

COVID-19: Guidance for Child Care Settings

The following recommendations are intended to help child care operators and staff (including home care providers) working in both child care centres and home child care reduce the spread of COVID-19. The recommendations and guidance provided in this document can be used to develop infection prevention and control (IPAC) policies and procedures. Child care operators must ensure that appropriate IPAC measures are implemented and maintained in order to provide safe and healthy child care services. This document must be used in addition to the [Ontario Ministry of Education's Operational Guidance During COVID-19 Outbreak](#), the [Ontario Ministry of Health's COVID-19: Re-opening Child Care Centres](#), the Public Services Health and Safety Association – [Health and Safety Guidance During COVID-19 for Employers of Child Care Centres](#) or the [COVID-19: Precautions When Working As A Child Care Provider](#) and the BCHU Child Care Manual 2019. In the event of any differences between the guidance in this document and the Ministry of Education or the Ministry of Health's guidance documents, the recommendations in the Ministry's documents should be used.

Recommendations for Child Care Operators and Staff to Reduce the Spread of COVID-19

Before Re-Opening

1. Develop/update administrative and infection prevention and control (IPAC) policies and procedures

Ensure that COVID-19 policies and procedures address the following:

- Screening procedure (include temperature checks for children, staff and essential visitors)
- Attendance reporting
- Cohorting staff and children (including part-time children)
- Physical distancing
- Hand hygiene and respiratory etiquette
- Food safety practices
- Enhanced environmental cleaning and disinfection
- Requirements for the use of toys, equipment and other materials
- Use of personal protective equipment
- Isolation/exclusion of ill children and child care staff
- Management of cases and outbreaks of COVID-19
- Communication with families/guardians and other stakeholders
- Occupational health and safety.

2. Train Staff

- All child care staff must be aware of the signs and symptoms associated with COVID-19.
- Train staff to ensure they are aware of and can implement the revised IPAC policies and procedures.
- Train staff on proper use of personal protective equipment. Refer to the checklist provided by the EarlyON Centre.

3. Prepare Physical Space

- Designate drop-off and pick-up locations outside, near the main area of child care centre.
 - If this is not feasible for home child care operators, then they should arrange to use an area or space where physical distancing of two metres/six feet can be maintained.
- Designate an area outside near the main entrance as a screening station for in-person screening.
 - The area should be clearly identifiable as the screening station.
 - Post signs in a visible location clearly explaining the screening process and the rules and conditions for entry
 - The area must allow for a minimum of two metres (or six feet) distance between staff conducting in- person screening and the individual being screened. Alternatively, a protective barrier (e.g., plexiglass) may be equipped around the screening station.
 - Use visual markers/cues spaced two metres (or six feet) apart (e.g., tape on the floor, pylons, signs) to assist children and parents/guardians to maintain a two metre distance from each other, if waiting to be screened.
- Download, print and post signs in a visible location at the designated screening station to raise awareness about health and safety measures that can help prevent the spread of COVID-19 such as:
 - [Physical Distancing](#)
 - [Protect Yourself](#)
 - [Information about COVID-19](#)
 - [Wash your Hands](#)
 - [Cover your Cough](#)
 - [Poster for Entrances](#)
- In the child care centre, increase space between seating and play areas so that children and staff can maintain a distance of two metres (or six feet) apart:
 - Remove extra chairs, tables and furniture to increase space in the area to allow children to spread out.
 - Place tape, signs or other visual markers on floors, tables, seats and other play areas to help both child care staff and children visually maintain physical distancing.

