

**Ministry of Education**

# **Operational Guidance for Child Care During COVID-19 Outbreak**

**Version 7 – August 2021**

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## Highlights of Changes:

- (p.10) Staffing – Movement of supervisors and/or designates, staff and students on educational placement between child care locations and between licensed age groups is permitted.
- (p.12-13) Additional information provided on cleaning protocols and procedures - the risk associated with transmission with shared objects is low. Instead of regular cleaning of shared objects, the focus should be on regular hand hygiene and respiratory etiquette to reduce the risk of infection related to shared equipment.
- (p.13-14) **New section on Hand Hygiene and Respiratory Etiquette**
- (p.14-15) Updated guidance on Use of Masks and PPE – masking no longer required outdoors; eye protection (i.e. face shield or goggles) is required for individuals working in close contact with children who are unable to wear face protection (e.g. children younger than grade 1) but not required for individuals working with children who wear face protection.
- (p.16-17) The province will continue to provide a screening tool for use by schools and child care, which may be periodically updated. All individuals must follow the monitoring and isolation advice outlined in the screening tool. The ministry may direct licensees and providers to perform and validate daily on-site confirmation of self-screening.
- (p.18-19) **New section on Transportation.**
- (p.19) Updated guidance on Monitoring and Responding to Reports on COVID-19 Symptoms - See the provincial screening tool for symptom screening, monitoring and isolation procedures. All individuals must follow the monitoring and isolation advice outlined in the screening tool.
- (p.26) **New sections on permitted Physical Activities and Field Trips**
- (p.27) Updated guidance on Visitors and Students on Educational Placement – visitors are permitted and are subject to the same health and safety protocols outlined in the guidance. The number of visitors indoors should be limited to the ability to maintain physical distancing of at least 2 metres.
- (p.27) Updated guidance on Space Set-up and Physical Distancing – More than one child care, early years program or day camp can be offered per building/space as long as they are able to maintain separation between the groups/cohorts and follow all health and safety requirements that apply to those programs. In shared outdoor space, mixing between groups and any other individuals outside of the group is permitted, though physical distancing is encouraged. Where physical distancing is difficult with small children, suggestions include:
  - planning activities for smaller groups when using shared objects or toys;
  - singing is permitted indoors; masking is encouraged but not required for singing indoors if a minimum of two metres distance can be maintained.
- (p.28) **New section on Ventilation**
- (p.28) Updated guidance on Equipment and Toy Usage Restrictions – If sensory materials (e.g., playdough, water, sand, etc.) are offered, emphasis should be placed on hand hygiene before and after the use of materials.
- (p.29) Updated guidance on Food Provision - Licensees and home child care providers should follow regular food preparation guidelines.
- (p.30) **New section on Mental Health**

# INTRODUCTION AND PURPOSE

This guidance document is intended to support the following child care and early years sector partners:

- Consolidated Municipal Service Managers and District Social Service Administration Boards (CMSMs and DSSABs);
- child care licensees and staff;
- home child care agencies and providers; and,
- district school boards.

This guidance document is meant to support partners in meeting requirements set out under the *Child Care and Early Years Act, 2014 (CCEYA)* and the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020*, to provide clarification on operating child care programs with enhanced health and safety guidelines and/or restrictions in place. **The guidance provided has been developed in consultation with the Office of the Chief Medical Officer of Health and will be modified as applicable when these restrictions can be lifted and/or amended to reflect new advice at that time.**

This guidance document has been designed for use in conjunction with the Child Care Centre and Home Child Care Agency Licensing Manuals, the CCEYA and its regulations. **In the event of a conflict between this document and the licensing manuals, this document will prevail. Advice of the local public health unit must be followed, even in the event that it is different from this guidance document.**

**The information found within this guidance document is intended to represent the minimum recommendations of the Ministry of Education. Child care and early years sector partners may, particularly at the advice of their local public health unit, choose to implement additional measures based on local circumstances.**

On September 1, 2020, child care and early years programs were permitted to return to maximum group sizes as set out under the CCEYA (i.e., licensed age groups prior to the COVID-19 outbreak). All child care settings must continue to operate with enhanced health and safety measures in place, including the use of medical masks and eye protection (i.e., face shield or goggles) for all staff/providers.

As always, **the top priority for the ministry is the health and safety of the children and child care staff/providers.** We will monitor the COVID-19 outbreak situation closely and revise this guidance, as needed, in consultation with the Office of the Chief Medical Officer of Health.

The ministry is requesting school boards, Consolidated Municipal Service Managers/District Social Services Administration Boards, and child care partners, in collaboration with local public health units, work together to ensure full-day licensed child care programs located in schools are able to operate with these measures in place. The ministry understands that district school board protocols may differ from

those of licensed child care and recommends that partners work together to align protocols where needed (i.e., in a shared space). To support consistency for children and families, the ministry has revised this guidance document, where possible, to align with the provincial [Guide to reopening Ontario's schools](#) as well as the information at the [COVID-19 reopening schools webpage](#).

While the focus of this guidance document is on the health, safety, and operational measures that are required in order to operate child care as safely as possible, please note that every effort should continue to be made to uphold the welcoming and caring environment that child care provides for children and families. More information regarding the early years pedagogy, including helpful resources can be found on the [ministry website](#). The ministry has also created a guidance document with ideas on how to provide an engaging environment while physically distancing: [\*Building On How Does Learning Happen?\*](#)

Before and After School Programs are also permitted to operate for the 2021-22 school year. Please refer to the [2021-22 Before and After School Kindergarten to Grade 6 Policies and Guidelines](#) for more information. The health and safety guidance aligns with this document, where applicable, and includes program specific guidance as well. Information about [EarlyON Child and Family Centres](#) can be found on the [ministry website](#).

