

# **CDSSAB COVID-19 Response Plan**

for

**Child Care Centres in the District of  
Cochrane**

Version 17- August 5, 2021

**In collaboration with the  
Porcupine Health Unit**



## **PURPOSE:**

Regulations in the Child Care and Early Years Act require that all Licensed Child Care Centres offering childcare services during the COVID-19 outbreak practice good health and sanitary practices daily. Child Care Centres that have a purchase agreement with the Cochrane District Social Services Administration Board will be expected to comply with this guideline created in partnership with the Porcupine Health Unit as a minimum expectation. The document was created using the Ministry of Education - Operational Guidance During the COVID-19 Outbreak Child Care Re-Opening Guidelines, November, 2020. Child Care centres may adopt this document as their COVID-19 Response Plan. This is a living document and may be revised upon new advice or changing information. Child Care Centres will be notified by email of any revisions to the document. The document will be available for families and the general public on the CDSSAB website, [www.cdssab.on.ca](http://www.cdssab.on.ca).

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.

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.

## **POLICY:**

All Child Care Educators and staff will adhere to the following procedures and practices as set out below to promote good health and sound daily sanitary practices during the COVID-19 pandemic order.

### **Inspections**

The Porcupine Health Unit will continue their mandated Food Premise Inspections upon opening.

- 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);
- 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.

## **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 CMSM/DSSAB policies and guidelines.

## **MAXIMUM GROUP SIZE**

### **All Programs**

Child care settings may 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, but should be assigned to a specific group where possible. 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. This must be acknowledged in the staff schedule as well as the room Daily Communication Log of each room where a child requires a Special Needs Resource staff. If the Special Needs Resource staff member works with children in multiple rooms, that staff member must log in to each room. Their name, date, reason for visiting the room, and time in/time out must be documented.

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.

A schedule should be made for transitions into common areas such as multi-use bathrooms, gyms, outdoor play spaces, etc.

Licensees are required to maintain ratios set out under the CCEYA

**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:**

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

**Before and After School Programs:**

In circumstances where students from different school day classes must interact to participate in the before and after school program, these interactions need to be limited as much as possible. Some school boards may not allow children from other schools to attend programs at their school for this reason. Best practices to limit interactions between students from different classes and reduce transmission of COVID-19 may include:

- Making an effort to make up the before and after school program group with students from the same class or school and
- Making use of large, well-ventilated spaces (e.g. gymnasium) or outdoor spaces as much as possible for the before and after school programs. Before and after school programs are also required to follow strict health and safety guidelines, which are equivalent to those in schools.
- 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 and should not mix with other groups. This will require centres to evaluate the way they operate at the beginning and end of day. 2 groups can not be combined at the beginning or end of the day even if the numbers are low. Each group must remain separate.

A schedule should be made for transitions into common areas such as multi-use bathrooms, gyms, outdoor play spaces etc.

Licensees are required to maintain ratios set out under the CCEYA.

**For All Child Care Centres including before and after school programs:**

Understanding that staff will require breaks, any staff member that replaces a group staff member must abide by the following:

- Must schedule coverage for groups, and avoid switching the coverage for the assignment as best as possible. This must be kept on the staff schedule record .
- Must log entry into the room noting date, name, time in, time out, reason for being in the room
- Must wash hands upon entry of the room.
- Must wash hands upon leaving the room.

**MAXIMUM CAPACITY OF BUILDING**

***Licensed Child Care*** - There is no set number per building. However, you must maintain all municipal fire code guidelines as you would during regular operation.

- 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.

***Licensed Home Child Care*** - The provider must maintain the maximum group size of 6 children, not including the providers own children who are 4 years of age or older. However, if your municipal by-law requires a maximum of lower than 6, that number will supersede the provincial allowance.

**STAFF REQUIREMENTS**

As stated in the Ministry of Education Operational Guidance During the COVID-19 Outbreak Child Care Re-Opening:

***Staff and post-secondary placement students should work at only one location.***

For those providers with small off-site locations, replacement staff that travel between two locations may be used for coverage. Those replacement staff must follow the directions mentioned above when replacing. Staff members could work at another/different field, such as retail, if they also work at a childcare centre. Staff may

also work at an off-site location for before and after school programs, in addition to working at the main site.

**Supervisors and/or designates:** 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

**Supply/replacement staff** should be assigned to a specific group so as to limit staff interaction with multiple groups.

**Students** (post-secondary) on field placement should be assigned to a specific licensed age group.

**Qualified Staff (Please advise upon your Ministry of Education Licensing Program Advisor)**

- 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. However, staff should limit their movement between each child care centre in order to reduce their interaction with multiple groups of children.
- Licensees can also request a staff DA for multiple age groups.

**Certification in Standard First Aid Training**, including Infant and Child CPR (**Please advise upon your Ministry of Education Licensing Program Advisor**)

- 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) (Please advise upon your Ministry of Education Licensing Program Advisor)***

- Licensees are required to obtain VSCs from staff and other persons who are interacting with children at a premises, including students on educational placement.
- 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.
- 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.

### **Pre-planned Group Events and In-Person Meetings**

All pre-planned group events and in-person meetings must be re-scheduled or cancelled until further notice of allowance. For example, parent meetings, concerts, annual family picnics, etc.

### **HEALTH & SAFETY PROTOCOLS**

Every licensee must ensure that there are written policies and procedures outlining the licensee's health and safety protocols. If opening for the first time since March 2020, 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 of a local 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,
- drop off and pick up procedures for parents
- requirements on the use of medical masks and eye protection, and personal protective equipment (PPE), including information on exemptions or exceptions
- how attendance records will be organized and maintained in order to facilitate contact tracing
- a communication plan in the event of a case/outbreak



Under the Occupational Health and Safety Act (OHSA), employers must take every reasonable precaution to protect the health and safety of workers. Please see the guide on developing a COVID-19 workplace safety plan to support you in fulfilling this obligation.

