and safety of remote learning supervision participants.**

**Vendor Legal Entity Name:** Right At School, LLC

**CPS Vendor Number:** 49935

**Vendor Authorized Signature:** 

**Signatory Name (Please Print)** Adam Case

**Date:** 2/3/21

**Email:** adam.case@rightatschool.com



**BE SAFE** ★  
**CHICAGO** ★

Attachment D



**Be Safe.**  
**Childcare**

# Be Safe. Childcare

## What's in this guide?



Gradually Resume  
(Phase IV)

### Cautiously reopening Chicago requires:

#### Healthy interactions

##### Social distancing



Limitations on physical distance to other individuals

##### Gathering size



Limitations on gatherings of individuals

##### Protective gear



Use of protective gear by individuals

##### Hygiene requirements



Ensuring hygienic interactions (e.g., hand washing)

#### Safe spaces and conditions

##### Entry access



Entry/exit condition for access to space

##### Cleaning standards



Actions taken to disinfect space

##### Visual guidance



Hygiene resources and guidance posted in space

##### Workplace conditions



Evaluation of foot traffic, ventilation, etc.

#### Operational resilience and monitoring

##### Flexible models



Flexibility with sick leave, remote work (when possible)

##### Operational resiliency



Support for operational flexibility (e.g., multiple shifts)

##### Travel guidelines



Restriction of movement of people between locations

##### Testing / tracking



Facilitation of testing and tracking

# Be Safe. Childcare

## Illustrative example



Gradually Resume  
(Phase IV)



## What may be different?

- 1 **Visual signage** posted throughout facility regarding hygiene, social distancing, PPE, and more
- 2 **Health screenings** required for children before entering the classroom
- 3 Parents/guardians, visitors, and employees required to wear **facial coverings** at all times; children required when outside the classroom
- 4 Staff frequently **disinfect** the facility, including toys and other objects
- 5 Group children into **stable cohorts** with **assigned teachers**
- 6 Doors and windows remain open to **increase ventilation**, where appropriate

- Recommended guidance -

# Be Safe. Childcare

## Healthy interactions



Gradually Resume  
(Phase IV)



### To minimize social interactions between all children in a center, implement stable cohorts

- Separate children into groups assigned to distinct rooms, with 2 permanent staff members assigned to each group (*number dictated by state licensing ratio*)
- Restrict all combined activities where children would normally interact with other groups. This includes, but is not limited to, gross motor areas
- Consume meals in assigned room; all meals served (breakfast, lunch, snack) must be individually packed
- Add 4 sq. ft. of minimum sleeping space per child to ensure cots can be placed 6 ft. apart
- Avoid access to public playgrounds; Centers with a playground on premises can use facility if groups are not mixed and equipment is cleaned after use by every group



### Limit group size to 15 or fewer children in accordance with state licensing requirements by age cohort

- Do not allow children to change groups or programs within a given facility once cohorts are established
- Design group schedules to limit interactions with other children/parents/guardians at start and end of day
- Allow qualified substitutes to go between two classrooms if PPE is switched out when moving from one room to another
- Ensure availability of qualified substitutes teachers when staff is out

# Be Safe. Childcare

## Healthy interactions



Gradually Resume  
(Phase IV)



### Staff, parents or guardians, and visitors to wear face coverings at all times

- In any indoor common spaces, face coverings must be worn over nose and mouth (exceptions can be made for people with medical conditions or disabilities that prevent them from safely wearing a face covering)
- Require all staff, parents or guardians, and visitors to wear face coverings at all times while on the premises; transparent face coverings encouraged to help children read facial expressions, and/or individuals communicate by, e.g., reading lips
- Face coverings not required for children under the age of two, or older children while playing outside, eating, drinking, sleeping, or napping (assuming children are able to maintain social distancing)
- While face covering compliance may not be feasible for younger children, school-aged children should be encouraged to wear them
- Consider not requiring face coverings if adherence increases the frequency to which a child touches their face



### Staff to ensure regular handwashing pattern for all children (every hour, if possible)

- Wash hands any time staff changes locations
- Access to sanitizers in every room, at the front desk
- If possible, staff to change into different clothing and shoes on site; Ensure clothing kept on site be laundered regularly

# Be Safe. Childcare

## Safe spaces and working conditions



Gradually Resume  
(Phase IV)



### Perform daily health checks for all children, caregivers, staff, and visitors

- Prior to leaving home, all individuals encouraged to self-identify symptoms and stay at home if symptomatic
- Prior to entering establishment, employees self-screen (e.g., questionnaire - see appendix) to ensure no symptoms of COVID-19
- Health checks for children to include symptoms and temperature checks at entrance; parents or guardians to wait in the designated area while wearing face coverings
- Persons who display signs of illness or with a fever of 100.4° or above must not be permitted on premises
- Reduce interactions with parents or guardians and other children by setting up a designated drop-off space inside
- Log entry of each child with relevant information (e.g.: name, phone number, address) before permitting access to rest of center; encourage contactless login and limit exposure throughout entry process as much as possible
- Where possible, encourage the same parent or guardian to come to the center for pickup/drop-off to limit exposure; Discourage older adults from being the designated drop-off / pick-up person
- Only essential staff on-site; encourage non-essential staff to work from home to limit capacity and reduce exposure
- Follow a fixed schedule for all visitors and only allow entry after logging in and completing health screening
- If possible, introduce staggered drop off and pick up times