The [Early Years Portal](#) contains a wealth of information to help licensees, staff and home child care providers understand the requirements of the CCEYA and its regulations.

You may wish to visit the [provincial COVID-19 website](#) regularly for current information, as well as the [Public Health Ontario public resources page](#) for information to help stop the spread, find sector specific resources, including helpful posters, mental health resources, and other information.

If you have further questions or require clarification, please contact your Ministry of Education program advisor directly or contact the Licensed Child Care Unit at [information.met@ontario.ca](mailto:information.met@ontario.ca).

# LICENSING REQUIREMENTS

## Licensing Processes and Renewals

Licenses are required to be amended, if necessary, to ensure director approvals and conditions on the license align with new restrictions.

To support the operational needs of licensees, the ministry will prioritize and expedite the review of requests to revise and amend licenses.

Licenses are required to meet all the requirements set out in the [Child Care and Early Years Act, 2014 \(CCEYA\)](#) and its regulations and to obtain all necessary municipal approvals to support license revision requests.

Licenses must follow all current ministry and CMSM/DSSAB policies and guidelines.

## Inspections

Ministry staff will conduct in-person monitoring and licensing inspections of child care centres, home child care agencies, home child care premises, and in-home services where necessary.

Ministry staff will:

- conduct a pre-screen prior to entering the premises, as well as follow any screening protocols set out by the licensee (see screening section below);
  - Please note: where a licensee is participating in the Provincial Antigen Screening Program, these tests are voluntary and subject to the consent of the individual. Ministry staff are not required to participate but may do so to at the request of the licensee.
- wear a medical mask and eye protection (i.e., face shield) as per occupational health and safety requirements under the [Occupational Health and Safety Act](#) and;
- follow any other protocols requested by the licensee or home child care or in-home service provider.

Ministry staff will use technology (e.g., telephone, video conferencing) to complete virtual monitoring and licensing inspections where appropriate.

## Maximum Group Size and Ratio

Child care settings are permitted to operate using maximum group sizes as set out under the CCEYA (i.e., licensed age groups prior to the COVID-19 outbreak).

Staff and students on educational placement are not included in the maximum group size. Please see the *Staffing* section for more information.

Children are permitted to attend on a part time basis and must be included in the maximum group size for the period of time they are in attendance. As with children attending full time, children attending part time should be included in one group and

should not mix with other groups.

While groups are permitted to return to the previous maximum group size under the CCEYA (i.e., maximum group size prior to the COVID-19 outbreak), each group should stay together throughout the day and as much as possible should not mix with other groups.

- Please see the *Health and Safety Requirements* section of this document for more information on limiting interactions between groups, particularly in shared spaces, and programming to support physical distancing.

Licensees are required to maintain ratios set out under the CCEYA. Please see the group size and ratio charts below for reference.

Mixed age grouping is permitted as set out under the CCEYA where a director approval has been granted on the license.

Reduced ratios are permitted as set out under the CCEYA provided that groups are not mixed and that reduced ratios are not permitted at any time for infants.

### **Group Size/Ratio Charts**

<b>Age category</b>	<b>Age range of age category</b>	<b>Ratio of employees to children</b>	<b>Maximum number of children in group</b>
<b>Infant</b>	Younger than 18 months	3 to 10	10
<b>Toddler</b>	18 months or older but younger than 30 months	1 to 5	15
<b>Preschool</b>	30 months or older but younger than 6 years	1 to 8	24
<b>Kindergarten</b>	44 months or older but younger than 7 years	1 to 13	26
<b>Primary/junior school age</b>	68 months or older but younger than 13 years	1 to 15	30
<b>Junior school age</b>	9 years or older but younger than 13 years	1 to 20	20



## **LICENSED FAMILY AGE GROUPS**

Age range of age category	Ratio of employees to children
Younger than 12 months	1 to 3
12 months or older but younger than 24 months	1 to 4
24 months or older but younger than 13 years	1 to 8

## **Maximum Capacity of Building**

More than one child care or early years program or day camp can be offered per building as long as they are able to maintain separation between the groups and/or programs, and follow all health and safety requirements that apply to those programs.

There are no changes to the maximum group size for home child care which allows for a maximum of 6 children, not including the providers own children who are 4 years or older.

## **Staffing**

Movement of supervisors and/or designates, staff and students on educational placement between child care locations and between licensed age groups is permitted. Reducing the movement of staff and placement students where possible is encouraged to minimize potential for transmission.

### Qualified Staff

- Licensees are required to ensure each group has the required number of qualified staff as set out in the CCEYA. Licensees may submit requests for staff director approval (DAs) to the ministry.
- Staff DAs can be requested from one child care centre to another child care centre that is operated by the same licensee.
- Licensees can request a staff DA for multiple age groups.

### Certification in Standard First Aid Training, including Infant and Child CPR

- Staff that are included in ratios and all home child care providers are required to have valid certification in first aid training including infant and child CPR, unless exempted under the CCEYA or the certification has been extended by the [Workplace Safety and Insurance Board \(WSIB\)](#).
- The WSIB has indicated that all certifications that expire after March 1, 2020 are automatically temporarily extended.

- Licensees are encouraged to monitor the WSIB website for any updates on First Aid/CPR certificate extensions for any staff, home child care providers or in-home service providers whose certification would have expired after March 1, 2020.

