



Policies and Procedures during COVID-19 Outbreak

This policies and procedures are intent to provide clarification on operating child care programs with enhanced health and safety guidelines during the COVID-19 outbreak.

LICENSING REQUIREMENTS

Group Size and Ratio

- Child care settings are permitted to operate using maximum group sizes as set out under the CCEYA.
- Staff and students completing post-secondary placements are not included in the maximum group size, but should be assigned to a specific group as much as possible.
- Children are permitted to attend on a part time basis and must be included in the maximum group size for the period of time they are in attendance. As with children attending full time, children attending part time should be included in one group and should not mix with other groups.
- While groups are permitted to return to the previous maximum group size under the CCEYA, each group should stay together throughout the day and as much as possible should not mix with other groups.
- Ratios will be maintained as set out under the CCEYA.

Staffing

- Staff and post-secondary students should work at only one location.
- Supervisors and/or designates will limit their movement between rooms, doing so when absolutely necessary.
- Interaction with multiple groups should be avoided as much as possible. Supply/replacement staff will be assigned to specific group to limit staff interaction with multiple groups of children.
- Students on field placement should be assigned to a specific licensed age group.
- Each group will have the required number of qualified staff as set out in the CCEYA.
- Staff who has received director approvals 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.
- All staff will continue to meet requirements in obtaining a valid certification in first aid training Level C and Vulnerable Sector Checks in a reasonable amount of time.

HEALTH AND SAFETY REQUIREMENTS

Cleaning and Sanitization

- Frequently touched surfaces should be cleaned and disinfected at least twice a day as they are most likely to become contaminated (for example, doorknobs, water fountain knobs, light switches, toilet and faucet handles, electronic devices, and tabletops).
- Continue to follow local public health advice regarding best practices for cleaning and disinfecting blankets, sleeping mats, toys and equipment.
- Checking expiry dates of cleaning and disinfectant products and following the manufacturer's instructions.
- Have a cleaning and disinfecting log to track and demonstrate cleaning schedules.
- Shared space or equipment (i.e., washrooms or shared objects), should be cleaned in between each use and only one group at a time should access the shared space/equipment.
- Where an individual is suspected of having COVID-19 in the child care setting: Establish a protocol to determine contaminated areas and carry out cleaning and disinfection, including timing, when to return to use, methods of cleaning, PPE to be used while cleaning, and waste disposal.
 - Identify areas that may require cleaning plus disinfection (items used by the individual and all surfaces within 2 metres of the ill person) versus cleaning alone (such as a hallway or room where the individual has passed through).
 - Use disposable cleaning equipment, such as disposable wipes, where possible.

- Remove all items that cannot be cleaned (paper, books, etc.) and store them in a sealed container for a minimum of 7 days.
- A focus on proper hand hygiene before and after using shared play structures is advised.

Use of Mask and Personal Protection Equipment

- All adults in the centre are required to wear medical mask and eye protections (i.e. face shield or goggles) 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).
- The use of medical masks and eye protection is for the safety of child care staff 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).
- All younger children (grade 3 and below) are encouraged but not required to wear a non-medical mask or face covering while inside a child care setting, including in hallways.
- Masks are not recommended for children under the age of two.
- Masks are exempted for children with medical conditions such as asthma as per doctor's request (please bring doctor's note).
- All other adults (i.e. parents/guardians, and visitors) are required to wear a face covering or non-medical mask while inside the premises.
- Parents/guardians are responsible for providing their child(ren) with a non-medical mask(s) or face covering each day and should be reminded that if children are wearing masks, they will require a way to store their mask when not in use.
- Masks should be replaced when they become damp or visibly soiled.
- Refer to Public Health Ontario resources for how to properly wear and take off masks and eye protection.
- The use of masks is not required outdoors for adults or children if physical distancing of a least 2 metres can be maintained between individuals.
- Staff on break may remove their mask to eat as long as a minimum of 2 metres can be maintained from individuals.
- Wash hands before donning the mask and before and after removing the mask.
- Perform and promote frequent, proper hand hygiene (including supervising or assisting participants with hand hygiene). Hand washing using soap and water is recommended over alcohol-based hand rub for children.

Screening for Symptoms

- All individuals must self-screen every day before arrival at the child care setting from <https://covid-19.ontario.ca/school-screening/>.
- Individuals who do not pass the screening are not permitted to attend the program and must stay home.
- 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.
- Screeners should take appropriate precautions when screening and escorting children to the program, including maintaining a distance of at least 2 meters (6 feet) from those being screened, or being separated by a physical barrier and wearing personal protective equipment (i.e., surgical/procedure mask and eye protection (goggles or face shield)).
- Alcohol-based hand sanitizer containing at least 60% alcohol content should be placed at all screening stations. Dispensers should not be in locations that can be accessed by young children.
- All child care licensees must maintain daily records of screening results.
- Records are to be kept on the premises.

