

Ministry of Education

Operational Guidance During COVID-19 Outbreak

Child Care Re-Opening

Version 3 – August 2020

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Highlights of Changes:

- Revised cohort size to maximum group sizes set out under the *Child Care and Early Years Act, 2014* (CCEYA), as of September 1, 2020 (see section: Maximum Group Size and Ratio)
- Revised guidance around who must review Health and Safety Protocols (see section: Health and Safety Protocols)
- Revised guidance around the use of masks to specify that all children in grade 4 and above are required to wear a non-medical or cloth mask, and all school-aged children are encouraged but not required to wear a mask. Additionally, all adults in a child care setting are required to wear a medical mask and eye protection (i.e., face shield) (see section: Guidance On the Use of Masks, Personal Protective Equipment (PPE), and Handwashing)
- Updated guidance around when an individual does not pass the screening to indicate this does not need to be reported to the local public health unit (see section: Screening for Symptoms)
- Revised guidance around reporting a serious occurrence related to COVID-19 (see section: Serious Occurrence Reporting)
- Revised guidance around parent fees to provide 14 days for parents to decide to accept a space before resuming fees, whether the space is used or not (see section: Parent Fees)
- Additional guidance to allow students completing post-secondary educational placements in child care settings (see section: Visitors)
- Additional guidance on staff training to clarify training should be available for all staff/providers at least once (see section: Staff Training)
- Revised guidance to remove the use of blankets or cloths over clothing when holding infants and toddlers (see section: Interactions with Infants/Toddlers)

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.

The information found within this guidance document is meant to support partners in meeting requirements set out under the *Child Care and Early Years Act, 2014 (CCEYA)* and to provide clarification on operating child care programs with enhanced health and safety guidelines and/or restrictions in place. This guidance document 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 contradicts this guidance document.**

As of September 1, 2020, child care and early years programs may 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 operate with enhanced health and safety measures in place. New measures include but are not limited to the guidance that all adults in a child care setting are required to wear medical masks and eye protection (i.e., face shield), children in grades 4 and above are required to use non-medical or cloth masks, and all school-aged children are encouraged, but not required to wear masks. Home-based child care providers must also operate with these health and safety measures in place.

As always, **the top priority for the ministry will be the health and safety of the children and child care staff/providers** and we will monitor the COVID-19 outbreak situation closely. Should there be a need to return to stricter health and safety measures, the ministry will revise this guidance under the advice 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 re-open. 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).

While the focus of this guidance document is on the health, safety and operational measures that are required in order to safely operate child care, 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?*](#)

Additionally, EarlyON Centres and Before and After School Programs are also permitted to operate as of September 1, 2020 and the [*2020-21 Before and After School Kindergarten to Grade 6 Policies and Guidelines*](#) has been updated, and [*operational guidance for the re-opening of EarlyON Child and Family Centres*](#) has also been created. The health and safety guidance aligns with this document and includes program specific guidance as well.

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.

LICENSING REQUIREMENTS

Licensing Processes and Renewals

- Licences are required to be amended, if necessary, to ensure director approvals and conditions on the licence 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 licences.
- Licensees 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 licence revision requests.
- Licensees must follow all current ministry and CSM/DSSAB policies and guidelines.
- Licences that expire during the emergency period will be automatically extended by six months.
- Renewal, revision and application fees are set at zero for the period of the emergency and during the 60 days after the end of the emergency period.

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 must:
 - be screened prior to entering the premises following the protocol determined by the licensee (see screening section below);
 - wear a medical mask and eye protection (i.e., face shield); 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

- As of September 1, 2020, child care settings may return to maximum group sizes as set out under the CCEYA (i.e., licensed age groups prior to the COVID-19 outbreak).
- Staff and students are not included in the maximum group size, but should be assigned to a specific group where possible. Please see the *Staffing* section for more information. Children are permitted to attend on a part time basis, and as with children attending full time, should be included in one group and should not mix with other groups.