- Recommended guidance -

# Be Safe. Childcare

## Safe spaces and working conditions



Gradually Resume  
(Phase IV)



### Enhance cleaning procedures between shifts and of high-touch surfaces

- Follow cleaning guidelines outlined by CDC
- Clean high touch surfaces every 2 hours; if possible, avoid usage altogether
- Where appropriate, doors and windows to rooms to remain open for ventilation
- Complete cleaning of premises after each shift
- Wash toys after use by each group, remove those that cannot be cleaned often (stuffed animals); if possible, toys to be separate across groups



### Establish rules with children and parents/guardians prior to entry

- Use visual cues wherever possible (entrances, corridors, drop-off area, bathrooms)
- Consider postage of signage indicating 6 feet distance in pick-up / drop-off zone



### Identify all choke points (corridors, entrance), and ensure distancing norms are maintained

- Establish an isolation area for symptomatic children (with supervision); clean area and leave empty for at least 3 hours after use. Symptomatic staff to leave premises as soon as possible
- Only allow one group to access gross motor room at a time, and clean room after each use
- Limit use of elevators, and restrict capacity to less than 25%

# Be Safe. Childcare

## Operations and monitoring



Gradually Resume  
(Phase IV)



**Flexible  
models**

### Communicate to parents/guardians and community about new operating models

- Communicate new procedures to parents / guardians and get their written consent
- Communicate with parents or guardians through contactless methods (e.g., mobile applications); if contactless methods are not possible, send care sheets home to inform parents or guardians about their child's progress
- Practice two-way communication with appropriate city and state authorities, and update staff on new measures / best practices



**Operation  
resiliency**

### Provide adequate training to ensure compliance

- Review relevant DCFS templates, checklists, and guidelines regarding changes in regulations
- Provide additional training for all staff on how to best care for children with new guidelines



# Be Safe. Childcare

## Operations and monitoring



Gradually Resume  
(Phase IV)



Testing/  
Tracking

### Follow CDPH and CDC guidance for testing and tracing protocols

- If employee does contract COVID-19, they must follow all CDC guidelines before returning to work
- If an employee is identified as being COVID-19 positive by testing, cleaning and disinfecting must be performed according to CDC guidelines
- Any employee who has had close contact with co-worker or any other person who is diagnosed with COVID-19 should self quarantine according to CDC guidelines
- If a facility becomes aware of 2 or more cases possibly associated with an establishment over a 14 day period, employers are required to report cases to CDPH
- Follow all other CDPH guidance set forth and comply with CDPH recommendations in response to a workplace outbreak

# Be Safe. Childcare

## Reopening Approach



Gradually Resume  
(Phase IV)

## Reopening childcare in Illinois<sup>1</sup>

### Reopening requirements for Childcare Centers

- Gradual approach developed to reopen childcare programs in a safe way
- Before opening for care, all programs must submit to DCFS a reopening plan with operational and preparedness plan
- For the first four weeks of operation, centers must operate with reduced group sizes
  - Limited to serving 8 infants, or 10 children in all other age groups (per room)
  - Centers operating under emergency day care licenses for at least 4 weeks have already met this requirement
- Before expanding enrollment, all centers must:
  - Review their reopening plan with their DCFS Licensing Representative
  - Have at least 50 sq. ft. per child 2 years and older
  - Add 4 sq. ft. of minimum sleeping space per child for infants and toddlers to ensure cribs and cots can be placed 6 feet apart
- Ratios will remain the same as per licensing regulations for all age groups

### Reopening requirements for Childcare Homes

- Licensed exempt homes must return to their pre-COVID-19 group limits
- Programs must submit a reopening plan with operational and preparedness components

*1. Guidelines for all providers issued by GOECD, IDPH, DHS and DCFS noted here for reference only. Please visit [this page](#) for the most up to date information, and [this page](#) for a webinar describing the guidelines in more detail.*

- Reopening details-



# Be Safe. Childcare

## Appendix



Gradually Resume  
(Phase IV)

## Glossary

**Gathering:** A group of individuals outside a single household who are part of a spontaneous or planned event convening for more than ten minutes

**Handwashing:** The act of thoroughly cleaning one's hands with soap and water for at least 20 seconds or using a disinfectant capable of eliminating the virus that causes COVID-19

**Social distancing:** The physical spacing of at least six feet between individuals, or groups of individuals.

**PPE:** Personal protective equipment (e.g., face coverings, goggles, face shields); requirements vary based on industry and specific circumstances

## Self-screening sample questionnaire

**Self-screening:** A protocol by which an employee answers questions at the start of a shift. Subject to the guidance of the Commissioner of Health, the questions may include:

- Have you had a body temperature over 100 degrees Fahrenheit or have you used a fever reducer in the previous 24 hours to treat a body temperature over 100 degrees Fahrenheit?
- Do you have a new cough that you cannot attribute to another health condition?
- Do you have a new or worsening sore throat that you cannot attribute to another health condition?
- Do you have new shortness of breath that you cannot attribute to another health condition?
- Have you recently developed a complete loss of smell or taste?