#### Vulnerable Sector Checks (VSCs)

- Licensees are required to obtain VSCs in accordance with the CCEYA from staff and other persons who are interacting with children at a premises, including students on educational placement.
- If an individual is unable to obtain a VSC in a reasonable amount of time due to significant backlogs, they must ensure the individual has applied for a VSC and put in place additional measures as set out in their reference check policy.

# HEALTH AND SAFETY REQUIREMENTS

Child Care licensees are expected to employ multiple strategies and a layering of controls to support healthier and safer environments for children and staff as detailed below. There is not one specific measure that will prevent COVID-19 transmission from occurring in child care settings, but rather there are multiple structural and individual elements that contribute to making child care healthier spaces and reduce the risk of infection to in-person attendees.

Each of the control measures listed below provides some benefit in reducing spread. However, it is the combination and consistent application of these layered controls as a bundle that is most effective for reducing disease spread in child care.

## Working with Local Public Health

While the ministry is providing guidance on how to operate child care during the COVID-19 pandemic, CMSMs/DSSABs, licensees, and home child care providers must follow the advice of the local public health unit when establishing health and safety protocols, including how to implement any provincial or local public health unit direction on health and safety guidance.

The ministry recognizes that this may result in regional differences in these protocols, but given the different impact of COVID-19 in different communities, it is important to follow the advice of local public health officials to keep children and families safe in their respective communities.

Contact information for [local public health units](#).

## Health and Safety Protocols

Every licensee must ensure that there are written policies and procedures outlining their health and safety protocols.

Before re-opening for the first time (since the March 2020 provincial closure), licensees must submit an attestation to the Ministry that confirms new policies and procedures have been developed and reviewed with employees, home child care providers, home child care visitors, and students on educational placement.

These policies and procedures must be consistent with any direction from local public health units and include information on how the child care setting will operate to prevent and minimize the impact of COVID-19 in childcare settings, including, at a minimum, the following:

- how cleaning and disinfecting the space, toys and equipment will be conducted;
- how to report illness;
- how physical distancing will be encouraged, particularly between groups;

- requirements on the use of medical masks and eye protection, and personal protective equipment (PPE), including information on exemptions or exceptions;
- how shifts will be scheduled, where applicable;
- how attendance records will be organized and maintained in order to facilitate contact tracing;
- a communication plan in the event of a case/outbreak;
- rescheduling of group events and/or in-person meetings; and,
- parent drop off and pick up procedures.

Under the Occupational Health and Safety Act (OHSA), employers must take every precaution reasonable in the circumstances to protect the health and safety of workers. This includes precautions to protect workers from exposure to infectious diseases.

Please see the [guide on developing a COVID-19 workplace safety plan](#) to support you in fulfilling this obligation.

## **Cleaning Child Care Centres/Homes**

### *Cleaning Protocols*

Existing practices should be reviewed to determine where enhancements might be required, including frequency and timing of cleaning and disinfection, areas to clean and disinfect, choice of cleaning products, and child safety, staffing, signage, and PPE use when cleaning.

Please refer to Public Health Ontario's [Environmental Cleaning fact sheet for best practices for cleaning and disinfecting](#), including:

- which products to use, including disinfectants with Health Canada Drug Identification Numbers (DINs);
- how to clean and disinfect different materials, including minimum surface contact time; and,
- other items to remember, including checking expiry dates of cleaning and disinfectant products and following the manufacturer's instructions.

Public Services Health and Safety Association's [Child Care Centre Employer Guideline](#) provides information on cleaning and Health Canada's [Hard-surface disinfectants and hand sanitizers \(COVID-19\)](#) webpage provides information on approved products.

### *Cleaning Products*

Products that provide both cleaning and disinfection action are preferable due to ease of use (for example, hydrogen peroxide products). Only use cleaning and disinfectant products that have a Drug Identification Number (DIN). Check the expiry date of the agents prior to use. These should be used according to the manufacturer's instructions.

## *Cleaning Program*

Child care centres and home child care premises should be cleaned frequently. Focus should be on regular hand hygiene to reduce the risk of infection related to high touch surfaces. Cleaning plus disinfection twice daily is suggested at a minimum, however, more frequent cleaning and disinfection may be necessary, depending on the frequency of use and extent of soilage.

- Frequently touched surfaces include but are not limited to washrooms (for example toilet fixtures, faucets), eating areas (for example, tables, sinks, countertops), doorknobs, light switches, handles, desks, phones, keyboards, touch screens, push buttons, handrails, computers, photocopiers, sports equipment, water fountain knobs.

It is recommended that licensees keep a cleaning and disinfecting log to track and demonstrate cleaning schedules.

## *Shared Spaces/Objects*

The risk associated with transmission with shared objects is low. Instead of regular cleaning of shared objects, the focus should be on regular hand hygiene and respiratory etiquette to reduce the risk of infection related to shared equipment. This is especially the case for young children where shared equipment is important for learning (for example, toys for imaginative play, manipulatives for math).

Where an individual is suspected of having COVID-19 in the child care setting:

- Establish a protocol to determine contaminated areas and carry out cleaning and disinfection, including timing, when to return to use, methods of cleaning, PPE to be used while cleaning, and waste disposal.
- Identify areas that may require cleaning plus disinfection (items used by the individual and all surfaces within 2 metres of the ill person) versus cleaning alone (such as a hallway or room where the individual has passed through).

## **Hand Hygiene and Respiratory Etiquette**

Appropriate hand hygiene and respiratory etiquette are among the most important protective strategies. Child care staff, home child care providers, home child care visitors and students on educational placement should be trained and able to assist children on appropriate hand hygiene and respiratory etiquette, including the use of alcohol-based hand rub (ABHR), and reinforcing its use.

