

**Event:** Halton's Emergency Child Care Panel Presentation, hosted by The Halton Resource Centre

**Event Date:** June 17, 2020 - 7:00pm-9:00pm via Zoom - Link to Zoom recording:

<https://youtu.be/IKoF5BCSzA0>

**Panelists:** Sandy Palinski (Halton Region), Wendy Harper (Sedgewick Crescent Regional Child Care Centre), Carol Caddo (Brightpath), Jennifer Heard (Building Blocks Montessori and Preschool), Stacey Avramopoulos (Building Blocks Montessori and Preschool), Rosanne Cascella (Today's Family), Dr. Deepika Lobo (Halton Region)

**Moderators:** Rebecca Barrows-Vrankulj (MCRC), Ruth Anne Wollaston (THRC), Melanie Cunha (THRC)

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### Panel Objective

The Halton Resource Centre (THRC) hosted a virtual panel discussion featuring the experiences of licensed child care providers in Halton that provided emergency care during the pandemic. This discussion was an opportunity to listen firsthand to their experiences and inform the process of licensed child care centres reopening under enhanced health and safety requirements as part of Ontario's Stage 2 of reopening. Panelists shared their experiences and then fielded questions by participants.

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### Panelist Bios

#### **Sandy Palinski, Director of Children's Services at Halton Region**

Sandy is the Director of Children's Services for Halton Region. She has been in the position for 3 years, and prior had a long career with Ontario Public Service. She was the Director of Child Welfare Operations and has also spent time working in youth justice and special education.

#### **Wendy Harper, Supervisor at Halton Region Children's Services – Sedgewick Crescent Regional Child Care Centre**

Wendy has been with Halton Region Children's Services for 22 years. She was responsible for the emergency childcare centre in Oakville where they provided high quality care to essential workers. Wendy is a RECE with an Honours Bachelor of Science in Early Education and has a resource consultant's certificate.

#### **Carol Caddo – BrightPath Oakville**

Carol is the Director of Operations at BrightPath, which has 50 centres in Ontario and operates in 9 regions. Carol is originally from the UK and has been in the childcare field for over 36 years and with BrightPath for 26 years.

#### **Jennifer Heard & Stacey Avramopoulos – Building Blocks Montessori and Preschool**

Jennifer is the owner and operator of Building Blocks Montessori and Preschool, which has two locations in Milton (Bronte Street and Fourth Line). These centres have been operating for 17 and 10 years. Stacey is the centre supervisor for the Fourth Line location and has worked at that location for 10 years.

**Rosanne Cascella, Associate Director – Today’s Family Early Learning and Child Care**

Today’s Family is a 37 year old organization providing childcare in licensed centres and licensed homes in 3 municipalities (Halton, Hamilton and Haldimond Norfolk). Today’s Family has been providing emergency childcare since mid-March in Hamilton and Hamilton in many of our licensed homes.

**Dr. Deepika Lobo, Associate Medical Officer of Health – Halton Region**

Dr. Lobo is the medical lead for the COVID-19 response for Halton Region. She completed her residency in Public Health and Preventative Medicine, and Masters of Business Administration from McMaster University. She ordinarily runs the portfolio of Environmental Health and Communicable Disease for the Region but is currently exclusively focused on the COVID-19 response.

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**Panel Introduction**

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Sandy Palinski, Director of Children's Services at Halton Region, kicked off the panel discussion. A summary of the discussion included:

- Child care centres have seen substantial disruption and changes during Stage 1 of emergency child care services, which will end on June 26, 2020.
- [Operational guidelines](#) have been developed and shared by the Ministry of Education, and a funding model is forthcoming.
- CMSM has provided a funding memo and teleconferences are scheduled for June 25th to address any questions. Any additional funding questions should be emailed to Satinder Klair, Manager of Systems Planning and Evaluation - Halton Region at [Satinder.Klair@Halton.ca](mailto:Satinder.Klair@Halton.ca)

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**Summary of Questions & Answers**

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Please note the following Q&As reflect what was captured from the Emergency Child Care Panel discussion held on [June 17, 2020](#). Please also note that guidelines and requirements can change quickly and as a result some of the content here may already be out of date. Readers should refer to the [Ministry of Education](#), [Halton Region Public Health](#) and [Children’s Services](#) for the most current information. **Also, please refer to the [Reopening Memo](#) and more detailed [Q&As by Halton Region](#).**

**1. How is screening done at your facilities?**

For child care centres, screening tables are set up outside the building. If a safe area is not available outside the centre, the screening should be set up immediately inside the doors. Screeners wear

masks and complete a daily screening log. Parents do not enter the building. Some centres have parents call in when they arrive, and screening is done over the phone.