- Maximum group size rules do not apply to Special Needs Resource staff on site.
- 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 licence.
- 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

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

LICENSED FAMILY AGE GROUPS

Item	Age range of age category	Ratio of employees to children
1.	Younger than 12 months	1 to 3
2.	12 months or older but younger than 24 months	1 to 4
3.	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

- Staff and students should work at only one location.
- Supervisors and/or designates should limit their movement between rooms, doing so when absolutely necessary.
- Supply/replacement staff should be assigned to a specific group so as to limit staff interaction with multiple groups of children.
- Students on field placement should be assigned to a specific licensed age group.
- 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 transferred from one child care centre to another child care centre that is operated by the same licensee.
 - Licensees can also 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 until December 31, 2020.
- 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 from staff and other persons who are interacting with children at a premises, including students.
 - A licensee is not required to obtain a new VSC from staff or persons interacting with children where the fifth anniversary of the staff or person's most recent VSC falls within the emergency period, until 60 days after the emergency period ends.

HEALTH AND SAFETY REQUIREMENTS

Working with Local Public Health

- While the ministry is providing guidance on how to operate child care during the COVID-19 outbreak, 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 maintain separation between groups.
- 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 the licensee's health and safety protocols. 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. These policies and procedures must be consistent with any direction of a medical officer of health and include information on how the child care setting will operate during and throughout the recovery phase following the COVID-19 outbreak including:
 - disinfection of the space, toys and equipment;
 - how to report illness;
 - how physical distancing will be encouraged;
 - how shifts will be scheduled, where applicable;
 - rescheduling of group events and/or in-person meetings; and,
 - parent drop off and pick up procedures.

Cleaning Child Care Centres/Homes

- Frequently touched surfaces should be cleaned and disinfected at least twice a day as they are most likely to become contaminated (for example, doorknobs, water fountain knobs, light switches, toilet and faucet handles, electronic devices, and tabletops).
- Please refer to Public Health Ontario's [Environmental Cleaning fact sheet](#) and the Public Services Health and Safety Association's [Child Care Centre Employer Guideline](#) for information on cleaning.

- Information from Public Health Ontario provides best practices for cleaning and disinfecting, including:
 - which products to use;
 - how to clean and disinfect different materials
 - other items to remember, including checking expiry dates of cleaning and disinfectant products and following the manufacturer's instructions.
- It is recommended that operators keep a cleaning and disinfecting log to track and demonstrate cleaning schedules.
- Only one group should access the washroom at a time and it is recommended that the facilities be cleaned in between each use, particularly if multiple groups will be using the same washroom.

Guidance on the Use of Masks, Personal Protective Equipment (PPE) and Handwashing

- All adults in a child care setting (i.e., child care staff, home child care providers, home child care visitors, and students) are required to wear medical masks and eye protection (i.e., face shield) while inside in the child care premises, including in hallways.
- All children in grades 4 and above are required to wear a non-medical or cloth mask while inside in the child care premises, including in hallways.
- All school-aged children are encouraged but not required to wear a mask while inside in the child care premises, including in hallways (see information about the use of masks on the [provincial COVID-19 website](#) or the [Public Health Ontario factsheet on non-medical masks](#)). Parents/guardians are responsible for providing their school-aged child(ren) with a mask(s).
- The use of masks is not required outdoors for adults or children if physical distancing of a least 2-metres can be maintained between individuals.
- Reasonable exceptions to the requirement to wear masks are expected to be put in place by licensees. Exceptions to wearing masks indoors could include circumstances where a physical distance of at least 2 metres can be maintained between individuals, situations where a child cannot tolerate wearing a mask, reasonable exceptions for medical conditions, etc.
- Licensees should document their requirements and exceptions related to masks.
- Masks are not recommended for children under the age of two (see information about the use of masks on the [provincial COVID-19 website](#)).

- Child care licensees and home child care providers should secure and sustain an amount of PPE (including but not limited to face shields, medical masks, gloves, etc.), and cleaning supplies that can support their current and ongoing operations.
- The Ontario Together Portal has a [Workplace PPE Supplier Directory](#) that lists Ontario businesses that provide personal protective equipment and other supplies.
- When wearing a medical mask, you should wash your hands before putting on the mask and before and after removing the mask. Refer to [Public Health Ontario resources](#) for how to properly wear and take off masks and eye protection.
- Perform and promote frequent, proper hand hygiene (including supervising or assisting participants with hand hygiene). Hand washing using soap and water is recommended over alcohol-based hand rub for children. Refer to Public Health Ontario's [How to Wash Your Hands fact sheet](#).