Attendance Records

- Daily records of anyone entering the centre and the approximate length of their stay (such as cleaners, people doing maintenance work, people providing supports for children with special needs, those delivering food).
- Records are to be kept on the premises.
- Records (e.g. name, contact information, time of arrival/departure, screening completion/result, etc.) must be kept up-to-date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak.

Testing Requirements

- Staff will follow the requirement for routine testing in a child care setting as per Ministry of Health and Toronto Public Health.

Evaluating children who present symptoms during screening or while in care

- Symptoms (e.g. runny nose, congestion) may be evaluated by home child providers or child care staff (in consultation with their supervisor) to determine if isolation and exclusion is required. The following information may be considered when evaluating a child's symptoms:
 - Daily screening results.
 - Information provided by the parents/guardian about the child's baseline health and other known underlying conditions (e.g. allergies, anxiety, asthma).
 - Daily observations made by staff that care for the child (e.g. identifying a new or worsening cough, or differentiating between a runny nose that is persistent as opposed to one that subsides and is likely caused from returning inside from the cold).
 - Alternative assessments by a physician or a health care practitioner regarding symptoms (if available).
- Refer to the *COVID-19 Decision Tool for Child Care (child attendees)* for further information.

Isolate children and staff/early childhood education students that become ill

- It is recommended that child care staff/student, home child care providers, and children with symptoms of COVID-19 go to an assessment centre for testing as soon as possible, and to self-isolate at home until their result is available.
- If a child/staff or early childhood education student becomes ill with symptoms associated with COVID-19 while in care, immediately separate them from the rest of their group in a designated room (or space in a home child care setting).
- For ill children:
 - Provide supervision until they are picked-up.
 - Notify parents/guardians or emergency contacts to pick up the ill child as soon as possible.
 - Children older than two years should wear a medical 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 PPE, including a surgical/procedure mask (i.e. medical mask) and eye protection (e.g. face shield, safety glasses and goggles).
 - Clean and disinfect the area immediately after the child with symptoms has been picked-up.
 - Establish a protocol to determine contaminated areas and carry out cleaning and disinfection when an individual is suspected of having COVID-19 in the child care setting:
 - Identify areas that may require cleaning plus disinfection (items used by the individual and all surfaces within 2 metres of the ill person) versus cleaning alone (such as a hallway or room where the individual had passed through).
 - Use disposable cleaning equipment, such as disposable wipes, where possible.
 - Items that cannot be cleaned and disinfected (e.g. paper, books, cardboard puzzles) should be removed from the program and stored in a sealed container for a minimum of seven days.
- The designated room/space must have a handwashing sink or hand sanitizer (70-90% alcohol concentration) available.
- Provide tissues to the ill individual to help support respiratory etiquette.
- Open outside doors and windows to increase air circulation in the area if it can be done so safely.
- Child care staff and children who have been 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:
 - Child care staff/students must not be assigned to other groups/cohorts or 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 people.
 - Child care staff must ensure that mixing of children is prevented.
 - Supervisors must inform parents/guardians of children who were exposed to the ill individual, and advise that they should monitor their child for symptoms.
- Refer to *COVID-19 Interim Decision Guide for Child Care Operators to Direct Cohorts to Self Isolate*.

Return to care for children with symptoms

- If an ill child who has not been exposed to someone with COVID-19 has a negative test result:
 - They may return to the setting 24 hours after their symptoms start improving, the child is well enough to participate in program activities and they pass screening.
- If an ill child who has not been exposed to someone with COVID-19 is not tested:
 - The parent/guardian should ensure that the symptomatic child self-isolates for 10 days from the date their symptom(s) started, and contact a health care provider for further advice or assessment, including if the child needs a COVID-19 test or other treatment.
 - The child may return to child care setting after 10 days if they do not have a fever (without taking medication), their symptoms are improving for 24 hours and the individual is well enough to participate in program activities.
- Child care operators may allow symptomatic children that have not been tested to return to care based on an alternative assessment made by a physician or health care practitioner regarding symptoms or the determination that COVID-19 testing is not required.
 - Medical notes are not recommended or required by Toronto Public Health.
 - Parents can complete a Return to Child Care Confirmation Form to provide to the child care operator/home child care provider to confirm the child is well and may return to school.

