



REVISED

Restore Illinois Recommendations and Guidance for Home Visiting, Doula, and Coordinated Intake Programs

Developed in consultation with IDPH and the Executive Committee of the Home Visiting Task Force

Revised June 14, 2022, and subject to change

This guidance has been approved by the Illinois State Board of Education (ISBE), Illinois Department of Human Services (IDHS), Maternal, Infant, and Early Childhood Home Visiting program (MIECHV), and the Chicago Department of Family and Support Services (DFSS). Early Head Start and Head Start home visiting programs should follow the guidance from the Office of Head Start. This guidance is subject to change in response to developments in the pandemic, and in alignment with any future updates to the [Restore Illinois plan](#). This guidance is consistent with the Health Resources and Services Administration’s (HRSA) [guidance on mitigation of risk for home visiting](#). Programs should continue to adhere to the latest guidance from local health departments, IDPH, Governor Pritzker, and the Centers for Disease Control and Prevention (CDC) to limit the spread of COVID-19.

Home visiting (HV), coordinated Intake, and doula programs in Illinois have taken every precaution to keep children, families, and providers safe during the pandemic.

As Illinois recovers from the pandemic and more families are allowing services to occur in person, we are asking home visiting, coordinated intake, and doula programs to use the attached *Family Risk Screening Checklist* designed to protect our vulnerable populations, including those currently not eligible for vaccines.

The *Family Risk Screening Checklist* document includes the following:

- Steps to take before, during, and after each visit.
- Ways to prepare families for the visit.
- Daily Health Check Questionnaire (for home visiting staff)
- Family Risk Screening Checklist (for families)

Please make the above screenings and procedures part of your protocols (we recognize that not all of these procedures will apply to every coordinated intake set-up). The Family Risk Screening Checklist include steps to take if the person shows symptoms or risks.

We have also attached a sample flyer that you could adapt as needed and share with families.

In accordance with your model’s requirements, the virtual visit option shall continue to be available to HV and doula programs to mitigate risk of exposure to infectious disease. Virtual visits should be in accordance with professional judgement, model guidance and should consider the needs of the family.

All in-person visits should take place in rooms that promote physical distancing between individuals and service staff should wear a well fitted mask. It is also recommended that individuals receiving services

in their home wear a well- fitted mask during the visit. The Centers for Disease Control (CDC) also offers [masking and prevention guidance based on community-level data](#).

In-person visit parameters:

- An in-person visit must be the result of a discussion based on the comfort level of the family and the provider, which takes the individual risk factors of the child/family and provider into consideration. If anyone is not comfortable with moving to in-person services and the family is benefitting from virtual visits, then services can remain virtual.
- In-person visits may be combined with virtual visits for a hybrid service delivery approach that considers the needs of the family.
- In-person visits do not have restrictions on the number of participants. However, having fewer participants present during a visit will limit exposure. ALL participants must pass the screening protocols and we encourage participants to wear masks for the benefit of everyone present. See [CDC guidance on types of masks](#). Limit unnecessary external materials and equipment for a visit to reduce transmission of germs. Providers should not bring in toy bags, bubbles, and balloons.
- When meeting in the family’s home, it is preferable to meet in a designated space where surface areas can easily be cleaned and disinfected and that allows for appropriate distancing. Meeting outdoors (weather and environment permitting) is also allowable and encouraged.
- Direct physical contact with infants and families should remain as brief as needed for hands-on demonstrations (model cues, positioning, feeding techniques, etc.). Use coaching practices with the parent(s)/guardian(s) to provide guidance to carry out strategies.

Doula-attended births:

- Consult with your local birthing hospital about doula-attended births.
- Individual hospitals may have additional guidelines to be followed.

As a reminder, all staff/providers should follow the CDC guidelines for infection control basics including hand hygiene.

- [Improving Ventilation](#)
- [Infection Control Basics](#)
- [Hand Hygiene in Health Care Settings](#)
- [Handwashing: Clean Hands Save Lives](#)

This guidance is not intended to address every potential scenario that may arise. We encourage you to also monitor guidance from your Local Health Department, the Illinois Department of Public Health and the Centers for Disease Control (CDC).