**Note: Centres that have completed the attestation form once to the Ministry do not require to complete it again but must adapt their policies and procedures according to this guideline and have staff sign off on the review. CDSSAB requires the Child Care Provider Re-Opening Sign Off to be completed each time you change your capacity.**

### **Signage**

Signs must be posted to:

- Advise that a room/area is used for isolation purposes
- State the capacity for offices, lunchrooms, staff rooms based on the space required for minimum 6 ft /2m physical distancing distancing to be maintained at all times by those in the room
- Remind staff to clean and disinfect tables and chairs after use
- Remind staff that a mask must be worn at all times, except when eating or drinking

### **Employee Illness Requirements under Health and Safety**

The Service Provider must have a written policy and procedure if a childcare worker is suspected to have or diagnosed with COVID-19, the childcare worker must remain off work until they have satisfied the conditions outlined in the most recent public health guidelines and this COVID-19 Response Plan.

At minimum, the Service Provider must follow guidelines provided by the Ministry and CDSSAB of when the childcare worker can return to work. The local public health unit may be consulted when necessary. Childcare workers should also report to their Employee Health/Occupational Health and Safety department prior to return to work.

If the child care worker's illness is determined to be work-related: In accordance with the Occupational Health and Safety Act and its regulations, an employer must provide a written notice within four days of being advised that a worker has an occupational illness, including an occupationally-acquired infection, or if a claim has been made to the Workplace Safety and Insurance Board (WSIB) by or on behalf of the worker with respect to an occupational illness, including an occupational infection, to the:

- a. Ministry of Labour;
- b. Joint health and safety committee (or health and safety representative); and

c. Trade union, if any.

Any instances of occupationally acquired infection shall be reported to WSIB within 72 hours of receiving notification of said illness.

Childcare centres within the meaning of the Child Care & Early Years Act, 2014, have a duty to report suspected or confirmed cases COVID-19 under the Health Protection and Promotion Act. The centre should contact their local public health unit to report a child or staff member suspected to have COVID-19 as per the instructions provided in these guidelines. 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.

## **PERSONAL PROTECTIVE EQUIPMENT**

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.

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).

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

All PPE worn by child care staff must be of medical grade. This includes masks, goggles, and face shields.

All other adults (i.e. parents/guardians, and visitors) are required to wear a face covering or non-medical mask while inside the premises (see information about the use of face coverings on the provincial COVID-19 website).

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 very important when working with young children who may not be wearing face coverings (i.e. under the age of two).

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. Signs demonstrating proper donning and doffing of PPE should be posted

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.

It is recognized that there are some times when staff may be able to take a break from wearing the medical mask and/or eye protection; however, time with a medical mask and/or eye protection removed should be limited and physical distancing (at minimum 6ft/2m) must be maintained. If a staff member is unsure whether physical distancing (at minimum 6ft/2m) can be maintained, then this would not be an appropriate time to take a break from wearing the medical mask and eye protection.

Medical masks and eye protection breaks can only occur at the following times:

- when a staff is on a break alone
- when a staff is on a break and eating/drinking, physical distancing (minimum of 6ft/2m) can be maintained, and room occupancy limits are adhered to. When not eating/drinking a medical mask and eye protection must be worn
- when a staff is working in an office alone
- when a staff is performing a task alone in a room, i.e., toy washing, program planning or administrative duties
- when a staff is working in the kitchen alone

## **Medical Exceptions**

There are also exceptions to wearing medical masks and eye protection which include medical conditions that make it difficult to wear a medical mask or eye protection (e.g. difficulty breathing, low vision), a cognitive condition or disability that prevents individuals from wearing a medical mask, hearing impairment or when communicating with a person who is hearing impaired and where the ability to see the mouth is essential for communication.

These exceptions must be communicated with the supervisor in advance of work so appropriate planning can occur. Licensees should document their requirements and exemptions related to masks (e.g., within their COVID-19 policy).

## **No Exceptions**

There are times when there are no exceptions to the requirement to wear medical masks and eye protection, as these situations are a higher level of risk and wearing PPE at all times is important. These times are when:

- Working within the screening area
- Escorting children from the screening area into a program room
- In the isolation room with ill children
- When cleaning blood and bodily fluid spills
- When supporting dressing routines with children at drop off and pick up and when going outdoors or coming indoors
- When comforting a child who is upset
- Anytime when physical distancing (at minimum 6ft/2m) cannot be maintained

## **Proper Use/Wearing of PPE:**

### **How to Wear a Mask**

Masks must be worn properly at all times, without exception. This includes:

- On the face properly covering the mouth and nose
- Not lifted or dropped to the chin or around the neck
- All straps must be securely fastened
- Masks are single use and must only be touched with clean hands. If you touch your mask you must wash/sanitize your hands immediately after. Change your mask if it becomes moist, dirty, you touch it with soiled hands, or it comes into contact with another surface

### **To put on the Mask:**

1. Wash or sanitize your hands.
2. Check the mask for tears or faulty straps.
3. The stiff bendable edge is at the top.
4. Holding the mask by the upper strings, tie in a bow near the crown of your head, or if the mask has bands, loop over your ears.
5. Holding the mask by the bottom strings, pull the bottom of the mask over your mouth and chin, and tie in a bow near the nape of your neck.
6. Ensure the mask covers your mouth, nose and chin.
7. Press and mold the upper bendable edge to the shape of your nose and cheeks.
8. Wash or sanitize your hands.

### **To remove the Mask:**

1. Wash or sanitize your hands.
2. Only touch the straps/ear loops; avoid touching the front of the mask as it is contaminated.
3. Untie the bottom strings and then the upper strings or remove the ear loops by touching the loops only.
4. Dispose of the mask directly into the garbage.
5. Wash or sanitize your hands.