Individuals with a laboratory confirmed positive COVID-19 test

- Child care staff/students and children must stay home and self-isolate for 10 days from the day their symptoms first appeared (or from the date of their positive laboratory test, if they did not have any symptoms).
- They may return to the child care setting after 10 days if they do not have fever (without use of medication) and their symptoms have been improving for 24 hours or longer.
- Child care staff and children who are being managed by TPH must follow TPH instructions to determine when to return to the child care centre/home:
 - 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.

Close contacts of someone with COVID-19

- Child care staff/students and children (i.e. contacts) exposed to a confirmed case of COVID-19 must be excluded from the child care setting for 14 days from the day of their last exposure:
 - 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 get tested.
 - Staff and children who were exposed to a confirmed case of COVID-19 will need to continue to self-isolate for 14 days even if their test is negative.
- Refer to COVID-19 Interim Decision Guide for Child Care Operators to Direct Cohorts to Selfisolate.

Report laboratory-confirmed cases of COVID-19 to Toronto Public Health

- Must immediately report laboratory-confirmed cases in child attendees, child care staff, early childhood education students that attend the child care setting to Toronto Public Health by completing the Toronto Public Health COVID-19 Notification Form for Child Care Settings.
- Additional support can be accessed by calling TPH at 416-338-7600 during work hours (8:30 a.m. to 4:30 p.m., Monday to Friday) or 3-1-1 after hours or by emailing publichealth@toronto.ca.

Serious Occurrence Reporting to Ministry of Education

- 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*.

- 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.
- 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.
- All staff must be informed if there is a positive COVID case in their workplace.

Outbreak Management

- An outbreak may be declared by the local public health unit when 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) where at least one case could have reasonably acquired their infection in the child care setting within a 14-day period.
- The local public health unit will work with the licensee to determine whether epidemiological links exist between cases and whether transmission may have occurred in the child care setting.
- If the local public health unit declares an outbreak, they will determine what happens next. This could include closing particular child care rooms or cohorts or an entire child care setting.
 - The public health unit will help determine which groups of children and/or staff/providers need to be sent home or if a partial or full closure of the child care setting is required.
 - If the public health unit determines that partial or full closure of the child care setting is required, the licensee must revise their existing serious occurrence report for a confirmed COVID-19 case to include information about the closure.

OPERATIONAL

Communication with Families

Communicate with families electronically (avoid in-person), regarding the latest changes to the COVID policies and procedures to ensure they are aware of these expectations, including keeping children home when they are sick, which are aimed at helping to keep all children and staff safe and healthy.

Parent Fees

- Enrolment fee will not increase due to COVID and will be kept at the level they were at prior to the closure.
- Shall a child need to be isolated due to COVID as per request from Public Health or doctor, their fee will be prorated.
- Shall a child need to stay home because they are unwell (answered “yes” to only one of the symptoms included under question 2 from the COVID Screening Tool for Child Care), the fee will not be prorated.
- Where a child who was receiving care in a child care centre immediately prior to the closure is offered a child care space for September 1, 2020, or later, parents will have 14 days to accept or decline the placement.
 - If the placement is accepted, child care licensees 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 licensees may offer the placement to another child.

Staff Training

Staff are updated and inform on the latest changes in the COVID policies and procedures, such as on how to properly use PPE, how to properly clean and disinfect the space and equipment, how to ensure daily screening is completed, how to keep daily attendance records, and what to do in the case that someone becomes sick, including how and when to report.

In-Program Changes under COVID-19

Drop-Off and Pick-up Procedures

- All children will be entering from the main entrance for screening.

- Parents should not go past the screening area.
- All entrances should have alcohol-based hand rub with a concentration of 60-90% available with signage demonstrating appropriate use.
- 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.
- Personal belongings (e.g., backpack, clothing, etc.) should be labeled and minimized. If brought, belongings should be labeled and kept in the child's cubby.
- All strollers will be placed outside of the building (a bike lock is recommended) or be take home.

Visitors

- There should be no non-essential visitors at the program.
- Students completing post-secondary educational placements will be permitted to enter child care settings and should only attend one child care setting and be assigned to one group of children.
- Students will also be subject to the same health and safety protocols as other staff members such as screening and the use of PPE when on the child care premises, and must also review the health and safety protocols.
- The provision of special needs services may continue and licensees may use their discretion to determine whether the services being provided are essential and necessary at this time.
- Use of video and telephone interviews should be used to interact with families where possible, rather than in person.
- Ministry staff and other public officials (e.g. fire marshal, public health inspectors) are permitted to enter and inspect a child care centre, home child care agency and premises at any reasonable time.
- As much as possible, parents should not go past the screening area.
- There will be no volunteers at the program.