- Recommended guidance -

# Be Safe. Childcare

## Public Health Resources



Gradually Resume  
(Phase IV)

### General workplace guidance

#### National resources for further guidance

**CDC** – *Activities and Initiatives Supporting the COVID-19 Response and the President's Plan for Opening America Up Again:*  
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.pdf>

**CDC** – *Guidance for Businesses and Workplaces*  
<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html>

**OSHA** *Guidance on Preparing Workplaces for COVID-19:*  
<https://www.osha.gov/Publications/OSHA3990.pdf>

**CDPH:** *Guidance if COVID-19 is confirmed in your facility:*  
<https://www.chicago.gov/content/dam/city/depts/cdph/HealthProtectionandResponse/What%20to%20do%20if%20confirmed%20COVID-19%20case%20in%20facility.pdf>

### Childcare guidance

**Restore Illinois Childcare Guidelines**– *Guidelines for all providers issued by GOECD, IDPH, DHS and DCFS:*  
[https://www2.illinois.gov/dcf/brighterfutures/healthy/Documents/Day\\_Care\\_Guidance.pdf](https://www2.illinois.gov/dcf/brighterfutures/healthy/Documents/Day_Care_Guidance.pdf)

Webinar describing Illinois' guidelines: <https://vimeo.com/433640279>

**US Department of Education** – *COVID-19 Information and Resources for Schools and School Personnel:* <https://www.ed.gov/coronavirus>

**CDC** – *Guidance for Childcare, Schools and Youth Programs:*  
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>

**Supplemental Guidance from CDC** – *Guidance for Childcare Programs that Remain Open:* <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

### Disclaimer

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- Recommended guidance -



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**CHICAGO** ★

Attachment E



**Cuídese.**  
**Servicios de guardería.**

# Cuídese. Servicios de guardería.

¿Qué hay en esta guía?



Reanudación gradual (Fase IV)

## Para la reapertura prudente de Chicago, se requiere:

### Interacciones seguras

#### Distanciamiento social



Límites de distancia física entre las personas

#### Tamaño de las reuniones



Limitaciones en las reuniones de personas

#### Equipo de protección



Uso de equipo de protección por parte de las personas

#### Requisitos de higiene



Garantizar la higiene en las interacciones (p. ej., lavarse las manos)

### Espacios y condiciones seguros

#### Acceso



Condiciones para entrar en los espacios y salir de estos

#### Normas de limpieza



Medidas para desinfectar los espacios

#### Señalización visual



Recursos y directrices sobre higiene en los espacios

#### Condiciones del lugar de trabajo



Evaluación del tránsito de personas, la ventilación, etc.

### Capacidad de adaptación y control de operaciones

#### Modelos flexibles



Flexibilidad en la licencia por enfermedad o trabajo remoto (cuando sea posible)

#### Capacidad de adaptación de operaciones



Apoyo para flexibilizar las operaciones (p. ej., varios turnos)

#### Directrices para viajar



Restricción de la circulación de personas de un lugar a otro

#### Pruebas y seguimiento



Facilitación de las pruebas y del seguimiento

# Cúidese. Servicios de guardería.

## Ejemplo ilustrativo



Reanudación  
gradual (Fase IV)



## ¿Qué puede ser diferente?

- 1 La **señalización visual** en las instalaciones sobre la higiene, el distanciamiento social, el equipo de protección individual (PPE) y más.
- 2 Las **evaluaciones médicas** necesarias para los niños antes de entrar al aula.
- 3 Los padres o tutores, los visitantes y los empleados deben usar **mascarilla** en todo momento, y los niños deben usarlas cuando estén fuera del aula.
- 4 La frecuencia con la que el personal **desinfecta** las instalaciones, incluyendo juguetes y otros objetos.
- 5 La división de los niños en **grupos estables** con **maestros asignados**.
- 6 Abertura permanente de puertas y ventanas para **aumentar la ventilación**, donde sea necesario.

–Directrices recomendadas–

# Cúidese. Servicios de guardería.

## Interacciones seguras



Reanudación  
gradual (Fase IV)



### Forme grupos estables para minimizar las interacciones sociales entre todos los niños del centro.

- Divida a los niños en grupos asignados a distintas aulas, con 2 miembros permanentes del personal para cada grupo (*la cantidad depende de la proporción establecida en la licencia del estado*).
- Restrinja todas las actividades combinadas en las que los niños suelen interactuar con otros grupos. Esto incluye, entre otras, las actividades de motricidad gruesa.
- Se deben consumir las comidas en el salón asignado. Todas las comidas que se sirvan (desayuno, almuerzo, snack) deben estar empaquetadas de manera individual.
- Agregue 4 pies cuadrados al espacio mínimo para dormir de cada niño para asegurarse de que los catres puedan estar a 6 pies de distancia entre sí.
- Evite el acceso a patios de juego públicos. Los centros que tengan patios de juego pueden usarlos si no mezclan los grupos de niños y si limpian los equipos después de que cada grupo los use.



### Limite el tamaño de los grupos a 15 niños o menos, de acuerdo con los requisitos de licencia del estado según el grupo de edad.

- No permita que los niños se cambien de grupo o de programa en el centro una vez que los hayan dividido en grupos.
- Planifique los horarios de los grupos para limitar las interacciones con otros niños, padres o tutores al comienzo y al final del día.
- Permita que sustitutos calificados vayan de un aula a otra siempre y cuando se cambien el PPE antes de hacerlo.
- Asegúrese de que haya maestros sustitutos calificados cuando el personal no esté disponible.