### **Eye Protection**

Staff can choose between face shields or safety goggles

#### **To put on eye protection:**

1. Wash or sanitize your hands
2. Put on eye protection from the straps
3. Ensure a snug fit; face shield should fit over the brow
4. Wash or sanitize your hands

#### **To remove eye protection:**

1. Wash or sanitize your hands
  2. Take off from the straps
  3. Place the eye protection on a clean surface
  4. Wash or sanitize your hands
  5. Disinfect your eye protection and disinfect the surface it was on
  6. Wash or sanitize your hands
- \*Store the eye protection in a clean area

### **Gloves**

#### ***Types of gloves used are:***

- Disposable nitrile or vinyl gloves- Used for tasks that include anticipated contact with blood and/or bodily fluids and when screening
- Dishwashing style gloves - Used for mixing disinfectant or immersing hands in sanitizer / disinfectant. These are reusable, staff should be assigned their own pair, and they should be disinfected after use

***Gloves must be worn when:***

- It is anticipated that hands will come into contact with mucous membranes, broken skin, tissue, blood, bodily fluids, secretions, excretions, contaminated equipment or environmental surfaces.
- Toileting routines, diaper changes
- Mixing sanitizer and disinfecting products.
- When conducting in-person screening and temperature checks. Gloves must be replaced, and hand hygiene performed if you touch the individual while screening them.
- Hand hygiene must be practised before donning (putting on) and immediately after removing (doffing) gloves.
- Nitrile/vinyl gloves are task specific (i.e., gloves must be changed, and hand hygiene practiced when changing tasks)
- Using gloves does not replace the need for hand hygiene
- Hands must be clean and dry before putting on gloves. Ensure gloves are intact, clean and dry inside
- Consider removing jewelry which could tear/puncture the gloves
- Do not use hand sanitizer on gloves

**Putting on Gloves (Donning)**

1. Perform hand hygiene
2. Put on gloves. Be careful not to tear or puncture the glove

**Taking off Gloves (Doffing)**

1. Remove gloves using a glove to glove / skin to skin technique
2. Grasp outside edge near the wrist and peel away, rolling the glove inside-out.
3. Reach under the second glove and peel away
4. Discard gloves immediately into the garbage.
5. Perform hand hygiene.

**Before and After School Programs:**

School-aged children in grade 1 and higher are required to wear non-medical or cloth masks indoors, including in hallways. The wearing of non-medical or cloth masks indoors is encouraged for younger children (age 2-SK), particularly in common spaces (see information about the use of non-medical or cloth masks on the provincial COVID-19 website or the Public Health Ontario fact sheet on nonmedical masks). Parents/guardians are responsible for providing their child(ren) with a non-medical or cloth mask(s) and should be reminded that if children are wearing masks, they will require a way to store their mask when not in use.

Providers must maintain a supply of disposable masks in the case that a child's mask becomes soiled or lost.

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 to remove masks and eat).

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

If the provider is going to provide exemptions for wearing a mask, these need to be outlined in a policy. Note that these protocols should be based on the information provided by the Ministry of Health.

Note that while a licensee may choose to set out in their policy that a doctor's note be acquired for an exception related to a medical condition, it is not a requirement of the ministry and is discouraged as a general practice.

## **DROP-OFF AND PICK UP PROCEDURE**

### **Child Departure From Centre**

Parent / guardian will notify the centre that he / she will be arriving at the centre at a certain time. Once the staff member confirms the parent / guardian's arrival, staff will go to the child's /children's assigned room, collect their belongings and the child. Parent / guardian will wait for the parent outside of the building at the door. Please note that staff members will be requiring a government photo ID of each parent / guardian that they do not know. They will need to present the ID at the centre door window.

Additionally, child care operators must create a drop off and pick up plan for each physical site with considerations in the Operational Guidance During COVID-19 Outbreak Child Care Re-opening section Drop-Off and Pick-up Procedures. This includes ensuring that groups and their possessions do not mix or come into close contact at any time.

## Screening

### For Those Individuals Who Have Received COVID-19 Vaccination Within 48 Hours of Screening:

Screening for Symptoms: If the child, child care staff, provider, placement student or visitor received a COVID-19 vaccination in the last 48 hours and is experiencing mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, and no other symptoms as indicated in the updated COVID-19 School and Child Care Screening Tool, they may continue to attend the child care program if they are feeling well enough to do so.

- If the mild headache, fatigue, muscle aches, and/or joint pain symptoms worsen, continue past 48 hours, or if the individual develops other symptoms, they should leave the child care setting, or if in a home setting the home care provider should no longer offer care, to self-isolate and seek COVID-19 testing.
- The child, child care centre staff, provider or placement student must not attend child care if household members are experiencing any new COVID-19 symptoms (this direction does not pertain to those who received a COVID-19 vaccination in the last 48 hours and are experiencing mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, and no other symptoms) and/or are waiting for COVID-19 test results after experiencing symptoms.

### Child Screening Requirements

Children attending child care and school-age programs must complete the online Ministry of Health Daily Health Screen prior to attending the program and school. A visual observation check of each child, must be completed by child care staff before entering the centre.

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.

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. [COVID-19 Screening Tool for schools and childcare centres](#)



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 before and after school program setting

All individuals must self-screen every day before arrival at the child care setting. Child care staff, providers, placement students, and children with any new or worsening symptom of COVID-19, as indicated in the COVID-19 School and Child Care Screening Tool, even those with only one symptom, must stay home until:

- They receive a negative COVID-19 test result,
  - They receive an alternative diagnosis by a health care professional, or
  - It has been 10 days since their symptom onset and they are feeling better.
- If any household members are experiencing any new COVID-19 symptoms and/or are waiting for COVID-19 test results after experiencing symptoms, the child, child care centre staff, provider or placement student must not attend child care.
  - Child care centre licensees and individual home child care providers are to conduct daily on-site confirmation of self screening, for child care centre staff, visitors and placement students who are entering the child care premises.
    - Child care centre staff, visitors and placement students are to, at minimum, provide daily confirmation that they have completed and passed the online screener in a form deemed appropriate (and accessible) by the licensee prior to or upon entry to the child care centre or home.
    - Any child care centre staff, visitor or student that has not completed the self-screen will be required to do so prior to entry.
    - Any child care centre staff, visitor or student that does not pass the onsite screening procedures will be asked to return home and self-isolate until they meet the criteria for return.
- An ill individual who has a known alternative diagnosis provided by a health care provider may return to child care if they do not have a fever and their symptoms have been improving for at least 24 hours.
  - The COVID-19 school and child care screening tool is available to support parents/guardians, and essential visitors or those regularly in a home child care setting in meeting this requirement.
  - Licensees may continue to provide a checklist to parents to perform daily screening

of their children before arriving at the child care setting (i.e., something other than the provincial school and child care screening tool, such as another online form by municipal partners, a survey, or e-mail, or through a paper form), but must align the criteria to the provincial tool.