Hand hygiene should be conducted by anyone entering the child care setting and incorporated into the daily schedule at regular intervals during the day, above and beyond what is usually recommended (for example, before eating food, after using the washroom).

Child care staff, home child care providers, home child care visitors, students on educational placement and children should be provided with targeted, age-appropriate education in proper hand hygiene and respiratory etiquette. Local public health units can provide additional guidance. Age-appropriate posters or signage should be placed around the child care setting.

- Soap and water are preferred as the most effective method and least likely to cause harm if accidentally ingested.
- ABHR can be used by children. It is most effective when hands are not visibly soiled.
- For any dirt, blood, body fluids (urine/feces), it is preferred that hands be washed with soap and water.
- Safe placement of the ABHR to avoid consumption is important, especially for young children.
- Support or modifications should be provided to allow children with special needs to regularly perform hand hygiene as independently as possible.
- Tissues and lined, no-touch waste baskets (for example, foot pedal-operated, hand sensor, open basket) are to be provided, where possible.
- ABHR with a minimum 60% alcohol concentration must be available (60-90% recommended, including ideally at the entry point to each child care room) and/or plain liquid soap in dispensers, sinks and paper towels in dispensers.

Refer to Public Health Ontario's [How to Wash Your Hands \(PDF\)](#) fact sheet and [respiratory etiquette infographic](#).

Refer to Health Canada's [Hard-surface disinfectants and hand sanitizers \(COVID-19\): List of hand sanitizers authorized by Health Canada](#), including which sanitizers may be appropriate for different groups of staff and students.

## **Guidance on the Use of Masks and other Personal Protective Equipment (PPE)**

Licensees must include information on the use of PPE in their health and safety protocols that is consistent with the information in this section as well as any direction provided by their local public health unit.

At the advice of the local public health unit, child cares may choose to implement additional masking measures based on local circumstances.

Reasonable exceptions to the requirement to wear masks are expected to be put in place by licensees. Exceptions to wearing masks indoors could include situations where a child cannot tolerate wearing a mask, reasonable exemptions for medical conditions, etc.

Licensees should ensure their masking exceptions policies support children and staff to wear masks to the greatest extent possible.

Licensees may discuss with parents/guardians, in consultation with the child's health care professional, whether other types of face coverings might work for the child.

Licensees should consider ways to support nutrition breaks/mask breaks in a safe manner (i.e., a space where staff/providers can maintain at least 2 metres distance to remove masks and eat).

Licensees should document their requirements and exemptions related to masks (e.g., within their COVID-19 policy).

### *Expectations for adults in a child care setting:*

All child care staff, home child care providers, home child care visitors and students on educational placement are required to wear medical masks (e.g. surgical/procedural) while inside a child care setting, including in hallways and staff rooms (unless eating – but time with masks off should be limited and physical distance should be maintained).

Eye protection (e.g. face shield or goggles) is required for individuals working in close contact with children who are not wearing face protection (children younger than grade 1). Eye protection is not required for individuals working with children who wear face protection (children grade 1 and above).

All child care staff, home child care providers, home child care visitors and students on educational placement are required to wear medical masks when providing transportation for children. Eye protection for drivers should not interfere with the safe operation of vehicles and is intended to protect drivers during close contact with children, such as during boarding and exiting.

Masking and eye protection are not required outdoors. Physical distancing is strongly encouraged between groups.

### *Expectations for children:*

All children in grades 1 and above are required to wear a properly-fitted non-medical or cloth mask while inside a child care setting, including in hallways

Children younger than grade 1 are encouraged to wear a non-medical or cloth mask while inside a child care setting, including in hallways.

Masks are not recommended for children under the age of two.

- Parents/guardians are responsible for providing their child(ren) with a non-medical mask(s) or face covering each day and should be reminded that if children are wearing masks, they will require a way to store their mask when not in use.

Masking is not required outdoors. Physical distancing is strongly encouraged between groups.

### *Proper use of Masks and PPE:*

Refer to [Public Health Ontario resources](#) and the Public Health Agency of Canada (PHAC) [website](#) for how to properly wear and take off masks and eye protection. You may also wish to view a [helpful video](#) on how to properly put on and take off masks and eye protection.

Keep in mind that it may be difficult to put on a mask and eye protection properly (i.e. without contamination) after having removed them, given the frequent and spontaneous need for close interactions with young children in a child care setting.

Masks should be replaced when they become damp or visibly soiled.

The use of medical masks and eye protection is for the safety of child care staff/providers and the children in their care. This is especially important when working with individuals who may not be wearing face coverings (i.e. young children under the age of two).

### *Sourcing PPE:*

Child care licensees and home child care providers should secure and sustain an amount of PPE (including but not limited to face shields or goggles, medical masks, gloves, etc.) and cleaning supplies that can support their current and ongoing operations.

To support healthy and safe operation of child care programs, a supply of medical masks and eye protection (i.e., face shields) is being procured and delivered through the Ministry of Government and Consumer Services to licensed child care centres and home child care agencies on a monthly basis.

- A back-up supply of non-medical or cloth masks will also be provided for school age children in child care in case they cannot bring one from home.

The Ontario Together Portal has a [Workplace PPE Supplier Directory](#) that lists Ontario businesses that provide PPE and other supplies.

## **Screening for Symptoms**

All individuals entering the child care premises must self-screen every day before attending the program using the provincial screening tool or a screening tool designated by the local public health unit. The province will continue to provide a COVID-19 [screening tool for use by schools and child care](#), and may update this frequently throughout the year. All individuals must follow the monitoring and isolation advice outlined in the screening tool. Local public health units may designate a commensurate or more restrictive screening tool for local use.