# Cúidese. Servicios de guardería.

## Interacciones seguras



Reanudación  
gradual (Fase IV)



Equipo de  
protección

### El personal, los padres o tutores, y los visitantes deben usar mascarillas en todo momento.

- En los espacios comunes cerrados, se deben usar mascarillas que cubran la nariz y la boca (se pueden hacer excepciones para las personas que tengan condiciones médicas o discapacidades que no les permitan usar una mascarilla de forma segura).
- Exíjale al personal, a los padres o tutores, y a los visitantes que usen mascarillas en todo momento mientras estén en las instalaciones. Se recomienda el uso de mascarillas transparentes para ayudar a los niños a ver las expresiones faciales o para que las personas puedan comunicarse, por ejemplo, leyéndose los labios.
- No se exige el uso de las mascarillas a los niños menores de dos años ni a los niños mayores mientras juegan al aire libre, comen, beben o duermen (suponiendo que puedan mantener el distanciamiento social).
- Aunque es posible que los niños más pequeños no puedan usar mascarillas, se debe animar a que las usen los niños en edad escolar.
- Considere no exigir el uso de mascarilla si esto aumenta la frecuencia con la que el niño se toca la cara.



Requisitos  
de higiene

### El personal debe asegurarse de que los niños sigan un régimen de lavado de manos frecuente (una vez por hora, si es posible).

- Los miembros del personal deben lavarse las manos cada vez que vayan de un lugar a otro.
- Debe haber desinfectantes en cada ambiente y en la recepción.
- Si es posible, el personal debe cambiarse la ropa y los zapatos en el lugar. Asegúrese de que la ropa que quede en el lugar se lave con frecuencia.

–Directrices recomendadas–

# Cuídese. Servicios de guardería.

## Espacios y condiciones de trabajo seguros



Reanudación  
gradual (Fase IV)



### Se deben hacer revisiones médicas a los niños, los cuidadores, el personal y las visitas todos los días.

- Anime a las personas a que comprueben si tienen síntomas antes salir de casa y a que se queden en casa si tienen algún síntoma.
- Antes de entrar en el establecimiento, los empleados deben autoevaluarse para asegurarse de no tener síntomas de COVID-19 (p. ej., un cuestionario [consulte el apéndice]).
- Los controles médicos de los niños incluyen evaluaciones de los síntomas y mediciones de la temperatura en la entrada. Los padres o tutores deben esperar en el área designada con mascarillas.
- A las personas que exhiban signos de enfermedad o que tengan fiebre de más de 100.4 °F no se les permitirá entrar en las instalaciones.
- Reduzca las interacciones con los padres o tutores y con otros niños designando un lugar en el interior para dejar a los niños.
- Registre la entrada de cada niño con información importante (p. ej., nombre, teléfono, dirección) antes de darle acceso al resto del centro. Fomente la entrada sin contacto y limite la exposición lo máximo posible durante ese proceso.
- Si es posible, recomiende que el mismo padre o tutor vaya al centro a llevar o a buscar al niño para limitar la exposición. Pida que las personas mayores no sean las designadas para llevar al niño o ir a buscarlo.
- Solo el personal esencial debe estar en el centro. Recomendamos al personal no esencial que trabaje desde casa para limitar la capacidad y reducir la exposición.
- Siga un programa fijo para todos los visitantes y solo permítales la entrada después de que los registren y les hagan el control de salud.
- Establezca horarios escalonados para dejar a los niños y recogerlos, si es posible.

# Cúidese. Servicios de guardería.

## Espacios y condiciones de trabajo seguros



Reanudación  
gradual (Fase IV)



### Mejore los procedimientos de limpieza de las superficies de contacto frecuente y en los cambios de turno.

- Siga las directrices de limpieza de los Centros para el Control y la Prevención de Enfermedades (Centers for Disease Control and Prevention, CDC).
- Limpie las superficies de contacto frecuente cada 2 horas. Evite su uso si es posible.
- Donde sea apropiado, deje abiertas las puertas y ventanas para que haya ventilación.
- Limpie las instalaciones después de cada turno.
- Lave los juguetes después de que cada grupo los use. Quite los que no puedan limpiarse con frecuencia (p. ej., animales de peluche). Divida los juguetes entre los grupos si es posible.



### Establezca reglas con los niños y los padres o tutores antes de la entrada.

- Use señales visuales donde sea posible (entradas, pasillos, área para dejar a los niños, baños).
- Considere la posibilidad de usar carteles para señalar la distancia de 6 pies en el área para dejar o recoger a los niños.



### Identifique todos los lugares de embotellamiento (pasillos, entrada) y asegúrese de que se cumplan las normas de distanciamiento.

- Establezca un área de aislamiento para los niños con síntomas (con supervisión). Limpie el área y no permita el acceso durante al menos 3 horas después de su uso. El personal que tenga síntomas debe irse de las instalaciones lo antes posible.
- Permita el acceso de un grupo por vez al ambiente de motricidad gruesa y límpielo después de cada uso.
- Limite el uso de los ascensores y restrinja su capacidad a menos del 25%.