- Self-assessment tools should be made available to staff to ensure awareness of possible symptoms of COVID-19.
- Signs should be posted at entrances to the child care setting to remind staff, parents/caregivers, and visitors of screening requirements. **Confirmation from parents that the screening has been completed must be given to staff before the child enters the centre (this can be verbal confirmation or physical proof of the screening's completion, based on the center's policy).**
- In the event that an individual is not screened prior to arriving at the child care setting, active (in-person) screening should be available when necessary.
- If an individual is screened at the child care setting, screeners should take appropriate precautions when screening and escorting children to those being screened, or being separated by a physical barrier (such as a plexiglass barrier).
- A process should be in place to ensure those waiting in line are physically distanced from one another.
- 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.
- Home child care providers and residents of the home must also screen each day before children enter the home. 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.
- Individuals who do not pass the screening are not permitted to attend the program and must stay home. Please see below for more details. A failed screen does not need to be reported to the local public health unit.
- You may wish to consult the Province's COVID-19 website for information and resources on COVID-19 symptoms, protections, and seeking health care.

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

### **Before and After School:**

Only those children that are pre-scheduled to attend the school-age program will be allowed to attend. There will be no drop-in allowance. For example, the child can attend if the parent contacts the centre and the centre confirms there is availability, but not if this process is not followed.

In order to be compliant with the Child Care & Early Years Act, providers will be responsible for performing a visual check of each child upon arrival to the centre from home or school to assess their health. They need to be checking for signs of coughing, fever, runny nose, shortness of breath, and fatigue. They also need to ask the child if they are experiencing a headache, sore throat, loss of smell or taste, muscle aches, and nausea. If the child answers yes to these inquiries, or appears unwell, the child will be isolated and the parent contacted for pick up. Once the check is completed, the staff member will sign the child in and initial that they have completed the visual observation check.

**Each childcare centre is required to develop a policy and procedure to be followed for performing these visual checks.**

### **If Children have Symptoms of COVID-19:**

**\*\*Please note that if the risk level in our district changes, this protocol may change quickly.**

**\*\*Where isolation is required, the child may not attend child care for 14 days, unless otherwise directed by the Porcupine Health Unit.**

### **SYMPTOMS OF COVID-19**

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.

[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019\\_reference\\_doc\\_symptoms.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_reference_doc_symptoms.pdf)

**Common symptoms of COVID-19 include:**

- Fever (temperature of 37.8°C or greater) or chills
- New or worsening cough
- Shortness of breath (dyspnea)
- New olfactory or taste disorder(s) (loss of taste or smell)

**Other symptoms of COVID-19 can include:**

- Sore throat
- Nausea/vomiting, diarrhea
- Runny nose, or nasal congestion – in absence of underlying reason for these symptoms such as seasonal allergies, post nasal drip, etc.
- Headache
- Unexplained fatigue/malaise/myalgias

**Other clinical features of COVID-19 can include:**

- Clinical or radiological evidence of pneumonia

**Atypical signs and symptoms of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability.**

**Atypical symptoms and clinical features can include:**

- Delirium (acutely altered mental status and inattention)
- Unexplained or increased number of falls
- Acute functional decline
- Exacerbation of chronic conditions

Conjunctivitis (pink eye) Please see chart at link below to see how isolation periods are determined:

**[Quick Reference Public Health Guidance on Testing and Clearance](#)**

When a child completes the [COVID-19 school screening \(ontario.ca\)](#), the following is required when symptomatic:

<b>Symptom(s)</b> (not related to known causes such as asthma, allergies, etc)	<b>Immediate Action Required</b>	<b>Return to Child Care</b>
	<b>One or More Symptom(s)</b>	<b>One or More Symptom(s)</b>
<b>Fever/chills (37.8C/100.0F or higher)</b>	Self-isolate immediately (including from household members, if possible) and contact a Doctor or health care provider for advice if needed	After negative COVID-19 test <b>and all of the following apply:</b> <ul style="list-style-type: none"><li>• 24-hours since symptom started</li></ul>