The ministry may direct licensees and providers to perform daily on-site confirmation of self-screening, such as during a period of potential higher transmission (for example, after a holiday period). Licensees are expected to have a process in place to validate the daily self-screening of these individuals prior to or upon their arrival at the child care premises if directed to do so. Confirmation or proof of self-screening should be in a form deemed appropriate and accessible by the licensee (e.g., proof of completed paper copy of screener, mobile application indicating a “pass”).

### *Screening for Child Care Centres*

All child care centre staff, students on educational placement, and visitors must self-screen.

Any individuals that do not pass the screening procedures will be asked to return home and self-isolate. *See the provincial [COVID-19 screening tool](#) for symptom screening, monitoring and isolation procedures.*

At the advice of the local public health unit, licensees may choose to implement additional screening measures based on local circumstances.

### *Screening for Home Child Care*

Home child care providers and any others staying at the premises must conduct a daily self-screen and screen all other members of the household before providing child care.

If the provider or any other member of the household does not pass the screening, the provider should notify the home child care agency and must not provide child care.

Any of these individuals that do not pass the screening procedures will be asked to return home and self-isolate. *See the provincial [COVID-19 screening tool](#) for symptom screening, monitoring and isolation procedures.*

At the advice of the local public health unit, home child care agencies may choose to implement additional screening measures based on local circumstances.

### *Screening for Children*

Parents and guardians are to screen their children for symptoms of illness every day. The *provincial [COVID-19 screening tool](#)* is available to support parents and guardians to meet this requirement.

Parents or guardians of any child that has not completed the screening for symptoms prior to arriving at the child care setting will be required to complete screening prior to entry.

Any child that does not pass the on-site screening procedures will be asked to return home and self-isolate. *See the provincial [COVID-19 screening tool](#) for symptom screening, monitoring and isolation procedures.*

At the advice of the local public health unit, licensees may choose to implement additional screening measures based on local circumstances.

### *General Screening Requirements:*

It is the responsibility of the licensee to ensure that all screening procedures (including on-site screening) are completed and to ensure that no individual enters the premises unless they have completed the screening and the result of that screening has indicated that they are allowed to proceed.

Licensees should post signs at entrances to the child care setting to remind staff, parents/caregivers, and visitors of screening requirements.

Licensees should make self-assessment tools available to staff to ensure awareness of possible symptoms of COVID-19.

Licensees may wish to consult the [Province's COVID-19 website](#) for information and resources on COVID-19 symptoms, protections, and seeking health care.

For screening an individual at the child care setting and escorting children to the program, licensees should take appropriate precautions including, maintaining a distance of at least 2 metres from those being screened, being separated by a physical barrier (such as a plexiglass barrier), and providing alcohol-based hand rub containing 60% to 90% alcohol content at all screening stations.

Note: where a licensee is participating in the Provincial Antigen Screening Program, these tests are voluntary and subject to the consent of the individual. Ministry staff are not required to participate but may do so to at the request of the licensee.

## **Transportation**

All child care staff, home child care providers, and students on educational placement and other adults are required to wear medical masks. Eye protection should be used as per [occupational health and safety requirements](#). Eye protection for drivers should not interfere with the safe operation of vehicles and is intended to protect drivers during close contact, such as during boarding and exiting.

The use of non-medical masks or face covering for children grades 1 and above will be required on vehicles. Children below grade 1 should be encouraged to wear masks on transportation. Licensees should support accommodations for immunocompromised and otherwise medically vulnerable children, and children with special transportation needs.

Children should be assigned seats and a record of the seating plan should be kept to assist with contact tracing in the case of a child, child care worker or driver contracting COVID-19. Children who live in the same household should be seated together where possible.

Training, where appropriate as per occupational health and safety requirements under the [Occupational Health and Safety Act](#), should be provided to ensure that health and

safety measures to protect against COVID-19 are understood, followed and enforced in all transportation settings.

Health and safety measures should be clearly communicated to parents and guardians to ensure their comfort with the adapted transportation system and receive their support in having children understand and follow guidelines

Vehicles should follow an enhanced cleaning protocol of disinfecting high-touch surfaces (for example, handrails, seatbacks) at least twice daily.

Transportation service providers should also consider the [Health and Safety Guidance During COVID-19 for Student Transportation Employers](#) released by the Public Services Health and Safety Association.

## **Attendance Records**

In addition to attendance records for all children receiving child care, all child care licensees are responsible for maintaining daily records of anyone entering the child care facility/home.

These records must include all individuals who enter the premises (e.g., parents and guardians dropping off children, cleaners, people doing maintenance work, people providing supports for children with special needs, those delivering food).

- Records are to be kept on the premises (centre or home) and along with name and contact information must include an approximate time of arrival and time of departure, and screening completion for each individual.
- Records must be kept up-to-date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak (i.e., records can be made available to public health within 24 hours of a confirmed COVID-19 case or outbreak).

## **Monitoring and Responding to Reports of COVID-19 Symptoms in a Child Care Setting**

See the provincial [COVID-19 screening tool](#) for symptom screening, monitoring and isolation procedures. All individuals must follow the monitoring and isolation advice outlined in the screening tool.

Persons who test positive for COVID-19 should follow the guidance of their local public health unit and health care professional regarding direction for isolation and returning to a child care setting. The individual cannot return until cleared by their public health unit. Note that individuals do not need to provide a medical note or proof of negative result to return to the program.