Once screening is completed, staff escort child(ren) into the building. Staff ensure children have washed their hands before entering the classroom, and children are encouraged to frequently wash hands throughout the day.

For licensed home care, screening for COVID-19 is done in a designated area of the home and includes screening questions and temperature checks. Temperature checks may be done by the provider or the parents. Some providers have asked parents to provide a thermometer to use, and they are either taken home by parents or left in children's bags.

## **2. What do you do on rainy days if the screening table is outdoors?**

Tables remain outside and centres are not allowing parents to come inside. In some centres, awnings are used over tables and families can bring umbrellas if necessary. Screening procedures are fairly quick, especially after the parents have learned the process. Staff escort the children from the screening table inside the facility.

## **3. Does the staff who escorts the child into the building enter into different cohorts? Do they wear PPE to transition the child out to the centre?**

Staff who escort children avoid entering the classroom and only go as far as the doorway to let the classroom staff know the child has arrived. The screener does wear PPE if they are not able to properly distance themselves. At some centres, families have been calling in the mornings to help with the screening process and the children seem to learn the process quickly. Parents also haven't been expressing any concerns about having to line up and have been very cooperative and understanding about the process.

## **4. Have any centres used technology (e.g.: Google Forms) to manage the screening process? For example, having children screened at home, prior to coming to the centre?**

Yes. Families can send in an electronic screen to the centre prior to arriving, especially in cases of language barriers. Families can also answer the questions at home and then bring the form with them. While screening can be done online or in person, Public Health recommends active screening when possible.

## **5. When we do the screening, do we have to read all the symptoms in the reference documents?**

It is recommended to ask about typical symptoms of COVID-19. The list of typical COVID-19 symptoms will be updated as awareness increases. A poster will be provided by Public Health that will assist with listing the symptoms. Screening tools will likely improve and become easier over time.

**6. What if the child's temperature is 37.7 degrees? Can we take the child even if it is not 37.8 degrees?**

The answer to this depends on the centre as there is some variability in this situation. Some people's temperatures can naturally fluctuate in this range (not due to illness) so it's a judgement call. Some centres will opt to send the child home to be on the safe side and some may choose not to. It's more of a policy decision in this situation than a clinical call.

**7. Do we do temperature checks on staff and children throughout the day and do parents need to get their temperature checked even though they are not entering the building?**

Parents do not have to get their temperatures checked. Only the person entering the building will need to have their temperature checked. We check temperatures in the morning before staff begin their shift and before the children start their day. If someone is sick or appears sick during the day, it is recommended you check their temperature again.

**8. What happens if 2/3 of the staff failed the screen in the morning, who would cover?**

If that happens, centres would use available staff/supply staff to cover and should contact the Public Health department. Public Health would start an investigation and would advise further.

**9. What steps did you take to ensure the health and safety for children and staff?**

A wide variety of steps were employed by the emergency child care centres (and home licensed care providers) such as ensuring centres/homes met new safety protocols, providing virtual training to staff on procedures, screening and sanitization prior to care commencing. Providers were provided with PPE and sanitizer and staff were tested for COVID-19 across the board during the emergency model. Testing will not be required for reopening in phase 2. Other measures included minimizing the number of children in care, removing carpets if possible, removing soft materials and excess toys and choosing items that could be sanitized properly and without damage (as wood materials, for example, don't stand up to the process). Staff who were immune compromised were not asked to work in the emergency child care centre. Centres ensured that Public Health was notified if anyone showed symptoms of COVID-19, and followed the process to report suspected or confirmed cases of COVID-19 as a serious occurrence.

**10. What if one of the family members has symptoms of illness? What would happen to the child in care?**

If parents are exhibiting signs of illness, they should not be bringing their children to care. They would need to call Public Health. If the parent is getting tested, the child should not be allowed into care. It is important to obtain direction from Public Health in this situation.