<p><b>Cough - Continuous, more than usual, making a whistling noise when breathing (not related to asthma, post-infectious reactive airways, or other known causes or conditions you already have)</b></p> <p><b>Shortness of breath-Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions you already have)</b></p> <p><b>Decrease or loss of smell or taste- Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have</b></p> <p><b>Nausea, vomiting, and/or diarrhea**- Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions you already have</b></p> <p><b>Sore throat- Painful swallowing (not related to seasonal allergies, acid reflux, or other known causes or conditions you already have)</b></p> <p><b>Stuffy nose and/or runny nose**-Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have</b></p> <p><b>Headache-Unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions you already have)</b></p> <p><b>Fatigue, lethargy, muscle aches, or malaise**-</b></p>	<p>Contact an assessment centre and/or Porcupine Health Unit to schedule a COVID-19 test for symptomatic person(s)</p> <p>Contact child care centre to notify them of the result of the screening</p> <p><b>Siblings and all others in the home must stay home until the child experiencing symptoms either:</b></p> <ul style="list-style-type: none"> <li>• tests negative, or</li> <li>• is cleared by the Porcupine Health Unit, or</li> <li>• is diagnosed with a reason other than COVID-19 for the symptoms</li> </ul>	<p>improving <b>and</b></p> <ul style="list-style-type: none"> <li>• no fever (without using medication) <b>and</b></li> <li>• If not in close contact with anyone who is currently positive for COVID-19</li> </ul> <p><b>If not tested:</b> may return after 10 days of isolation <b>or until all of the following apply:</b></p> <ul style="list-style-type: none"> <li>• A Dr has diagnosed another reason for the symptom(s)</li> <li>• No fever is present (without using medication)</li> <li>• It has been at least 24 hours since symptoms began improving</li> <li>• <b>All household contacts must isolate until 14 days from their last contact with the symptomatic individual</b></li> </ul> <p><b>If Dr or health care provider is not contacted:</b> may return after 10 days of isolation <b>and:</b></p> <ul style="list-style-type: none"> <li>• No fever is present (without using medication)</li> <li>• It has been at least 24 hours since symptoms began improving</li> </ul> <p><b>If the individual tests positive:</b></p> <ul style="list-style-type: none"> <li>• Symptomatic individual must isolate (including from household members, if possible) for 10 days from symptom onset.</li> <li>• <b>All household contacts must isolate until 14 days from their last contact with the symptomatic individual</b></li> </ul> <p><b>** If symptom(s) is/are</b></p>
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Unusual, fatigue, lack of energy, poor feeding in infants (not related to depression, insomnia, thyroid dysfunction, sudden injury, or other known causes or conditions you already have)		diarrhea and/or vomiting, the individual cannot return until 24 hours after the last bout
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Actions listed in the table above are for symptoms related to COVID-19. Please use CCEYA for actions and exclusion guidelines for other common childhood communicable diseases.

If the child/staff member is tested, the provider needs to know what type of test was performed. PCR tests and molecular tests (such as ID NOW and Biofire) are acceptable and provide reliable results in determining whether a child or staff member is positive or negative for COVID-19. However, antigen tests are not appropriate and are not to be accepted as a diagnostic test. Each organization needs to have a clear and written policy outlining which tests will be accepted as a negative diagnosis.

PHU does not need to be notified if the child or staff member fails the screening and does not enter the childcare facility. Notify PHU if the child or staff member develops symptoms while at the centre, not at home. This can be done using the “Individual Absenteeism Report” form attached to this document.

## **SUSPECTED CASE: COVID-19 PROTOCOLS**

### **Protocol For If Any Persons Shows Symptoms of COVID-19 while in the Child Care Centre**

Staff/home child care providers, parents and guardians, and children must not attend the program at the onset of any COVID-19 symptoms, even if symptoms resemble a mild cold.

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.

Upon noticing symptoms:

- Isolate the person immediately in a designated supervised area or space at least 2 meters away from others until they can go home. Anyone who is providing care to the child should maintain a minimum distance of 2- metres. The sick person should be provided with tissues and reminded of hand hygiene, respiratory etiquette and proper disposal of tissues. The child care worker should wear a medical grade mask, gown, and eye protection. A call for that child to be picked up from the centre should be made immediately. If tolerated and above the age of 2, the child should wear a surgical / procedure mask and eye protection. The staff and child shall not interact with others. The childcare staff / provider should also avoid contact with the child's respiratory secretions.
- All household contacts of a symptomatic person (staff or child, whether at the centre or not) must also go home and self-isolate immediately Please refer to chart on page 20-21 for guidance about when return to child care is possible.
- The Ministry of Health updated guidance to public health units regarding COVID-19 variants of concern, requires all household contacts of symptomatic individuals to quarantine.
  - All asymptomatic household contacts of symptomatic individuals are required to quarantine until the symptomatic household member:
    - receives a negative COVID-19 test result, or
    - receives an alternative diagnosis by a health care professional
  - If the symptomatic individual tests positive, or is not tested and does not receive an alternative diagnosis from a health care professional, the symptomatic individual must isolate (including from household members) for 10 days from symptom onset, and all household contacts must isolate until 14 days from their last contact with the symptomatic individual.
- Staff who have been in close contact with a sick child should self-monitor for symptoms for the next 14 days. They should be advised to avoid being in contact with vulnerable persons or centres where there are vulnerable persons. If the child is a confirmed case, the staff member should also self-isolate and seek assessment and testing.

- 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 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 or going for testing for COVID-19. The number for the COVID-19 Information line for Porcupine Health Unit is 705-267-1181/1-800-461-1818 ext.2919. Note that individuals do not require a medical note or proof of negative test to return back to the program.

Persons who test positive may not return to the child care setting until they are cleared by the local public health unit. Note that individuals do not need to provide a medical note.

### **Designated Space for Ill Children**

Each centre must have a space designated for a child that becomes ill. Once this room is used, it must be disinfected immediately. A log of cleaning must be kept for this room after each use. Signs must identify this space as an isolation area.

Hygiene and respiratory etiquette should be practiced while the child is waiting to be picked up, during the day one on one as well as with the group. Educators should show children where they can find tissues, handwashing sinks and trash cans to dispose of tissues in their learning environment as well as when outdoors. This can be done as early as toddler age group using simple instructions and role modelling.

All items used by the sick person should be cleaned and disinfected immediately. 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.

If your centre is in a shared setting, (for example in a school), follow public health advice on notifying others using the space of the suspected illness.

### **Testing for COVID-19**

Symptomatic staff and children should be referred to public health. Testing of asymptomatic persons should only be performed as directed by the local public health unit as part of outbreak management.



In order for children to return to child care after being sent home with symptoms, the parent may choose to have them tested for COVID-19. In that case, PCR tests and molecular tests (such as ID NOW and Biofire) are acceptable and provide reliable results in determining whether a child or staff member is positive or negative for COVID-19. However, antigen tests are not appropriate and are not to be accepted as a diagnostic test. Providers should confirm the type of test that was performed. As a general rule, assessment centres and hospitals provide PCR and/or molecular tests. There may be exceptions to this which is why providers should ask for confirmation from the parent.

A list of symptoms, including atypical signs and symptoms, can also be found in the COVID-19 Reference Document for Symptoms' on the Ministry of Health's COVID-19 website and in this document on page 15.