Space Set-Up and Physical Distancing

- Each group must have their own assigned indoor space, separated from all other groups by a physical barrier. The purpose of the barrier is to reduce the spread of respiratory droplets that are thought to transmit COVID-19 and to reinforce physical distancing requirements between groups. The physical barrier must begin at the floor and reach a minimum height of 8 feet to ensure that it will always be 12 inches taller than the tallest person in the facility. It must be as wide as the space/room will allow.
- When in the same common space (e.g., entrances, hallways) physical distancing of at least 2 metres must be maintained between different groups and should be encouraged, where possible, between children within the same group by:
 - spreading children out into different areas, particularly at meal and dressing time;
 - incorporating more individual activities or activities that encourage more space between children; and
 - using visual cues to promote physical distancing.
- In shared outdoor space, groups must maintain a distance of at least 2 metres between groups and any other individuals outside of these groups.
- Greater distance between cots or place the children head to toe or toe to toe if the space is limited.
- Shared spaces and structures that cannot be cleaned and disinfected between groups will not be used.
- Recognizing that physical distancing is difficult with small children, we plan to:
 - implement activities that do not involve shared objects or toys;
 - when possible, moving activities outside to allow for more space; and
 - avoiding singing activities indoors.

Equipment and Toy Usage and Restrictions

- Only toys and equipment which are made of materials that can be cleaned and disinfected are made available during the COVID period.
- Toys and equipment are cleaned and disinfected between groups.
- Mouthed toys should be cleaned and disinfected immediately after the child is finished using it.
- Designated toys and equipment (e.g., balls, loose equipment) are made available for each room of children. Where toys and equipment are shared, they are cleaned and disinfected prior to being shared.
- When and if sensory materials (e.g., playdough, water, sand, etc.) are offered, they are provided for single use (i.e. available to the child for the day) and labelled with child's name, if applicable.
- Play structures can only be used by one cohort at a time.

Outdoor Play

- Outdoor play will be divided in smaller groups in order to facilitate physical distancing.
- If play structures are to be used by more than one group, the structures can only be used by one cohort at a time and should be cleaned and disinfected before and after each use by each group.
- Where toys and equipment are shared, they should be cleaned and disinfected prior to being shared.
- Alternate outdoor arrangements (e.g. community walk), where there are challenges securing outdoor play space.
- Children should bring their own sunscreen where possible and it should not be shared.
- Staff may provide assistance to apply sunscreen to any child requiring it and should exercise proper hand hygiene when doing so (e.g., washing hands before and after application).

Interactions with Toddlers

- When holding toddlers use blankets or cloths over clothing and change the blankets or cloths between children.
- Recognizing that physical distancing is difficult with small children and to support physical distancing we will try to:
 - planning activities that do not involve shared objects or toys; and,
 - when possible, moving activities outside to allow for more space.
- Children must not share food, feeding utensils, soothers, bottles, sippy cups, etc. Mouthed toys must be removed immediately for cleaning and disinfecting and must not be shared with other children.
- Label these items with the child's name to discourage accidental sharing.

Food Provision

- There is no self-serve or sharing of food at meal times.
 - Utensils should be used to serve food.
 - Meals should be served in individual portions to the children.
 - There should be no items shared.
- There should be no food provided by the family/outside of the regular meal provision of the program (except where required and special precautions for handling and serving the food must be put in place).
- Children should neither prepare nor provide food that will be shared with others.
- Ensure proper hand hygiene is practiced when staff are preparing food and for all individuals before and after eating.
- Where possible, children should practice physical distancing while eating.
- There should be no sharing of utensils.

Provision of Special Needs Resources (SNR) Services

- The provision of in-person special needs services in child care settings should continue where appropriate and licensees may use their discretion to determine whether the services being provided are essential and necessary at this time.
- Please work with special needs service providers to explore alternative modes of service delivery where in-person delivery is not possible.
- All SNR staff must screen before entering the child care setting and must follow all health and safety measures that staff/providers follow, including having their attendance logged, practicing proper hand hygiene, wearing a medical mask and eye protection, and maintaining physical distancing as much as possible.
- Licensees and SNR service providers should work together to determine who will be responsible for ensuring SNR staff have appropriate PPE.
- Where SNR services are provided through external staff/service providers, licensees and home child care providers should inform all families of this fact, and record attendance for contact tracing purposes.