—Directrices recomendadas—

# Cuídese. Servicios de guardería.

## Operaciones y control



Reanudación  
gradual (Fase IV)



### Comuníquese a los padres o tutores y a la comunidad los nuevos modelos de operación.

- Comuníquese los nuevos procedimientos a los padres o a los tutores para recibir su consentimiento por escrito.
- Comuníquese con los padres o tutores por medios sin contacto (p. ej., aplicaciones móviles). Si no es posible comunicarse por medios sin contacto, envíe hojas de contacto para informar a los padres o tutores del progreso del niño.
- Practique la comunicación bidireccional con las autoridades de la ciudad y del estado que correspondan, y mantenga actualizado al personal sobre las nuevas medidas o prácticas recomendadas.



### Dé la capacitación adecuada para asegurar el cumplimiento.

- Repase las plantillas, las listas de verificación y las directrices del Departamento de Servicios para Niños y Familias (Department of Children and Family Services, DCFS) sobre los cambios en las regulaciones.
- Dé más capacitación a todo el personal sobre cómo cuidar mejor a los niños con las nuevas directrices.

# Cúidese. Servicios de guardería.

## Operaciones y control



Reanudación  
gradual (Fase IV)



Pruebas y  
seguimiento

### Siga las directrices de los CDC y del Departamento de Salud Pública de Chicago (Chicago Department of Public Health, CDPH) en los protocolos para las pruebas y el seguimiento.

- Si un empleado se enferma de COVID-19, este debe seguir todas las directrices de los CDC antes de volver a trabajar.
- Si un empleado da positivo por COVID-19, se debe hacer limpieza y desinfección de acuerdo con las directrices de los CDC.
- Todo empleado que haya tenido contacto cercano con un colega u otra persona que tenga COVID-19 debe hacer cuarentena según las directrices de los CDC.
- Si descubren 2 o más casos posiblemente relacionados con el establecimiento en un período de 14 días, los empleadores deben reportar los casos al CDPH.
- Siga todas las directrices y recomendaciones del CDPH para responder a un brote en un lugar de trabajo.

# Cúidese. Servicios de guardería.

## Enfoque para la reapertura



Reanudación  
gradual (Fase IV)

## Reapertura de las guarderías en Illinois<sup>1</sup>

### Requisitos para la reapertura de centros de guardería

- Se desarrolló un enfoque gradual para la reapertura segura de los programas de cuidado infantil.
- Antes de la apertura para el cuidado, todos los programas deben presentar un plan de reapertura al DCFS con componentes de operación y preparación.
- Durante las primeras cuatro semanas de operación, los centros deben funcionar con grupos de tamaño reducido.
  - El límite es de 8 bebés o de 10 niños en todos los grupos de edad restantes (por sala).
  - Los centros que hayan estado funcionando con licencias de emergencia para guarderías durante al menos 4 semanas ya cumplen este requisito.
- Antes de ampliar la inscripción, todos los centros deben:
  - Repasar su plan de reapertura con el representante de licencias del DCFS.
  - Tener al menos 50 pies cuadrados por cada niño mayor de 2 años.
  - Agregar 4 pies cuadrados al espacio mínimo para dormir de cada bebé y niño para asegurarse de que las cunas puedan estar a 6 pies de distancia entre sí.
- Las proporciones serán las mismas que indiquen las regulaciones para todos los grupos de edad.

### Requisitos para la reapertura de hogares de guardería

- Los hogares exentos de licencia deben volver a los límites de grupos anteriores al COVID-19.
- Los programas deben presentar un plan de reapertura con componentes de operación y preparación.

1. Las directrices para todos los proveedores mencionadas aquí y emitidas por la Oficina del Gobernador de Illinois para el Desarrollo de la Infancia Temprana (Governor's Office of Early Childhood Development, GOECD), el Departamento de Salud Pública de Illinois (Illinois Department of Public Health, IDPH), el Departamento de Servicios Humanos (Department of Human Services, DHS) y el DCFS solo sirven como referencia. Visite [esta página](#) para obtener la información más reciente y [esta página](#) para participar en un seminario web que describe las directrices con más detalle.

–Información sobre la  
reapertura–



# Cúidese. Servicios de guardería.

## Apéndice



Reanudación  
gradual (Fase IV)

## Glosario

**Distanciamiento social:** distancia física de al menos seis pies entre personas o grupos de personas.

**Lavado de manos:** acción de lavarse bien las manos con agua y jabón durante al menos 20 segundos o usar desinfectante que sirva para eliminar el virus que causa el COVID-19.

**PPE (personal protective equipment):** equipo de protección personal (p. ej., mascarillas, lentes, protectores faciales). Los requisitos varían según la industria y las circunstancias específicas.

**Reunión:** Grupo de personas, que no sea un grupo familiar, que participan en un evento espontáneo o planificado y que se reúnen durante más de diez minutos.

## Ejemplo del cuestionario de autoevaluación

**Autoevaluación:** protocolo por el que el empleado responde preguntas al inicio de su turno. De acuerdo con las directrices del Comisionado de Salud, las preguntas pueden ser:

- ¿Ha tenido más de 100 grados Fahrenheit de temperatura o ha tomado algún medicamento para tratar la fiebre de más de 100 grados Fahrenheit en las últimas 24 horas?
- ¿Tiene tos que antes no tenía y que no puede atribuir a otra condición de salud?
- ¿Tiene dolor de garganta que antes no tenía o que empeoró y que no puede atribuir a otra condición de salud?
- ¿Tiene dificultad para respirar que antes no tenía y que no puede atribuir a otra condición de salud?
- ¿Ha perdido por completo el olfato o el gusto hace poco?