Child care centres must consider a single, symptomatic, laboratory confirmed case of COVID-19 in a staff member or child as a confirmed COVID-19 outbreak in consultation with the local public health unit. Outbreaks should be declared in collaboration between the centre and the local public health unit to ensure an outbreak number is provided.

Child care centres are to notify the Porcupine Health Unit if they have an absenteeism rate of 10% or more children and/or staff in the centre as a whole, due to COVID-19 symptoms. A suspect outbreak may be declared, in consultation with the health unit, after a risk assessment is completed.

## **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.

Re-opening after an outbreak may be dependent on staff availability and number of staff in isolation.

### **SHARED SETTINGS**

Where a child, staff or home child care provider is recommended by public health to be tested for COVID-19, licensees must report this to the ministry as a serious occurrence. When a person becomes sick the home child care agency will report to public health, and where public health advises, families.

#### **Before and After School Program:**

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.

If your centre is located in a school, the designated Early Years Lead for each School Board and the Principal of the school must be informed of each serious occurrence including those that are COVID-19 related. In the case that a centre is informed of a confirmed positive COVID-19 case, the Early Years Lead must be informed immediately. Please contact your School Board for clarification of whom the designated person is.

### **SERIOUS OCCURRENCE REPORTING:**

Child care licensees have a duty to report 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.

[https://www.ontario.ca/page/develop-your-covid-19-workplace-safety-plan?\\_ga=2.203692946.305952005.1592347482-1841326014.1586898239](https://www.ontario.ca/page/develop-your-covid-19-workplace-safety-plan?_ga=2.203692946.305952005.1592347482-1841326014.1586898239)

Licensees are required to post the serious occurrence notification form as required under the CCEYA, unless the local public health unit advises otherwise.

## **SETTING UP A SPACE FOR PHYSICAL DISTANCING**

### **Centre Set Up**

Centre must have a qualified supervisor, staff to clean, assist with screening and cover breaks for educators.

### **For school-age programs:**

School boards are required to ensure that the classroom is cleaned and disinfected after the core day program ends and the before and after school program begins.

Providers will be required to schedule outdoor play during the time that the cleaning and disinfecting takes place

School age programs in all centres should schedule outdoor time at the beginning of arrival time as best as possible to ensure children have allotted time outdoors.

### **All Programs:**

- 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).
- Parents are not permitted past the screening area.
- 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 (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).

### **Physical Activities:**

Programs may provide opportunities for physical activity for children and youth. 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.

Efforts should be made to limit the use of shared equipment. Shared equipment should be disinfected regularly and children and program staff should practice proper hand hygiene before and after participating in physical activity and equipment used.

## Space Set-Up and Physical Distancing

The ministry recognizes that physical distancing between children in a childcare setting is difficult and encourages childcare 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.

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.

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

All children must be spaced out while sitting for activities and eating. Tables must be sanitized prior to and after eating.

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 different groups will be using the same washroom. This includes sink faucets, not just the toilet.

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.

Where physical distancing is difficult, with small children, providers are encouraged to plan activities for smaller groups when using shared objects or toys.

During rest periods, Licensees and home child care providers are encouraged to increase the distance between cots/resting mats/playpens or place the children head to

toe or toe to toe if the space is limited. Cots and cribs must be disinfected after each use as well as linens.

Ensure childcare staff is practicing physical distancing during breaks/lunches. Rooms should be measured in order to determine how many individuals could be in the room while ensuring the 6ft/2m physical distancing is possible at all times. Remove extra chairs and tables to ensure physical distancing in staff rooms. Marks on the floor should indicate where the remaining chairs must stay in order to maintain a minimum 6ft/2m physical distance. Hand sanitizer and disinfectant wipes/spray should be placed by staff dining tables to remind staff to clean their area before and after eating. Signs indicating the maximum number of staff permitted in the room (based on social distancing requirements) should be posted in visible areas.

## **Outdoor Play**

**NOTE: It is recommended to spend a lot of time outdoors during this time period.**

Children must be encouraged to wash their hands before going outside and upon re-entering the building. Outdoor play areas are attractive to unwanted visitors, humans and animals. Hazards may be reduced by taking the following steps.

- Do not assume that a fence will keep out unwanted visitors. Check the perimeter for gaps.
- Check the outdoor play area for including the sandbox for animal feces, broken glass or cans, condoms, needles and syringes.
- Do not pick up sharp objects with your hands. Gloves will not provide protection from punctures. Provide a rigid barrier between the object and your hands, such as tongs, scoop or shovel.
- Scoop animal feces and surrounding soil or sand with a small shovel or scoop, and discard.
- Rake sand on a regular basis. Sunlight provides an effective protection against some microscopic contaminants. Treating sand with chlorine bleach solutions and/or boiling water has very little effect on microorganisms.

Child Care operators should schedule outdoor play in small groups in order to facilitate physical distancing, **however, children are not required to wear masks.**

Child Care operators 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 must wash their hands before and after application.

### **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. For field trips, anyone entering the area must be screened upon arrival and the pick-up/drop-off of children should happen outside of the area or within a designated and isolated area. 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.

## **CLEANING AND INFECTION CONTROL PROTOCOLS**

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

**Operators must keep a cleaning and disinfecting log to track and demonstrate cleaning schedules.**

### **The Basics of Infection Control**

1. Keep premises, equipment, and hands as clean as possible at all times. Observe and assist children with proper handwashing. See attached handwashing diagram and have posted beside each sink. Hand wash in-between each activity throughout the day.
2. Ensure that children and all childcare staff at the childcare location are appropriately immunized for their ages.
3. 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.
4. 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.