If an individual becomes ill while in the child care setting:

- The ill individual must be immediately separated from others, in a separate room where possible (i.e., an isolation room). Parents/guardians must be contacted for pick-up of symptomatic children.
- Symptomatic children who are separated from others must be supervised.
- Anyone providing care to the ill individual should maintain as much physical distance as possible. If physical distancing is not possible (e.g., if a young child needs comfort) staff/providers should consider additional PPE (i.e., gloves, gown).
- The person caring for the individual must wear a medical mask and eye protection and be trained on proper use of PPE, including donning and doffing.
  - If tolerated, the ill individual should also wear a medical mask.
- Hand hygiene and respiratory etiquette should be practiced while the ill individual is waiting to be picked up.
- Cleaning of the area the separated individual was in and other areas of the child care setting where the ill individual was should be conducted as soon as reasonably possible after the ill individual leaves (see above in the Cleaning section).
- For home-based programs: if a person who resides in the home develops COVID-19 symptoms, they should be isolated away from the children and any spaces accessed by children participating in child care, and infection prevention and control measures should be adhered to (e.g., daily cleaning, frequent cleaning/disinfecting of high touch surfaces, frequent hand washing).
- The ill individual and/or their parent or guardian should be advised to use the [online self-assessment tool](#) and follow instructions which may include seeking medical advice and/or going for testing for COVID-19.
- Communication protocols to update and inform necessary stakeholders within the child care community while maintaining confidentiality of the ill individual should be initiated (e.g., contact the school, home child care agency, service system manager and/or ministry through a Serious Occurrence Report as applicable).
- Regular child care operation can continue unless directed otherwise by the local public health unit.
- For home-based programs: if a person who resides in the home tests positive for COVID-19, the local public health unit should be notified and their advice on next steps should be followed (including closing the program and notifying all families if necessary).
- An ill individual who has a known alternative diagnosis provided by a health care professional may return to child care if they do not have a fever and their symptoms have been improving for at least 24 hours.

All child care and early years sector partners, together with Ministry of Health and local Public Health units, will work closely to monitor and respond to reports of

COVID-19 symptoms.

### *Reporting and Serious Occurrence Reporting*

Child care licensees have a duty to report suspected or confirmed cases of COVID-19 to the medical officer of health under the [\*Health Protection and Promotion Act\*](#).

Previously, licensees were also required to report all suspected cases of COVID-19 to the ministry. Currently, only where a child, staff, student, home child care provider, home child care visitor or a person who is ordinarily a resident/regularly present at a home child care premises has a confirmed case of COVID-19 (i.e., a positive COVID-19 test result), licensees must:

- report this as a serious occurrence to the ministry.
- report to the local public health unit and provide any materials (e.g., daily attendance records) to public health officials to support case management and contact tracing and other activities in accordance with all applicable legislation, including the [\*Municipal Freedom of Information and Protection of Privacy Act\*](#).

Public health officials will determine any additional steps required, including but not limited to how to monitor for other possible infected staff/providers and children and the declaration of an outbreak and closure of rooms and/or entire child care settings.

If a closure is ordered by the local public health unit and the licensee has already submitted a serious occurrence for a confirmed case, the existing serious occurrence must be updated to reflect the closure.

Should additional individuals at the child care program develop a confirmed case, licensees must either:

- Revise the open serious occurrence report to include the additional cases; or,
- Submit a new serious occurrence report if the first has been closed already.

While licensees are no longer required to report a serious occurrence for suspected cases; if the local public health unit determines that a full or partial closure is required (i.e., program room, home premises or entire child care centre must remain closed for a period of time), a serious occurrence report must be submitted under the “Unplanned Disruption of Service” category. Please also note there are requirements of employers to let workers know if they may have been exposed in the workplace. Please see the [guide on developing a COVID-19 workplace safety plan](#) for more information.

### *Outbreak Management*

An outbreak may be declared by the local public health unit when within a 14-day period, there are two or more laboratory-confirmed COVID-19 cases in children, staff/providers or other visitors with an epidemiological link (e.g., cases in the same room, cases that are part of the same before/after school care cohort) where at least

one case could have reasonably acquired their infection in the child care setting.

The local public health unit will work with the licensee to determine whether epidemiological links exist between cases and whether transmission may have occurred in the child care setting.

- If the local public health unit declares an outbreak, they will determine what happens next. This could include closing particular child care rooms or cohorts or an entire child care setting.
- The public health unit will help determine which groups of children and/or staff/providers need to be sent home or if a partial or full closure of the child care setting is required.
- If the public health unit determines that partial or full closure of the child care setting is required, the licensee must revise their existing serious occurrence report for a confirmed COVID-19 case to include information about the closure.

# OPERATIONAL GUIDANCE

## PRE-PROGRAM CONSIDERATIONS

### Communication with Families

Communication with families regarding the enhancement of health and safety measures makes expectations clear. New policies should be shared with families for their information and to ensure they are aware of these expectations, including keeping children home when they are sick, which is aimed at helping to keep all children and staff/providers safe and healthy.

Licensees must share with parents the policies and procedures regarding health and safety protocols to COVID-19, including requirements and exceptions related to masks.

Licensees are not required as part of re-opening to revise their program statement, full parent handbook, and other policies.

Licensees may want to consider providing links to helpful information as well as detailed instructions regarding screening and protocols if a child or individual in the program becomes ill.

Priority/waitlist policies may need to be updated as health and safety measures change to account for any resulting limited capacity. Any changes to policies should be communicated to families so they are aware of the changes. An equitable approach should be implemented to assess priority for care.

Where possible, the use of in-person communication should be limited.