–Directrices recomendadas–



# Cúidese. Servicios de guardería.

## Recursos de salud pública



Reanudación  
gradual (Fase IV)

## Directrices generales para el lugar de trabajo

## Directrices para el cuidado infantil

## Exención de responsabilidad

### Recursos nacionales para más orientación

**CDC:** *Activities and Initiatives Supporting the COVID-19 Response and the President's Plan for Opening America Up Again (Actividades e iniciativas de los CDC que respaldan la respuesta al COVID-19 y el plan del presidente para reabrir los Estados Unidos):* <https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.pdf>

**CDC:** *Guía para empresas y lugares de trabajo:* <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html>

**OSHA:** *Guidance on Preparing Workplaces for COVID-19 (Guía sobre la preparación de los lugares de trabajo para el COVID-19):* <https://www.osha.gov/Publications/OSHA3990.pdf>

**CDPH:** *Guía por si se confirma un caso de COVID-19 en su centro:* <https://www.chicago.gov/content/dam/city/depts/cdph/HealthProtectionandResponse/What%20to%20do%20if%20confirmed%20COVID-19%20case%20in%20facility.pdf>

**Directrices para la reapertura de las guarderías de Illinois:** *Directrices para todos los proveedores emitidas por la GOECD, el IDPH, el DHS y el DCFS:* [https://www2.illinois.gov/dctf/brighterfutures/healthy/Documents/Day\\_Care\\_Guidance.pdf](https://www2.illinois.gov/dctf/brighterfutures/healthy/Documents/Day_Care_Guidance.pdf)

*Seminario web que describe las directrices de Illinois:* <https://vimeo.com/433640279>

**Departamento de Educación de Estados Unidos (US Department of Education):** *COVID-19 Information and Resources for Schools and School Personnel (Información y recursos sobre el COVID-19 para las escuelas y el personal de las escuelas):* <https://www.ed.gov/coronavirus>

**CDC:** *Guía para programas de cuidado infantil, deportivos juveniles y escuelas:* <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>

**Directrices suplementarias de los CDC:** *Guía para los programas de cuidado infantil que permanecen abiertos:* <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

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–Directrices recomendadas–





## **ATTACHMENT F**

### DATA SHARING

Providers of Out-of-School Time (OST) programs supply a vital service to CPS students. OST programs provide some of the most effective support structures for our students, fueling them to social, emotional and academic success. When OST providers and the District work together, we can both better serve our students in the coming year.

As partners in this work, CPS wants to better understand what OST programs and opportunities there are for CPS students. CPS is asking OST providers to regularly track data in one of our approved systems, or alternatively, share their data with CPS. This data will help CPS better understand the important work done by Providers while being a more effective advocate for both CPS students and the Provider's programs.

The first section of this Attachment F outlines the data sharing process for Providers who enter data directly into a CPS system. In most cases, this is the easiest way to share data. If the Provider does not have access to a CPS system, and Provider would like to have access to them, please reach out to the Program Manager.

The second section of this Attachment F outlines the data sharing process for Providers who wish to use their own systems to capture program information and share it back with CPS.

#### **1. For Providers who have access to a CPS system to track OST programs:**

If the Provider has access to a CPS system, the Provider will be responsible for entering the following program information into the CPS system:

- Program Information: the OST program delivered
- Program Membership: the students enrolled in the program
- Program Attendance: daily attendance of the students in the program

Their login to the system will allow them access to the following student data points:

- Student First Name
- Student Last Name
- Student ID
- Age
- School of Enrollment
- Grade Level
- Student Email
- Parent/Guardian Contact Information

If Provider requires additional information regarding the health, safety, and wellbeing of OST program student participants, Provider may obtain such information directly from the students' parent or guardian.

The Purpose for which access to the above student data points by the Provider is required is to provide program and participation information, including student participant rosters, to the Board. Access to student data not identified above by Provider is not permitted within the Designated Data Reporting System or any other system.

Data Delivery Schedule:

If the Provider is using a CPS system, they must create their program (i.e. enter the above information into the system) before the first session of the program. Attendance should be entered into the system within 24 hours of each event. Data delivery outside of entry into the system is not required.

**2. For Providers who use their own program tracking system:**

If the Provider uses their own program tracking system, the Provider is required to provide CPS with regular data extracts of program data collected from Provider systems merged with (a) CPS identifier information; (b) CPS Program Taxonomy Framework (see Figure 1 below); and (c) Provider unique identifier keys that will allow the district to load and organize program data in a uniform holistic manner into the data warehouse for reporting and analytical purposes.

Providers will be required, upon request, to share program data to CPS in the file format and frequency specified by CPS. Providers managing data should do so within the requirements described in the addendum following this Exhibit \_\_. Program data includes: program information; student membership in the program; and student attendance in program. The Provider will be provided with the full list of values from CPS' Program Taxonomy Framework (see Figure 1) and data specifications sheet (see Figure 2 for high level view of data files).

Data Delivery Schedule:

If the Provider is using their own system, program data should be shared with CPS twice monthly on the 1st and 15th of the month. If needed, a lesser frequency of distribution may be negotiated with the Program Manager.