Screening for Symptoms

- All individuals including children attending child care, staff, students and child care providers, parents/guardians, and visitors must be screened each day before entering the child care setting.
- Home child care providers and residents must also be screened each day before receiving children into care.
- Where possible, daily screening should be done electronically (e.g., via online form, survey, or e-mail) prior to arrival at the child care setting.
- Parents and guardians should be reminded of this requirement when children are first registered for the program and through visible signage at the entrances and drop-off areas.
- If children are screened at the child care setting, screeners should take appropriate precautions when screening and escorting children to the program, including maintaining a distance of at least 2 metres (6 feet) from those being screened, or being separated by a physical barrier (such as a plexiglass barrier). If a 2 metre distance or physical distancing cannot be maintained, personal protective equipment (PPE) (i.e., medical mask and eye protection (i.e., face shield)) should be worn.
- Where an individual does not pass the screening and is not permitted to attend the program, this does not need to be reported to the local public health unit.
- Please follow advice from your local public health unit regarding precautions to have in place.

- Refer to [Public Health Ontario resources](#) for how to properly wear and take off masks and eye protection.
- Alcohol-based hand rub containing 60% to 90% alcohol content should be placed at all screening stations. Dispensers should not be in locations that can be accessed by young children.
- All child care licensees must maintain daily records of screening results.
 - Records are to be kept on the premises (centre or home).
- You may wish to consult the [Province's COVID-19 website](#) for information and resources on COVID-19 symptoms, protections, and seeking health care.

Attendance Records

- All child care licensees are responsible for maintaining daily records of anyone entering the child care facility/home and the approximate length of their stay (such as 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).
- Records (e.g. name, contact information, time of arrival/departure, screening completion/result, etc.) must be kept up-to-date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak.

Testing Requirements

- Children, child care centre staff, students, home child care providers and those ordinarily resident/regularly at the home child care premises should be referred for testing when demonstrating symptoms of illness.
 - Those who test negative for COVID-19 must be excluded from the program until 24 hours after symptom resolution.
 - Those who test positive for COVID-19 must be excluded from the program for 14 days after the onset of symptoms and/or clearance has been received from the local public health unit.
- Testing of asymptomatic persons should only be performed as per provincial testing guidance.
- Please refer to the [provincial testing guidance](#) for updated information regarding the requirement for routine testing in a child care setting.
- A list of symptoms, including atypical signs and symptoms, can be found in the [COVID-19 Reference Document for Symptoms](#) on the Ministry of Health's COVID-19 [website](#).
- Please see the protocols when a child, child care centre staff, student, home child care provider and those ordinarily resident/regularly at the home child care premises becomes sick for information on testing in the event of a suspected case.

Protocols When Someone in a Child Care Setting Demonstrates Symptoms of Illness

- A single, symptomatic, laboratory confirmed case of COVID-19 in a staff member, home child care provider or child must be considered a confirmed COVID-19 outbreak, in consultation with the local public health unit. Outbreaks should be declared in collaboration between the program and the local public health unit to ensure an outbreak number is provided.
- Children, child care centre staff, students, home child care providers and those ordinarily resident/regularly at the home child care premises who are symptomatic or have been advised to self-isolate by the local public health unit, must not attend the program. Asymptomatic individuals awaiting results may not need to be excluded and should follow the advice of the local public health unit.
 - Symptoms to look for include but are not limited to: fever, cough, shortness of breath, sore throat, runny nose, nasal congestion, headache, and a general feeling of being unwell.
 - Children in particular should be monitored for atypical symptoms and signs of COVID-19. For more information, please see the symptoms outlined in the 'COVID-19 Reference Document for Symptoms' on the Ministry of Health's COVID-19 [website](#).
- If a child, child care centre staff, student, home child care provider and those ordinarily resident/regularly at the home child care premises becomes symptomatic while in the program, they should be isolated in a separate room and family members contacted for pick-up.
- If a separate room is not available, the person who is symptomatic should be kept at a minimum of 2 metres from others.
- The person who is symptomatic should be provided with tissues and reminded of hand hygiene, respiratory etiquette, and proper disposal of tissues.
- If the person who is symptomatic is a child, a child care staff/provider should remain with the child until a parent/guardian arrives. If tolerated and above the age of 2, the child should wear a medical mask. The child care staff/provider should wear a medical mask and eye protection (i.e., face shield) at all times and not interact with others. The child care staff/provider should also avoid contact with the child's respiratory secretions.
- All items used by the person who is symptomatic should be cleaned and disinfected. All items that cannot be cleaned (paper, books, cardboard puzzles) should be removed and stored in a sealed container for a minimum of 7 days.