**11. What happens if parents are delayed in picking up a symptomatic child? Is there a minimum pick up time?**

This varies from centre to centre. Centres will need to communicate to their parents that ill children must be picked up immediately. For parents who commute far distances, alternative arrangements will need to be made (e.g. using emergency contacts that are nearby).

**12. How do you clean and disinfect surfaces or items?**

A deep cleaning of the centre was done prior to opening. For daily cleaning and disinfecting, centres should use the 3-Step method:

- 1) Wash with soap and warm water
- 2) Rinse with water
- 3) Disinfect with a 1:9 bleach and water solution or an approved commercial disinfectant

Wash/rinse/disinfect toys and all touch points.

**13. How do you clean toys to prevent the spread of the virus?**

Toys can be cleaned using the 3-step process mentioned above (Q-12). As mentioned, it's recommended to select plastic items and more durable materials (vs. wood for example), and to remove carpets if feasible. Toys and materials that cannot be easily disinfected (e.g. pillows, dolls clothing, puppets, etc.) should be removed. Shared sensory activities (e.g. sandboxes and water tables) are not permitted. Note that removing carpets isn't always feasible in home child care but in that environment it is suggested to remove plush toys, hard to clean items, and to recommend more individual oriented toys. Reduce the number of toys. Less is more.

**14. What other steps do you incorporate to help stop the transmission of COVID-19?**

Other steps that were taken by emergency care providers included inspection of centres by Public Health prior to opening, but this isn't necessary under phase 2 reopening. Providers should focus on frequent hand washing with children/staff and be strict about what is brought into the centre by children/staff. Only necessary items from home should be brought into the centre, and must be disinfected upon arrival. Keeping children's necessary personal items onsite instead of sending home every day is helpful. For example, extra clothing that is used can be washed onsite (if a washer is available) instead of being sent home to launder.

**15. Where did you obtain the required personal protection equipment?**

Cloth masks can be sewn, and PPE is available through Roy Turk, Amazon, and the Dollar Store. In addition, the Ontario Together Portal has a [Workplace PPE Supplier Directory](#) that lists Ontario businesses that provide personal protective equipment. Stocking up on PPE is prudent as sourcing can be challenging. Should operators have challenges sourcing PPE prior to opening, please contact: [childcareservices@halton.ca](mailto:childcareservices@halton.ca)

**16. How are you serving lunch to the children and are they packed lunches or catered?**

The centres providing emergency care prepared meals and snacks onsite, but there were changes in the way it was served. Self-serve is not permitted and teachers or cooks should plate all food and drinks. The cook should not enter the room. Seating children in a distanced way at the table as much as is possible is also recommended while still encouraging socialization and conversation.

**17. For part-time children, does the cohort have to be the same throughout the week?**

If two children are sharing the one spot, this still counts as 2 children out of the cohort of 10. Please keep this in mind as you are enrolling the children. The cohort requirements relate to reducing exposure.

**18. People have asked if the ratio has changed and what is the new normal?**

The staff to children ratios have not changed and the ratios outlined in the Child Care and Early Years Act must still be followed. Cohort requirements limits groups of staff and children to 10, but if a room has a licensed capacity of less than 10 then that must be adhered to (e.g. if the infant room is licensed for a maximum of 6 infants, they cannot exceed that). The Ministry will be reviewing the guidelines regarding cohorts and group sizes in/around August and may have changes by September.

**19. What do you do with children or staff suspected to have COVID-19?**

If a child shows symptoms, parents would be called and the child(ren) would be isolated in another room away from others and supervised by one staff. Isolation rooms should be stocked with gloves, hand sanitizer and face masks and children older than two years should be encouraged to wear a mask (if tolerated) and if they can use it properly (i.e. avoid touching it while it's on, able to put it on and off carefully). If the child cannot be moved to a separate room, they should be placed in an area of the classroom or home where they can maintain as much distance as is possible. The area the child was in, and items they come in contact with, would be sanitized once they are picked up. If a child/staff is symptomatic, they have to get tested. If the test is negative, they can return 24 hours after symptoms subside. If the test is positive, they will have to remain in isolation for 14 days. If a child/staff is symptomatic and refusing testing, they can return if their physician provides a doctor's note saying this is not COVID-19. If not, they will have to isolate for 14 days. You only need to report to Public Health if there is a positive or indeterminate test result.