During Active Operation

1. Conduct daily screening and temperature checks of all individuals prior to entry/drop-off

- Remind staff and parents/guardians of children attending the child care centre/home that they must not attend the child care program when they are ill, and that they should report any symptoms associated with COVID-19 to the child care operator.
- Actively screen and check the temperature of children, child care staff and any other essential visitors **prior to entry** in the child care centre/home child care setting.
 - **Note:** Temperature checks for parents/guardians or visitors who are **not** entering the centre is not required.
 - Prior to receiving children into care, home child care operators must also conduct daily screening of other people residing in the home, regardless of whether they participate in home child care activities.
- Home child care providers and residents must also be screened each day prior to receiving children into care.
- Record screening results daily.
 - Operators may use and/or adapt the [health screening questionnaire](#) as a screening tool and to record individual screening results.
 - Keep all screening records available onsite for the length of time determined by the Ministry of Education.
- Make [Health Canada approved](#) hand sanitizer available at the screening stations for adults who have answered NO to all questions for use prior to entry.
- Individuals who answer YES to any of the questions must **not** be permitted to enter the child care centre/home.
 - If any person living in a home of a home child care answers YES to any of the questions, the home cannot receive children into care.
 - Advise these individuals that they should contact the Brant County Health Unit.
- Staff must escort children into the child care center/home after screening. Parents must **not** go past the screening area or enter the child care centre/home unless there is a specific need to do so.
 - Should parents be required to enter the child care centre/home, they will be considered as an essential visitor. They must be screened and a temperature check must be conducted.

2. Enhance attendance reporting practices for children, child care staff and all other essential visitors entering the child care centre/home

- Maintain daily attendance records of all individuals entering the child care centre/home. This includes, but is not limited to, maintenance workers, cleaning/environmental staff, food service workers and government agency employees (e.g., public health inspectors, fire inspectors).

- Records should include the following information:
 - Name
 - Company
 - Contact information
 - Date of visit
 - Time of arrival and departure
 - Reason for visit
 - Rooms/areas visited
 - Screening and temperature check results
 - Was the visitor wearing a mask during the entire duration of the visit
- Records must be updated when a child, child care provider or staff person is absent and must include reason of absence
- Child care operators should follow-up with all individuals to determine the reason for any unplanned absences, and determine if the absence is due to illness to note any symptoms (e.g. fever, sore throat, cough, etc.). **Document all illnesses using the [Illness Reporting Form](#).**
- Encourage parents/guardians of ill children and ill or unwell child care staff to seek COVID-19 testing at assessment centres, and to call their primary care provider or Telehealth to determine if further care is required.
- Non-essential visitors must not be permitted to enter the child care centre/home.
- Monitor attendance records for patterns or trends (e.g., children and child care staff in the cohort absent at the same time or over the course of a few days).
- Attendance and screening records must be available on-site at all times.
- 3. Assign child care staff and children into designated cohorts**
- **As of September 1, 2020, child care centres may return to the maximum group sizes as set out under the CCEYA. All child care settings must operate with enhanced health and safety measures in place.**
 - **Please note that while staff and students are not included in the maximum group size, they should be considered as part of the cohort and assigned to a specific group.**
 - **Children are permitted to attend on a part-time basis and should be assigned to **one** group and not mix with other cohorts.**
 - There are **no** changes to the maximum group size for home child care which allows for a maximum of six children, not including the home child care operator's own children aged four years or older.
- Child care staff and children must be assigned to designated cohorts.
- Cohorts must be designated to a specific "home room" or area.
- Programming must be planned in a manner that prevents cohorts from mixing throughout the day and over the course of the child care program/session.
- Stagger/alternate scheduling including:
 - drop-off and pick-up times to prevent parents/guardians from gathering or grouping together

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- Alternatively, screening can be done in the essential visitors and parent/guardian's car.
- snack times and lunch/meal times
- use of outdoor playgrounds and play spaces (dedicated to the child care) by different cohorts.
 - Remember that shared equipment or toys need to be cleaned and disinfected between cohorts.
- Where different cohorts are using the same indoor area (e.g., gymnasium) child care staff must ensure that physical distancing is maintained and that the groups do not mix.
 - Consider using temporary physical barriers that begin at the floor and reach a minimum of 8 feet and be as wide as the space/room will allow.
- Staffing should be sufficient to have multiple staff assigned to one room consistently over the course of the day, and not need to move to other rooms. Dedicated staff should be available to cover breaks and lunches.
- Child care operators **and students** should work at only one location.
- Child care staff should avoid covering off for colleagues assigned to different cohorts or working in different rooms/areas during lunches or breaks as best as possible:
 - If a child care staff must cover off for a colleague in a different cohort/room (e.g., during breaks) they must do so in a manner that maintains physical distancing as best as possible, and they should **use a medical mask and eye protection (e.g., face shield)**.
 - Covering staff can be assigned to a **maximum of two cohorts** to limit the exposures. It is highly recommended that operators keep track of covering staff and what cohort they are assigned to for contact tracing purposes.