- The local public health unit should be notified, and their advice should be followed.
- For home-based programs: if a person who resides in the home becomes symptomatic and/or 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).
- If the child care program is located in a shared setting (for example in a school), follow public health advice on notifying others using the space of the suspected illness.
- Where a child, staff, parent, student, home child care provider, person who is ordinarily a resident at a home child care premises or a person who is regularly at a home child care premises is suspected of having or has a confirmed case of COVID-19, licensees must report this to the ministry as a serious occurrence (see *Serious Occurrence Reporting* section below).
 - When a person becomes symptomatic the home child care agency will report to the local public health unit, the ministry, and where public health advises, families.
- Other children, including siblings of the symptomatic child, and child care staff/providers in the program who were present while the child or staff member/provider became ill should be identified as a close contact and grouped together. The local public health unit will provide any further direction on testing and isolation of these close contacts.

Serious Occurrence Reporting

- Child care centre licensees have a duty to report suspected or confirmed cases of COVID-19 under the *Health Protection and Promotion Act*. The licensee should contact their local public health unit to report a child suspected to have COVID-19. The local public health unit will provide specific advice on what control measures should be implemented to prevent the potential spread and how to monitor for other possible infected staff members and children.
- Where a child, parent, staff, student, home child care provider, home child care visitor or a person who is ordinarily a resident at/regularly present at a home child care premises is suspected (i.e. has one or more symptoms and has been tested) of having or has a confirmed case of COVID-19, licensees must report this to the ministry as a serious occurrence.
- Where a room, centre or premises closes due to COVID-19, licensees must report this to the ministry as a serious occurrence.
- Licensees are required to post the serious occurrence notification form as required under the CCEYA, unless the local public health unit advises otherwise.

OPERATIONAL GUIDANCE

PRE-PROGRAM CONSIDERATIONS

Communication with Families

- Communication with families regarding the enhancement of health and safety measures facilitates transparency of expectations. 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 are 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.

Parent Fees

- In an effort to stabilize parent fees when re-opening, the ministry encourages child care operators to set fees at the level they were at prior to the closure, where possible. Home child care providers are also encouraged to hold parent fees to the level they were at prior to the COVID-19 outbreak (March 2020), where possible.
- Where a child who was receiving care in a child care centre immediately prior to the closure is offered a child care space for September 1, 2020, or later, parents will have 14 days to accept or decline the placement.
 - If the placement is accepted, child care operators may charge a fee to use or hold the space as of September 1, 2020, whether the child attends or not.

- If the placement is declined, child care operators may offer the placement to another child.
- operators continue to be prohibited from charging or accepting fees or deposits to add families to a priority list for preferred access to spaces;
- Per the operational guidance first released in mid-June, for children who received child care at a home child care premises immediately before the closure, licensed home child care providers are still required to give parents 30 days to indicate whether they want to keep their space. After the 30 days, payments would be required to secure the space, whether the child attends or not.

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:
 - Returning children served through emergency child care to their original placement and continuity of service for these families;
 - 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.

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 operators 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 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 as close to re-opening as possible.
 - New training is not required with each iteration of this guidance but should be offered in a way that includes child care staff/providers at least once, whether they have re-opened through the summer or later into the fall.
- 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](#).
- This may include instruction on how to properly clean the space and equipment, how to safely conduct daily screening and keep daily attendance records, and what to do in the case that someone becomes sick.
- It may be useful to draw on the approaches adopted by those who operated emergency child care sites as well as any lessons learned from those operating through early phases of re-opening.