5. When a child becomes ill, separate him or her from other children, as soon as possible. See Designated Space for Ill Children section for more details.
6. Only readmit a child when recovery from infection/illness is complete.
7. Must check expiry dates of all products and always follow manufacturer instructions.
8. If meals or snacks are provided, ensure each child has their own individual meal or snack. No food sharing allowed. Bagged lunch policy required in the Child Care & Early Years Act, 2014 must be followed.
9. Multi-use utensils must be sanitized following Food Premise regulations.
10. Children who come with soothers, bottles, sippy cups, toothbrushes, facecloths, etc. must have a label on each item. Items are not to be shared with other children.
11. Avoid getting close to the faces of children, where possible.
12. Any item that enters a child's mouth must be washed and sanitized after use.
13. Practice social distancing as best as possible. Have children seated apart from each other during meals. No sharing of food. At this time, the adult should serve the child their food and not have the child place food on their own plate / bowl.
14. Post signage to promote personal protective practices (handwashing, respiratory etiquette).

## **Washing and Disinfecting Surfaces**

**Must use disinfectants that have a Drug Identification Number (DIN). Low-level hospital grade disinfectants may be used.**

**The procedure for cleaning surfaces is as follows:**

1. Clean all articles first with soap and warm water.
2. Rinse with clear water.
3. Follow with a sanitizer – see recipe below or use according to manufacturer's recommendations.
4. Rinse with clear water.
5. Store all sanitizers and other chemicals in a locked cupboard out of reach of children and away from food.



## **Bleach Solution for Sanitizing**

Normal Strength – ¼-cup (4 tablespoons) household bleach to 1-gallon water or 1 tablespoon of bleach to 1 liter of water: toys, diapering areas, tables, etc.

Extra strength (1:1) – 1 part household bleach to 9 parts water: bloody spills, heavy contamination with feces or vomit, regular cleaning during an outbreak.

In order to help prevent the spread of infections (bacteria, viruses, parasites) in the child care setting it is important to clean and sanitize toys on a regular basis.

## **Cleaning Blood/Body Spills**

Use gloves for protection when cleaning blood/body spills.

Hand washing is the most important procedure for preventing the transmission of blood born pathogens.

1. Hands must be washed immediately after unprotected exposure to blood or fluids capable of transmitting blood borne pathogens.
2. Hands must be washed after removing gloves.
3. Hands must be washed after a glove tear or a suspected glove leak.
4. Hands must be washed after handling materials that may be contaminated with blood or body fluids capable of transmitting blood borne pathogens.

## **Sanitary Practices**

1. Store items separately and ensure items are not shared.
2. Change and wash face clothes after each use. Ensure that each child has his/her own face cloth, bedding.

## **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** (one of these at opening or at closing, and once throughout the day) for toys 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 must be cleaned every 3 hours. These 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.

Separate washrooms for separate groups should continue to be used if possible.

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

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.

Health Canada's Hard-surface disinfectants and hand sanitizers (COVID 19) webpage provides further information on approved products.

### **Changing Diapers**

***Never leave a child unattended on the change table. Make sure everything you need is within easy reach.***

#### ***DO NOT ALLOW REUSABLE DIAPERS DURING THIS TIME PERIOD.***

1. Wash hands with soap and water before each change.
2. Assemble supplies within easy reach.
3. Hold the child away from your clothes as you place him/her on the clean change pad.
4. Clean the child's skin with a moist disposable cloth, wiping from front to back. Remove all soil; don't forget the skin creases.
5. Wipe hands on a clean disposable cloth and place it in a waste container.
6. Wash the child's hands and return him/her to the play or sleep area.
7. Dump soil from the diaper in the toilet. Avoid splashing. Place a diaper, and wipes in garbage with a plastic bag.
8. Disinfect the change surface.

9. Wash your hands thoroughly with soap and warm water.

**Potty Chairs** - Do not use potty chairs.

### **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.

### **Hand Washing Procedure**

Use a hand washing sink with hot and cold running water, paper towels, and liquid soap in a dispenser. Hot water temperature should not exceed 43 degrees Celsius (110 F) to prevent scalding.

1. Use soap and warm running water.
2. Rub your hands vigorously for 15 seconds as you wash.
3. Wash all surfaces, including backs of hands, wrists, between fingers, under fingernails.
4. Rinse hands well. Leave water running.
5. Dry hands with a single use paper towel.
6. Turn off hand controls with a dry paper towel. *Do not use your bare hands to turn off and water controls.*

***When there is no access to soap and water, alcohol-based hand sanitizer containing a minimum of 60% alcohol can be used, only if hands are not visibly soiled.***

#### **Wash Your Hands:**

- Before preparing or serving food.
- After diapering a child, cleaning up messes, or wiping a nose.
- After you have been to the bathroom, with a child or alone.
- After touching your face, sneezing or coughing.
- Follow guidelines as stated in this document when handwashing must happen.

#### **Keep Children's Hands Clean:**

1. If children are too young to do it themselves, you do it for them.
2. For older children:
  - **Tell** the child to wash his/her hands
  - **Show** the child how to wash his/her hands if he/she doesn't know or has forgotten
  - **Remind** the child that hand washing will help to keep him/her from getting sick

#### **Children should wash their hands or have them washed:**

- When they arrive at the child care Centre
- In-between activities or transitions to other rooms indoors

- Every time they exit or enter the building for outdoor play
- Before and after they eat or drink
- After they use the toilet or have their diapers changed
- After wiping their nose or coughing /sneezing into their hands

## **FOOD-RELATED PREVENTION PROTOCOLS:**

### **Food Preparation**

Foods are prepared, handled, stored and served in a safe manner as outlined in Ontario Regulation 493/17: Food Premises.

### **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.

Nutrition/third party food programs and non-instructional food events (such as pizza day) are permitted to operate.

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 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.

Child care operators with a bagged lunch policy may still allow children to bring their own lunch and snacks. The table must be cleaned and disinfected before and after each time a child sits to eat.

### **Some Tips to Minimize the Spread of Infection through food:**

- Ensure that you and the children wash their hands before eating
- Wash and sanitize eating utensils between uses.

- Wash and sanitize surface areas used for food preparation and serving before and after use.
- Use one sink for food preparation, another for hand washing.
- Separate the kitchen area from the play area.
- Do not serve unpasteurized milk or milk products.
- Rinse raw fruits and vegetables thoroughly before serving.
- Reinforce “no sharing” policies and procedures. This includes the current practice of not sharing food, water bottles or personal items and belongings. Personal items should be clearly labelled with each child’s name.