4. Practice physical distancing

- Practice physical distancing as best as possible to maintain a two metre (or six feet) distance between staff and children.
 - Physical distancing must **not** compromise supervision or a child's safety.
- Encourage children to greet each other using non-physical gestures (e.g., wave or nod or a verbal "Hello") and to avoid close greetings (e.g., hugs, handshakes).
- Regularly remind children to keep "hands to yourself".
- Reinforce no sharing policies and procedures. This includes the current practice of not sharing food, water bottles or other personal items.
- Limit the number and types of personal items that can be brought into the child care setting and provide individual cubbies or bins for each child's belongings.
- Personal items must be clearly labelled with the child's name to prevent accidental sharing.
 - This includes comfort toys. Remember that comfort toys must be cleaned and sanitized daily.
- Plan activities that encourage individual play and increase space between children.
- Avoid activities that involve shared objects or toys.
- Avoid activities involving singing, shouting, or speaking loudly indoors.

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- Increase the distance between cots/resting mats and cribs. If space is limited, place children head-to-toe or toe-to-toe.
- 5. Practice hand hygiene and respiratory etiquette**
- Avoid touching your face, nose and mouth with unwashed hands.
 - Cover your cough or sneeze with your elbow or a tissue. Immediately throw the tissue in the garbage and wash your hands.
 - Provide additional [Health Canada approved](#) hand sanitizer stations (e.g., wall mounted hand sanitizer dispensers) in supervised areas where children cannot access it independently.
 - Child care staff must ensure that proper hand hygiene is practiced often and when necessary. This includes supervising and/or assisting children with hand hygiene.
 - Child care operators must monitor hand hygiene supplies to ensure adequate amounts of liquid soap, paper towel, hand sanitizer, tissues, and waste receptacles lined with plastic bags.
- 6. Modify food safety practices for snacks meals/lunch time**
- Child care operators must modify meal practices to ensure that there is no self-serving or sharing of food at meal times.
 - Meals must be served in individual portions to the children.
 - Utensils must be used to serve food.
 - Do not provide shared utensils or items (e.g., serving spoons, condiments).
 - Children must not be allowed to prepare nor provide food that will be shared with others.
 - There must 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 are put into place, e.g., expressed breast milk).
 - 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.
- 7. Implement enhanced environmental cleaning and disinfecting practices**
- Review Public Health Ontario's [Cleaning and Disinfection for Public Settings fact sheet](#).
 - Refer to [Health Canada's lists of hard surface disinfectants for use against coronavirus \(COVID-19\)](#) for information on disinfectants:
 - Disinfectants must have a Drug Identification Number (DIN). A DIN is an 8-digit number given by Health Canada that confirms it is approved for use in Canada.
 - Check the expiry dates of products and always follow the manufacturer's instructions.
 - [Chlorine bleach](#) solutions may also be used for disinfection if appropriate for the surface.
 - **Note:** Bleach used must be approved by [Health Canada](#).
 - Prepare chlorine bleach solutions according to the instructions on the label.

- Bleach should be prepared fresh **daily**.
- Use test strips to ensure that you're meeting the appropriate concentration
- Educate staff on how to use cleaning agents and disinfectants:
 - Ensure disinfectant contact times (i.e. amount of time that the product will need to remain wet on a surface to achieve disinfection) are met.
 - Safety precautions are being taken
 - Required personal protective equipment (PPE) are available for wear.
 - Directions for where and how to securely store cleaning and disinfectant supplies available to staff.
- It is strongly recommended to assign or designate staff to conduct environmental cleaning and disinfecting throughout the day.
- Clean and disinfect all high touch surfaces and objects (e.g., doorknobs, light switches, toilet handles, sink faucets and tabletops) at **least twice a day or when visibly dirty**.
- **Where washrooms are shared between cohorts, only one group should access the washroom at a time and the facilities are to be cleaned and disinfected between each use.**
- Clean and disinfect individual items that may be handled by more than one individual such as electronic devices **between users**.
- Cots and cribs must be cleaned and disinfected **after each use**.
- Maintain logs to track cleaning and disinfecting activities for each room/area, individual/play items and sleeping equipment such as cots and cribs.
- If the child care program is located in a shared space (e.g., a school) make arrangements with other users/stakeholders to ensure enhanced cleaning and disinfecting practices can be maintained (i.e. frequency of cleaning appropriate disinfecting agents are used).