**19a. Will testing be required every time a child or staff member is sick?**

For now, the direction from the Ministry is yes. Testing is required every time an individual develops new symptoms. For example, if the child was symptomatic this week and had a negative test, they can return when symptoms resolve. If they get sick again next week, they will have to be isolated and get tested again.

## **20. How often were staff tested for COVID-19?**

Under the emergency care model all staff were tested for COVID-19, but this isn't required under Stage 2 reopening.

## **21. How do you support your staff?**

Staff can be supported in a number of ways. First by reassuring them infection control and pandemic policies already existed and this new model is just an enhanced version of what was already there. Provide your staff with training on the new protocols, and new guidelines available from the Ministry of Education and Ministry of Health to assist child care centres. Staff can be anxious so support, training and communication are important and can take place in a number of ways (such as via Zoom, individual meetings, or by email).

## **22. How are centres managing lunch and breaks for staff with the cohort rules? Are staff allow to leave centre and come back? What would be required of them? Are staff allowed in multiple rooms and how to manage the number of staff in the building?**

During the emergency care model, some centres staffed using shorter shifts (e.g. one staff in the morning, and another staff in the afternoon) to minimize the need for break and lunch coverage. Others had two staff in a room (e.g. 2 staff with 8 preschoolers) which allowed the staff to cover each other. It is recommended to minimize staff going in and out of a classroom where possible, and to limit the movement of staff between cohorts.

## **23. How many staff do you need per room? With 10 to one cohort, does that mean 8 children and 2 staff? Do we need to count for others in the building?**

Centres were assigning 8 preschool children and 2 staff, which ensured they will not need anyone else to cover them for breaks. For toddler, it was up to 8 children and 2 staff. It should be noted that resource consultants and other special support services are not counted towards the 10. The Region will have more directions early next week with regard to support for children with special needs.

## **24. With the limited circulation with staff, for the early morning and late days, are centres adjusting their hours from 7-6, to account for the staffing?**

It was recommended that families be surveyed to determine needs, which will help with scheduling and determining hours.

## **25. What are the protocols for rugs and carpets in the classroom?**

Some centres were guided to remove rugs by inspectors and some indicated that carpets needed to be steamed cleaned daily. It depends on your local health inspector. In Halton Region there is no requirement for carpets to be steam cleaned daily other than what is appropriate for the centre (i.e.

enhanced cleaning of an area affected by fecal and vomit accident). However, if there is confirmed or probable cases of COVID-19, centres should undertake enhanced cleaning and sanitizing of the affected areas (which could include the use of steam cleaning).

**26. What are the specific materials that we need to remove? There was talk about taking out stuffy, soft materials, but what other materials do we need to remove from the classroom?**

It is recommended to remove anything that cannot be easily cleaned and disinfected, including natural and wood items without a protective coating (e.g. varnish). Large sensory bins should be removed. Where possible, books should be limited to those that can be wiped down like (eg. board books). For creative materials, individual art kits can be created for each child with their own markers, crayons, etc. to minimize sharing of materials. Be cautious with board games with pieces like dice, or with balls that are rolled back and forth. Again, individual activities are advocated as is the “less is more” with regard to the number of toys made available at one time. With a reduced number of children in the classroom, the number of toys made available can also be reduced. This will allow for staff to rotate toys and provide time for used toys to be washed and disinfected.

**27. Are children required to physical distance? How is social distancing encouraged?**

Within the same cohort of 10 people, if the cohort can be kept consistent for a few months, then physical distancing between kids can be relaxed. If cohorts change on weekly basis, then maintaining physical distancing as much as possible is good practice.

Mixing between different cohorts must be avoided.

Social distancing can be encouraged by encouraging individual play where possible, but it is also understood that children will interact and socialize. Staff can use visual cues to help encourage distancing, like using spaced out mats for children to sit on during group time. Excess chairs can be removed from the table so to limit the number of children sitting in one area. Bins of Legos or blocks can be divided into multiple smaller bins to encourage children to play alongside each other without sharing the same materials. Other ideas brought forth included using every other cubby to encourage distancing when dressing for outdoors and to ensure their personal belongings do not come in contact. Older children understand these concepts better and will know they need to stay apart from their friends. Children appear to be adapting well to these measures.