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

- Licensees should develop procedures that support physical distancing and separate groups of children as best as possible (i.e., children of one room enter door A and children of another room enter door B, or staggered entrance times).
- As much as possible, parents should not go past the screening area.
- All entrances should have alcohol-based hand rub.
- Consider using signage/markings on the ground to direct families through the entry steps.
- Personal belongings (e.g., backpack, clothing, etc.) should be minimized. Belongings should be labeled and kept in the child's cubby/designated area.
- 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 so that parents do not need to enter the building to leave the stroller).

Visitors

- There should be no non-essential visitors at the program.
- Students completing post-secondary educational placements will be permitted to enter child care settings and should only attend one child care setting and be assigned to one group of children.
- Students will also be subject to the same health and safety protocols as other staff members such as screening, and the use of PPE when on the child care premises, and must also review the health and safety protocols.
- The provision of special needs services may continue and operators may use their discretion to determine whether the services being provided are essential and necessary at this time.
- 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.
- As much as possible, parents should not go past the screening area.
- Licensees must ensure that there are no volunteers at the program.

Space Set-Up and Physical Distancing

- The ministry recognizes that physical distancing between children in a child care setting is difficult and encourages child care staff and providers 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.
- Each group of children must have their own assigned indoor space, separated from all other groups by a physical barrier. The purpose of the barrier is to reduce the spread of respiratory droplets that are thought to transmit COVID-19 and to reinforce physical distancing requirements between groups. The physical barrier must begin at the floor and reach a minimum height of 8 feet to ensure that it will always be 12 inches taller than the tallest person in the facility. It must be as wide as the space/room will allow.
- 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, where 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, a distance of at least 2 metres must be maintained between groups and any other individuals outside of the group at all times.
- 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.
- Shared spaces and structures that cannot be cleaned and disinfected between groups should not be used.
- Recognizing that physical distancing is difficult with small children and infants, additional suggestions include:
 - planning activities that do not involve shared objects or toys;
 - when possible, moving activities outside to allow for more space; and
 - avoiding singing activities indoors.

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).

- Mouthed toys should be cleaned and disinfected immediately after the child is finished using it.
- 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. Where toys and equipment are shared, they should be cleaned and disinfected prior to being shared, including between groups.
- If sensory materials (e.g., playdough, water, sand, etc.) are offered, they should be provided for single use (i.e. available to the child for the day) and labelled with child's name, if applicable.
- Play structures can only be used by one group of children at a time. Please consult with your local public health unit regarding the use of playground equipment onsite.

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. Where the outdoor play area is large enough to accommodate multiple groups, licensees must separate the groups by at least 2 metres.
- If play structures are to be used by more than one group:
 - the structures can only be used by one group at a time
 - the structures should be cleaned and disinfected before and after each use by each group.
- Licensees and home child care providers are encouraged to have designated toys and equipment (e.g., balls, loose equipment) for each room or group. Where toys and equipment are shared, they should be cleaned and disinfected prior to being shared.
- 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 (for example 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:
 - planning activities that do not involve shared objects or toys; and,
 - 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 change meal practices to ensure there is no self-serve or sharing of food at meal times.
 - Utensils should be used to serve food.
 - Meals should be served in individual portions to the children.
 - There should be no items shared (i.e., serving spoon or salt shaker).
- There should be no food provided by the family/outside of the regular meal provision of the program (except where required and special precautions for handling and serving the food must be put in place).
- Children should neither prepare nor provide food that will be shared with others.
- 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.
- There should be no sharing of utensils.

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. Should questions arise in respect of which service providers are permitted to enter the premises, please consult with your local public health unit. Please work with special needs service providers to explore alternative modes of service delivery where in-person delivery is not possible.
- Maximum group size rules do not apply to SNR staff (consultants and enhanced staff) on site.
- 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.
- All SNR staff must be screened before entering the child care setting, as per the protocol in the screening section above.