### Access to Child Care Spaces and Prioritizing Families

Given the strict health and safety measures in place and the advice of local public health units, some child care licensees/providers may continue to operate at reduced capacity for a period of time. When determining prioritization of limited child care spaces, CMSMs/DSSABs, licensees, and home child care agencies and providers may wish to consider the following:

- Care for families where parents must return to work and that work outside of the home;
- Families with special circumstances that would benefit from children returning to care, such as children with special needs; and,
- Other local circumstances.

CMSMs/DSSABs, licensees, and home child care agencies and providers should also consider that some families they used to serve may no longer require care, or require a different level of care (i.e., part time child care).

Assessing demand for care as the COVID-19 outbreak and health and operational advice changes is recommended.

There may be families served through the Emergency Child Care for school- aged children program that were not accessing service prior to the closure and are no longer eligible for their space with the conclusion of the Emergency Child Care program. Service system managers and licensees should work together to support families to transition to the service level, program location, and payment structure that best suits their needs.

## **Fee Subsidy Eligibility and Assessment**

CMSMs/DSSABs may need to consider changes to the way in which child care fee subsidy assessments for eligibility are conducted in order to incorporate virtual assessments and records where possible.

## **Licensed Child Care Programs in Schools**

The ministry recognizes that there are additional considerations for licensed child care programs located in schools.

School boards are required to find safe ways to allow child care licensees to enter their centres located in schools, in order to prepare their space and ensure they meet the operational guidelines provided by the ministry. School boards should familiarize themselves with this guide to optimally facilitate child care operating in schools.

School boards, CMSMs/DSSABs and child care partners should work together collaboratively to ensure that full day licensed child care programs located in schools are able to operate and that health and safety policies and requirements for child care programs and schools are complementary and aligned with the advice of local public health officials.

## **Staff/Provider Training**

CMSMs/DSSABs must ensure that training that is aligned with local public health unit direction is provided to all child care staff/providers on the health, safety and other operational measures outlined in this document plus any additional local requirements in place.

Updated training should be offered such that all child care staff/providers receive training on current health and safety measures in place according to the Operational Guidance as well as those in place by the local Public Health Unit. You may wish to consult the Public Services Health and Safety Association's [Child Care Centre Employer Guideline](#) for information on other measures to consider for child care staff/providers. Note that there is also a [resource document for Child Care Providers](#).



## **Liability and Insurance**

All requirements under the CCEYA must be met in addition to the enhanced health and safety measures outlined in this document and by local public health.

Licensees and child care providers may wish to consult with their legal counsel or insurance advisor about any other considerations for operating and providing child care during this period.

## **IN-PROGRAM CONSIDERATIONS**

### **Drop-Off and Pick-up Procedures**

Licenseses should develop procedures that support physical distancing and separate groups of children as best as possible – ideally separate entrances and exits (i.e., children of one room enter door A and children of another room enter door B), or staggered entrance times. You may want to review the [Preparedness Checklist](#) developed by Public Health Ontario for school reopening, for helpful considerations.

All entrances should have alcohol-based hand rub with a concentration of 60- 90% available with signage demonstrating appropriate use (see How to Wash Your Hands).

Alcohol based hand rub should not be accessible to children (i.e., within their reach) and children should be supervised when using the hand rub.

Consider using signage/markings on the ground to direct families through the entry steps.

Personal belongings should be labeled and kept in the child's cubby/designated area. (e.g., backpack, hats and mittens, etc.). While appropriate clothing for the weather (e.g., jackets, hats, sunscreen) should continue to come with the child, other personal belongings (e.g., toys) should be minimized.

You may want to consider a specific policy/protocol for stroller storage if this typically takes place inside the child care setting (for example, designating a space outside of the child care setting, such as a storage shed so that parents do not need to enter the building to leave the stroller).

### **Physical Activities**

High contact physical activities should take place in outdoor settings only. Masking is not required outdoors for high contact physical activities.

Low contact activities are permitted indoors. For children in grade 1 and up, masking is encouraged but not required if a minimum of two metres distance can be maintained between groups and as much as possible within a group.

### **Field Trips**

Field trips are permitted as per the [Reopening Ontario Act](#). Children should be cohorted throughout the duration of the trip. Ratios must be maintained as set out in the CCEYA. Health and safety requirements set out in the guidelines and regulations (e.g. masking, eye protection) and of the place being visited would continue to apply.

Keeping daily accurate records of individuals attending field trips (name, contact information, time of arrival/departure, transportation, location visited) is required to facilitate contact tracing.

## Visitors and Students on Placement

All visitors to the program, including parents, students completing educational placements, or others, are subject to the health and safety protocols outlined above. The number of visitors indoors should be limited to the ability to maintain physical distancing of at least 2 metres.

Licensees are expected to have a process in place to validate the screening of visitors and volunteers.

Use of video and telephone interviews should be used to interact with families where possible, rather than in person.

Ministry staff and other public officials (e.g., fire marshal, public health inspectors) are permitted to enter and inspect a child care centre, home child care agency, and premises at any reasonable time.

At the advice of the local public health unit, child care licensees may be asked to restrict visitor access.

## Space Set-Up and Physical Distancing

Physical distancing between children in a child care setting can be difficult to maintain; however, it is an important strategy that should be encouraged whenever possible.

It is also important to maintain a welcoming and caring environment for children. Please see the document [\*Building On How Does Learning Happen?\*](#) for more support and ideas on how to provide an engaging environment while physically distancing.

More than one child care or early years program or day camp can be offered per building/space as long as they are able to maintain separation between the groups/cohorts and follow all health and safety requirements that apply to those programs. Physical barriers (which begin at the floor and reach a minimum height of 8 feet) are not required if a distance of 2 metres can be maintained between cohorts.