8. Requirements for the use of toys, equipment and other materials

- Provide toys and equipment that are made of materials that can be cleaned and disinfected.
- Do not use plush toys.
 - **Note:** Comfort toys are allowed in the centre if they are not shared, individually labelled and cleaned and disinfected daily.
- Assign specific toys and play structures to one cohort if possible:
 - Consider using identification systems to prevent the sharing of items **between cohorts** (e.g., colour coding).
 - Toys (excluding mouthed toys) that are dedicated to one cohort can be cleaned once daily and as needed (i.e. when visibly dirty).
- If toys are shared between cohorts; toys must be cleaned and disinfected in **between every cohort**.
- Mouthed toys must be separated, cleaned and disinfected **immediately after** the child has finished using it.
- Large play structures must only be used by one cohort at a time.
- Toys and large play structures (e.g., indoor play structures, playhouses, climbers) must be cleaned

and disinfected **before and after use by each cohort.**

- Consider using wipes to disinfect equipment and play structures that are too large for a sink or a dishwasher.
- Clean and disinfect toys in a three compartment sink. Toys must be washed and rinsed prior to disinfection.
 - Using two sinks is acceptable if washing and rinsing are done in the first sink.
- Alternatively, toys can be cleaned and disinfected in a mechanical dishwasher provided that the rinse cycle reaches a minimum of 82 degrees Celsius.
 - **Note:** Only use the dishwasher in the kitchen when it is not being used for any other purposes (i.e. washing dishes, food preparation).
- Ensure required disinfectant contact times are achieved and allow toys to air dry.
- Dry toys in a designated area that is separate from bathrooms, change tables and protected from sources of contamination.
- Suspend group sensory play activities.
 - Individual sensory play (e.g., playdough, sand, water, etc.) can be offered to children for one day and the sensory material should be labelled with the child's name.
- Provide individualized bins or packs for art materials and supplies for each child. Label these bins to prevent sharing.

9. Use personal protective equipment

- Child care operators must provide personal protective equipment (PPE) for use by staff when necessary.
- It is strongly recommended that child care operators maintain a one to two week supply of PPE at all times.
- While child care centres are exempt from the Face Covering By-laws in both the City of Brantford and the County of Brant, PPE should be worn in accordance to the Ministry of Education's Operational Guidance During COVID-19 Outbreak and following the Medical Officer of Health's direction.
- Staff, home care providers, visitors and student are required to wear a **medical mask and eye protection** (e.g., goggles, face shield) while inside the child care premise, including hallways.
 - Masks are not required outdoors for adults and children if two metre physical distancing can be maintained. It is recommended that staff have masks accessible when outdoors.
- All school-aged children are encouraged to wear a non-medical face covering while inside the child care premise, including hallways. Children in grade 4 and above are required to wear a non-medical face covering while include the child care premise, including hallways.
 - Parents/guardians are responsible for providing their school-aged child(ren) with a mask(s).
- Licensees can make exceptions to the mask requirement. Exceptions must be reasonable, documented and submitted to BCHU.
- Gloves must be worn when it is anticipated that hands will come into contact with mucous membranes,

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broken skin, tissue, blood, bodily fluids, secretions, excretions, contaminated equipment or environmental surfaces.