**28. Does physical distancing apply to siblings in different programs?**

Because the guidelines are stringent with the cohorts, they cannot be combined. Siblings will arrive together and leave together, but throughout the day the groups are not allowed to come in contact with each other. Where age groups allow, you may want to consider placing siblings in the same cohort.



**29. What are the barriers that need to be used between a staff and a child? How to deal with children that have health issues like asthma?**

To pick up or console the children, receiving blankets can be used as a barrier (draped over the educator's shoulder). To protect staff the child's face can be turned away from the staff. Children with asthma would have a medical plan with pictures and their medications stored away and the Child Care and Early Years Act would be followed. Make sure not to share the same receiving blankets and ensure you have a place to safely store them away. Wear proper PPE when taking child from parents.

**30. The use of play pens and pack and play in an infant room. How to physically distance when you must change a diaper and put a child in a play pen? Is there something put in place for infant rooms during this pandemic?**

Physical distancing is not possible with infants. The Ministry recognizes that with children in a childcare setting it is difficult to distance and it encourages child care staff and providers to maintain a welcoming and caring environment. Even though we want to encourage physical distancing when possible, we know we cannot provide the care that is necessary for infants and toddlers if we distance. That is why the screening process is key in providing a secure sense that you are dealing with children that are well.

**31. So, if children are washing their hands between activities, does the toy need to be washed before the next child plays with it even though it did not go in their mouth?**

Emergency care providers have not been washing the toys between children, but did sanitize toys twice a day and encouraged frequent hand washing. Any toys that were in a child's mouth should be removed as soon as they are finished with it, and washed/disinfected before returning to the classroom.

**32. Are masks and eye protection being used in the centres?**

Emergency care providers did have masks on site. Screeners should be wearing masks, and any child with symptoms should wear a mask (if tolerated). Masks have been (and should be) available to educators if they want to wear them and emergency care providers wore them during diaper routines or when they were cleaning.

**33. Do children or staff need a COVID-19 test before coming back to childcare if they showed symptoms? If they showed symptoms do they need to take 14 days off? Can someone please clarify that if a child showed symptoms, would the staff then required to be off until the test comes back and what about the rest of the children?**

Anyone that is symptomatic needs to be sent home and referred to Public Health. If they are tested and the result is negative, they can come back within 24 hours after symptoms have resolved. If

they refuse testing (or are unable to get testing) they need to isolate for 14 days. When someone is symptomatic, child care does not have to call Public Health every time because there are clear guidelines around what needs to be done. When you are doubtful and want guidance, or have questions, then call. Public Health will not ask for contact information. In the event of a positive result, the individual cannot return until Public Health has cleared them to do so. Public Health will also provide guidance on notifying other families, exclusion of contacts, etc.

**34. When setting up an exclusion room for potentially sick children, are you required to have a sink in the room?**

No. Hand sanitizer is required when there is no sink, but it is recommended to have a room with a sink if possible.

**35. It was mentioned that everything was washed on site, but what if you do not have a washer, any ideas?**

It is not a requirement to wash things on site, as long as cleaning happens between uses in an appropriate way, and there is a documented process on how you are going to do it. Check with your local Public Health for more guidance.

**36. Were parents requested to wash children's blankets daily?**

It's ideal to wash the blankets at the centre if possible. If not, then bagging the blankets separately should occur. Bed and cots must be sanitized daily. It's a good idea to minimize things going back and forth and backpacks staying on site all week if possible. Everything is sanitized before entering into the classroom. Parents have been very supportive of this process.

**37. How do you support families with the new normal?**

Communication is key. Centres should be sharing their policies and procedures with families to reassure them that all necessary health and safety precautions are in place. In the emergency centres, supervisors found that phone calls to families were more reassuring than just sending emails. Be prepared to answer a lot of questions and address their concerns as everyone adapts to the new normal.

**38. How do you engage with parents?**

Techniques shared by the panel included virtual communications with parents on exclusion policies and processes, the use of Zoom, email/apps (e.g.: HiMama), sending pictures and talking by phone. All unanimously felt strong communication with parents was key and highly appreciated. Most felt was a rewarding experience, despite the enhanced measures required!