*NOTE: If the Provider is provided access to a CPS system (as described in Section 1 of this Attachment F), Provider does not need to provide the data described in this section (i.e. Section 2 of this Attachment F) - if the Provider is provided access to a CPS system, all of this information will be captured through the CPS system.*

FIGURE 1: CPS Program Taxonomy Framework

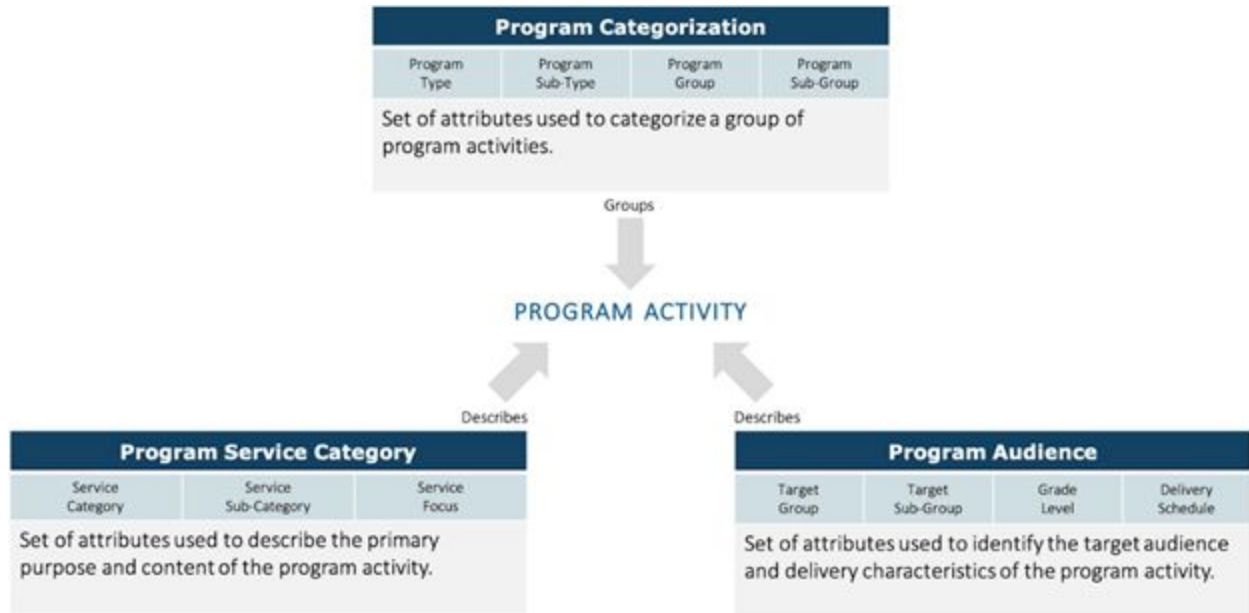
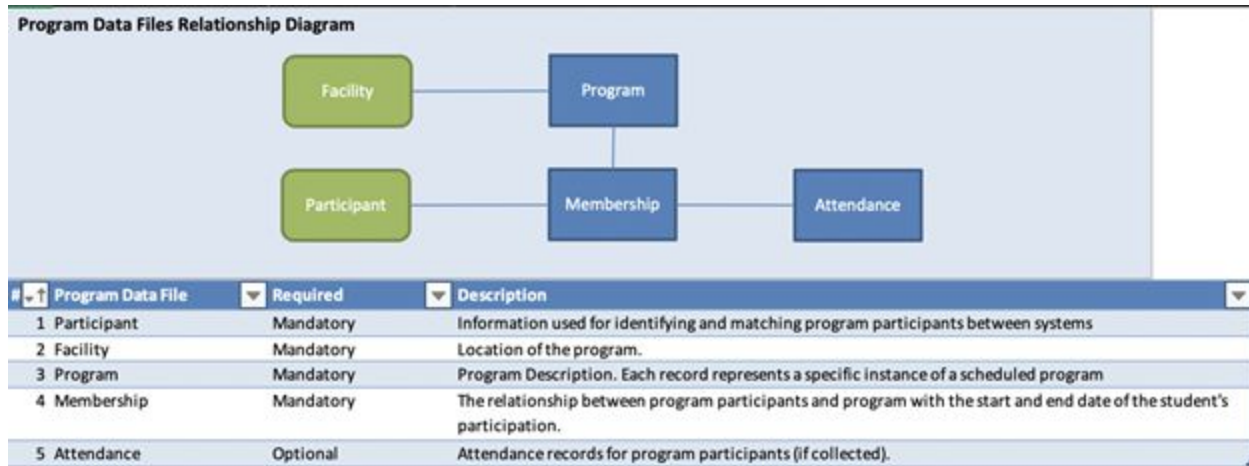


FIGURE 2: Program Data Files



## ADDENDUM

### INFORMATION, INTEGRATIONS, & DATA MANAGEMENT

Providers: Please note this addendum content only applies to Providers using their own data system, as described in Section 2 of Attachment F. This addendum content does not apply to Providers using a CPS system to enter data.

Information, Integrations, and Data Management are central capabilities needed to deliver information optimally, and to realize service value. Within most modern solutions data and interfacing is needed for both internal CPS and external systems.