10. Isolate children and child care staff that become ill while attending the child care centre

- It is recommended that child care staff and children with symptoms of COVID-19 be tested as soon as possible, and to [self-isolate](#) at home until their result is available.
- If a child becomes ill with symptoms while in care, immediately separate them from the rest of their group in a designated room (or space in a home child care setting) and supervise the child until they are picked-up.
- Notify parents/guardians or emergency contacts to pick up the ill child as soon as possible.
- The designated isolation room/space must have a handwashing sink or a [Health Canada approved](#) hand sanitizer available.
- Provide tissues to the ill child to help support respiratory etiquette.
- Open outside doors and windows to increase air circulation in the area if it can be done so safely.
- Children older than two years should wear a mask (if tolerated) and they are able to use it properly (e.g., donning and doffing carefully, avoiding touching while on).
- Child care staff supervising the ill child should maintain physical distancing as best as possible and wear personal protective equipment including medical mask and eye protection (e.g., face shield).
- Clean and disinfect the area immediately after the child with symptoms has been sent home.
- Child care staff and children who were exposed to an individual who **became ill with symptoms** must continue to be grouped together (i.e. cohorted) and monitored for signs and symptoms of illness:
 - Supervisors must inform parents/guardians of children who were exposed to the ill child, and advise that they should [monitor](#) their child for symptoms.
 - Child care staff must not work in other child care settings. They must also be advised to avoid being in contact with vulnerable person or settings where there are vulnerable persons. For example, people living in long-term care homes or retirement homes.
- Child care staff and children exposed to a suspect or **confirmed case of COVID-19** must be excluded from the child care setting for 14 days:
 - These individuals must [self-isolate](#) at home and [monitor](#) for symptoms for the next 14 days.
 - Individuals who have been exposed to a confirmed case of COVID-19 should be tested as soon as any symptoms develop.
 - If asymptomatic, individuals who have been exposed are also encouraged to get tested any time within 14 days of the potential exposure. They will need to continue to self-isolate for 14 days even if the test is negative.
- Child care staff and children who are being managed by the health unit (e.g., confirmed or probable cases of COVID-19, close contacts of cases) must follow BCHU instructions to determine when to return to the child care centre/home:

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- Staff must also report to their occupational health and safety department prior to return to work when applicable.
- Clearance tests are not required for staff or children to return to the child care centre.

11. Report cases and outbreaks to Brant County Health Unit

Child care centres must immediately report the following to BCHU by calling **519-753-4937** during work hours (8:30 a.m. to 4:30 p.m., Monday to Friday) or after hours.

- Cases of suspected cases (e.g., one or more children or staff with COVID-19 symptoms **or who have been recommended or have been tested for COVID-19**).
- Cases of COVID-19 among staff or child attendees that are laboratory-confirmed or probable (symptoms occurring among a staff or child who has been exposed to a person with confirmed COVID-19).

12. Modify and increase communication with families/guardians and other stakeholders

- Develop and implement communication platforms to provide program information and protocols on health and safety measures (e.g., screening practices, physical distancing, staying home if you are sick). Communication platforms may include the websites, email, or social media accounts.
- Use telephone or video conferencing when possible for meetings between child care staff and with parents/guardians **(e.g., child updates, virtual tours for new attendees, etc.)**.
- Post signs at all entrances instructing participants and their families not to enter if they are sick.
- Communicate with stakeholders such as building owners/property managers (e.g., child care programs that operate in shared spaces in schools or apartment buildings) on a routine basis to provide updates about policies and procedures and to align any gaps or concerns regarding IPAC practices.
- The Brant County Health Unit will provide further advice about information that should be shared with other staff and parents/guardians in the event there is a case or outbreak of COVID-19 in the child care setting.

13. Worker Health and Safety

- Employers must provide written measures and procedures for staff safety, including for IPAC.
- Ontario has general information on [COVID-19 and workplace health and safety](#) on employers' responsibilities and how to protect workers at work.
- Workers can also get information about [health and safety protections](#) at the workplace.
- Additional health and safety guidance for employers of child care centres is available from the Public Services Health & Safety Association [website](#).

More information

For more information, visit our [website or](#) call us at 519-753-4937.

References

Centres for Disease Control and Prevention (2020). *Detailed Disinfection Guidance: Interim Recommendations for U.S. Households with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19)*. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html>

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