When in the same common space (e.g., entrances, hallways), physical distancing of at least 2 metres must be maintained between different groups and should be encouraged, as much as possible, between children within the same group by:

- spreading children out into different areas, particularly at meal and dressing time;
- incorporating more individual activities or activities that encourage more space between children; and,
- using visual cues to promote physical distancing.

In shared outdoor space, mixing between groups and any other individuals outside of the group is permitted, though physical distancing should be encouraged between groups as much as possible.

Licensees and home child care providers are encouraged to increase the distance between cribs/cots/resting mats/playpens or place the children head to toe or toe to toe if the space is limited.

Recognizing that physical distancing is difficult with small children and infants, additional suggestions include:

- planning activities for smaller groups when using shared objects or toys;
- when possible, moving activities outside to allow for more space; and,
- singing is permitted indoors; masking is encouraged but not required for singing indoors if a minimum of two metres distance can be maintained between cohorts and as much distancing as possible maintained within a cohort.

### *Ventilation*

Licensees and home child care providers are encouraged to implement best practices and measures to optimize ventilation (see Public Health Ontario's guidance: [Heating, Ventilation and Air Conditioning \(HVAC\) Systems in Buildings and COVID-19](#)). Adequate ventilation should be provided by opening windows, moving activities outdoors when possible, and through mechanical ventilation including HVAC systems.

Heating, ventilation and air conditioning systems (HVACs) and their filters are designed to reduce airborne pollutants, including virus particles, when they circulate through the system.

- Ensure HVAC systems are in good working condition.
- Keep areas near HVAC inlets and outlets clear.
- Arrange furniture away from air vents and high airflow areas.
- Avoid re-circulating air.

While ventilation is important, it must be used along with other public health measures. There is not one public health measure that can guarantee protection from COVID-19; multiple strategies are needed. Other measures include symptom screening and self-isolation for people with symptoms, practicing physical distancing, wearing a mask, and practicing good hand hygiene and respiratory etiquette.

## **Equipment and Toy Usage and Restrictions**

Licensees and home child care providers are encouraged to provide toys and equipment which are made of materials that can be cleaned and disinfected (e.g., avoid plush toys) as much as possible.

Mouthed toys should be cleaned and disinfected immediately after the child is finished using them.

Licensees and home child care providers are encouraged to have designated toys and equipment (e.g., balls, loose equipment) for each room or group of children.

If sensory materials (e.g., playdough, water, sand, etc.) are offered, emphasis should be placed on hand hygiene before and after the use of materials.

## **Program Statement/Activities**

Licensees are encouraged to continue to implement their program statement.

The ministry recognizes that there may be approaches outlined in the program statement which may not be possible due to physical distancing.

Licensees are not required to make updates to their program statement during this time.

## **Outdoor Play**

Licensees should schedule outdoor play by groups in order to facilitate physical distancing between cohorts as much as possible, however, children are not required to wear masks.

Licensees and home child care providers should find alternate outdoor arrangements (e.g., community walk) where there are challenges securing outdoor play space. Providers should follow physical distancing practices when possible.

Children should bring their own sunscreen where possible and it should not be shared. Staff may provide assistance to apply sunscreen to any child requiring it and should exercise proper hand hygiene when doing so (e.g., washing hands before and after application).

## **Interactions with Infants/Toddlers**

Licensees should continue to encourage staff and home child care providers to supervise and hold bottles for infants not yet able to hold their own bottle to reduce the risk of choking.

Licensees and home child care providers should consider removing cribs or placing infants in every other crib and mark the cribs that should not be used in order to support physical distancing.

Recognizing that physical distancing is difficult with small children and infants, suggestions to support physical distancing include when possible, moving activities outside to allow for more space.

Children must not share food, feeding utensils, soothers, bottles, sippy cups, etc. Mouthed toys must be removed immediately for cleaning and disinfecting and must not be shared with other children.

Label these items with the child's name to discourage accidental sharing.

## **Food Provision**

Licensees and home child care providers should follow regular food preparation guidelines.

Family style meals are permitted to operate provided that food handlers use adequate food handling and safety practices.

Ensure proper hand hygiene is practiced when staff are preparing food and for all individuals before and after eating.

Where possible, children should practice physical distancing while eating.

## **Provision of Special Needs Resources (SNR) Services**

The ministry recognizes that children with special needs and their families continue to require additional supports and services in child care settings.

The provision of in-person special needs services in child care settings should continue where appropriate and licensees may use their discretion to determine whether the services being provided are necessary at this time.

Please work with special needs service providers to explore alternative modes of service delivery where in-person delivery is not possible.

All SNR staff must have their daily self-screening results validated on-site before entering the child care setting and must follow all health and safety measures that staff/providers follow, including having their attendance logged, practicing proper hand hygiene, wearing a medical mask and eye protection (as necessary), and maintaining physical distancing as much as possible.

Licensees and SNR service providers should work together to determine who will be responsible for ensuring SNR staff have appropriate PPE.

Where SNR services are provided through external staff/service providers, licensees and home child care providers should inform all families of this fact, and record attendance for contact tracing purposes.

### *Mental Health*

The ministry recognizes the detrimental impact of the COVID-19 pandemic on children's mental health and well-being. The ministry's [\*Building on How Does Learning Happen?\*](#) supports the operation of early years and child care programs in Ontario during the COVID-19 outbreak. It provides information on how early years settings can support the social and emotional health and wellbeing of children and families, in addition to safe and healthy environments.

Early years and child care program providers are also encouraged to collaborate with child and youth mental health agencies to support strong connections and make the best use of mental health resources and supports across the integrated system of care.