## **TOY AND EQUIPMENT CLEANING PROTOCOLS**

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

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).

Child Care Operators and home child care providers should 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.

### **Toy Cleaning**

All toys or materials used in play at the centres must be made of material that can be cleaned and disinfected. Toys and materials used in play must be cleaned and disinfected once daily.

### **Water Play and Sensory Play**

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.

While communal sensory bins are allowed, they must be emptied and cleaned daily. Any materials that cannot be sanitized properly, must be discarded and replaced. Materials that cannot be cleaned should not be used. Individual sensory materials are still encouraged.

## **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.

## **STAFF TRAINING:**

As part of the Ministry of Education's Child Care Re-Opening Guidelines, the CDSSAB must ensure that updated training is provided to all child care staff / providers on health and safety and other operational measures outlined in this document plus any additional local requirements in place.

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.

Public Health Ontario have developed videos to assist with understanding our role in stopping the spread of COVID-19 in our community. Links to videos are provided below and all child care staff / providers must complete the training prior to reopening. 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 put in place by the local Public Health Unit and CDSSAB. Sign off documents should be kept in order for centres to have a record of staff members having completed updated training.

## 7 Steps of Hand Hygiene

<https://www.publichealthontario.ca/en/videos/7-steps-handhygiene>

Putting on gloves <https://www.publichealthontario.ca/en/videos/ipac-gloves-on>

## Putting on Mask and Eye Protection

<https://www.publichealthontario.ca/en/videos/ipac-maskeyes-on>

## Taking off Mask and Eye Protection

<https://www.publichealthontario.ca/en/videos/ipac-maskeyes-off>

## Taking of a Gown and Gloves

<https://www.publichealthontario.ca/en/videos/ipac-gowngloves-off>

## Putting on Full Personal Protective Equipment

<https://www.publichealthontario.ca/en/videos/ipac-fullppe-on>

## Taking off Full Personal Protective Equipment

<https://www.publichealthontario.ca/en/videos/ipac-fullppe-off>

Note: Other training opportunities may arise and will be mandated upon need.

## Attendance Records

All child care licensees are responsible for maintaining daily records of anyone entering the facility/home and the approximate length of their stay (such as cleaners, people doing maintenance work, people providing support 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.

Before and After School programs must include visual observation check acknowledgement.

Screening records/results are to be kept on the premises (centre or home).

## Visitors

All visitors to the program, including parents, students completing educational placements, or others, are subject to the health and safety protocols outlined in this



document. 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. They must also be screened and wear appropriate PPE.

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

The provision of in-person special needs services may continue and licensees may use their discretion to determine whether the services being provided are essential and necessary at this time. During periods of State of Emergency when provincial or regional lockdowns are in place, any visits by special needs service providers must be approved by the Director of Children's Services, CDSSAB. Child Care providers and special needs services should attempt the use of video and telephone conferences to interact with each other and with families as much as possible. 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 screening protocol and wear appropriate PPE. Licensees and SNR service providers should work together to determine who will be responsible for ensuring SNR staff have appropriate PPE.

Please note that child care providers are still mandated to keep a Visitor Log book where the provider must log the time in and time out of each visitor. The electronic Daily Health Screen tool provided by CDSSAB does include all other information required to obtain for visitors to enter the building. For those that are not using the CDSSAB electronic tool, your purchased version must be able to obtain a record of the name of each person entering, the person's contact information and time in and out of the centre.

When any Porcupine Health Unit Inspector attends your centre, provide a copy of the Inspection Report to the CDSSAB within 72 hours. Send to Cathy Courville, Program Manager Child Care Quality Assurance; [CourvilC@cdssab.on.ca](mailto:CourvilC@cdssab.on.ca)

### **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.

### **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.

### **Communication with Families**

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

Child Care operators and home child care operators must:

- Inform families of enhanced health & safety measures and any new policies created and provide them a copy.
- Licensees must share with parents, the policies and procedures regarding health and safety protocols to COVID-19, including requirements and exceptions related to masks.
- Update the child care centre / home child care centre priority / waitlist policy
- 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.

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.

The CDSSAB recommends that home child care agencies and child care providers consider the following priority order:

- 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.

Do 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).

Child Care providers may request a need to fill vacant spots on a temporary basis if they have exhausted their regular clients and have new vacant spots.

### **Following Closure of School-Age Programs (Emergency Child Care):**

There may be families served through the Emergency Child Care for school-aged children program that were not accessing service prior to the closure; these families will no longer be eligible for their current space upon 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 upon the re-opening of school aged programs and in-person schooling.

### **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.

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.

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 when it is available.

- 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. Unless the parent declines the placement, the placement must remain available for the full 14-day period;
- Unless the parent accepts the placement, no fee or deposit can be charged or collected in respect of the placement during the 14-day period; and, • Parents must not be penalized for using the full 14-day period to decide whether to accept or decline the placement.
- 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.

### **Fee Subsidy Eligibility and Assessment**

The CDSSAB will continue to offer fee subsidy to those families who are eligible and have a spot with a licensed child care provider / home child care provider that has a fee subsidy agreement with the CDSSAB. The fee subsidy budget for 2020 did not include plans for families choosing not to send their school aged child to school. The CDSSAB will not be approving full day care fee subsidy for children eligible for school unless a professional developmental day, school break or holiday. You must be licensed and approved to offer these types of services. Individual centres will require policies and procedures for children who are eligible for school that are full fee paying parents / guardians. You should notify your Program Advisor for recommendations if you are permitting this option.

***Please note that this is a living document and will be updated when required.  
For questions or concerns about this document, please contact CDSSAB  
Program Manager Child Care Quality Assurance, Cathy Courville, 705-268-7722  
ext. 240 [CourvilC@cdssab.on.ca](mailto:CourvilC@cdssab.on.ca)***