Provider capabilities must include the following, at a minimum:

- Must employ experts to work, in collaboration with CPS IT and business experts
- Aligned with district academic and administrative data management programs, which include aligning with IMS Global Standard for open operability, or allowing for open data exchange (for all data within the proposed system) using sfp, or API's
- Ability to maintain logs of activities, status, and functional state of the solution
- Have an application architecture built with security in mind, using the latest industry techniques
- The hosted environment must be redundant, with no single points of failure, and have the capacity to handle District demands, and have the capabilities needed to recover from data loss or corruption
- Able to enable reporting and analytics (BI)
- Able to schedule routine imports and exports of data in an automated fashion
- Quality controls for data management within the user interface, and within data synchronization routines
- Leverage the CPS system of record for identity and access management (Rapid ID / SAML for single sign on)
- For third party integrations - Document purpose, data exchanges, utility of integration, method of integrations, provide geography of operations, the name of the third party, and a formal CPS IT approval
- For educational platforms, support One-roster / IMS Global protocols

A more comprehensive explanation of the requirements above are described in the sections below.

#### **Audit History**

The solution should maintain a complete history of all data including the user identification and timestamp for data creation, updates and deletions to support a complete audit history; this includes persistence of deleted data ("soft deletes") for all key entities as determined by Board requirements. Reporting on audit history shall be easy and efficient, preferably including out of the box reports summarizing data changes.

#### **Data Integrations**

The Solution should support both ad hoc and automated import, export, and update of all necessary data for the in scope systems, at appropriate frequencies, including near-real-time. For platforms supporting digital learning then the solution must support IMS global / One-Roster protocols. Employee assessment results will only be exportable at an anonymized, aggregate level.

#### **Data Accessibility**

Provider shall support both ad hoc and automated extract of all data from the Solution at appropriate frequencies.

#### **Portability**

It is critical that CPS be able to retrieve its data and applications from the solution and move it into different CPS environments, or directly to a new Solution at the expiration or termination of any applicable contract with the Provider. If the Solution uses proprietary software and formats to store customer data or applications, it may end up being very difficult to retrieve applications and data in a usable format; if this condition exists then Provider shall transform the data for CPS consumption. In addition, CPS may need to retrieve data to respond to a Freedom of Information Act ("FOIA") request or otherwise uphold its legal obligations. Assessment results are only stored at an anonymized, aggregated level.

### **Data Validation**

Integration of multiple datasets together can be fraught with difficulty, including inconsistent fields, missing datasets, and conflicting sets of information. The Provider solution will need rules to ensure referential integrity between datasets:

- Ensure that primary keys in one dataset are indeed unique, even compound primary keys
- Ensure that foreign keys in one file match the primary keys in another file
- Validation that all other fields are well formed, and cleaned as required

In the data integration environment, it's also important that data issues can be quickly acted upon. Provider shall provide the following options:

- Automatic quarantining of data to ensure that invalid data is not ingested. Even if this is only part of a file, the invalid data is removed and the remainder quarantined
- Email alerts when data issues are identified so they can quickly be escalated us when jobs are not synchronized

### **Data Management**

- The Provider will not copy any CPS data to any media, including hard drives, flash drives, or other electronic devices, other than as expressly approved by CPS.
- Provider shall return or destroy all confidential information received from CPS, or created or received by Provider on behalf of CPS.
- In the event that Provider determines that returning or destroying the confidential information is infeasible, Provider shall notify CPS of the conditions that make return or destruction infeasible, but such plans will be approved by CPS.
- If CPS agrees that return or destruction of confidential information is infeasible; Provider shall extend the protections for such confidential information and limit further uses and disclosures of such confidential information.
- Return all data that is the property of CPS in an electronic format, via an online secure service, such as SFTP, or a shared storage facility security.
- The Solution should support the latest encryption and SSL in motion and at rest for PII (Personally identifiable information).
- Security practices regarding secure application development must be documented.
- Data exchanges with CPS shall be done in an automated fashion.

### **Data Conversion and Validation**

The Provider must provide human resources to partner with the CPS Enterprise Data Team to document the proper conversion mapping and perform test validation for any/all bi-directional data exchanges, or any automation.

### **Data Protection**

Data shall be protected with the latest backup technologies, and be backed up daily, with retention of no less than 30 days, and for the duration of the agreement. Protection techniques shall exist within the production and DR environments, where information is hosted and protected in the United States for student information.

## Identity and Access Management

- Must be in compliance with the CPS Security and Access Control policies (<https://cps.edu/AcceptableUsePolicy/Pages/platformGuidelines.aspx>)
- Ensure that any consumer, including a 3rd party vendor's employees or subcontractor to whom access is granted agrees to the same restrictions, standards, and conditions that apply through the contract with CPS, and that access to CPS data is approved by CPS.
- Ensure that any consumer, including a subcontractor, employee, or another 3rd party to whom access to data and/or information systems, agrees to implement reasonable and appropriate safeguards to ensure the confidentiality, integrity, and availability of the data and information systems.
- Maintain a security plan that complies with NIST, ISO 27000 series and CPS approved security policies.
- Report to the CIO of CPS within 24 hours of discovery of any security incidents that occur within solution / information systems that may affect CPS systems.
- Maintain audit events according to policy and provide this information to CPS upon request. These audit logs must be kept according to CPS's records retention policy for student records.
- Develop and implement policies and procedures regarding the use of information systems that describes how users are to protect against intrusion, tampering, viruses, etc.
- Authentication mechanism and integration with Active Directory. Should support user account and password requirements and is compatible with the latest version of SAML, Google, Rapid ID, or other CPS approved SSO service platform.
- Documented security controls in place to protect sensitive and/or confidential information.