

COVID-19 Public Health Guidelines: Child Care Settings

Last Updated: Sept 28, 2020

The following recommendations are intended to help child care operators and staff, including home care providers and child care centres operating within schools, to reduce the spread of COVID-19. Child care centre operators must ensure that appropriate infection prevention and control (IPAC) measures are implemented and maintained in order to provide safe and healthy child care services. The recommendations and guidance provided in this document must be used, in addition to Halton Region's Child Care Resource Manual ([Part 1](#) and [Part 2](#)) and any guidance from the Ministry of Health and the Ministry of Education, to develop IPAC policies and procedures.

According to the [Ministry of Education's Operational Guidance During COVID-19 Outbreak: Child Care Re-Opening](#), as of September 1, child care settings may return to maximum group sizes as set out under the [Child Care and Early Years Act, 2014](#). Staff and student are not included in the maximum group size, but should be assigned to a specific group where possible.

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.

Policies and procedures

- Develop or update policies and procedures to include measures that will reduce the spread of COVID-19. COVID-19-related policies and procedures must address the following topics:
 - screening
 - attendance reporting
 - grouping staff and 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
- Provide training to staff on revised IPAC policies and procedures.
- Ensure all staff are aware of the [signs and symptoms](#) of COVID-19.

Screening

- Where possible, daily screening should be done electronically (for example, [COVID-19 school screening](#), online form, survey or email) prior to arrival at the child care setting.
- Where an individual does not pass the screening and is not permitted to attend the program, this does not need to be reported to the local public health unit. Public health should be contacted to report a [disease of public health significance](#) (e.g., COVID-19), when the number of children or staff with gastrointestinal symptoms, such as diarrhea or vomiting, exceeds the usual number (baseline) (in general, a report of two or more unexpected cases of gastrointestinal illness within a 48 hour period should be reported), or for additional questions or concerns as needed.

- If the child, staff, student, parent/guardian or visitor has not self-screened prior to arrival, they are required to be screened at the child care setting:
 - Designate an area near the main entrance to conduct screening.
 - Clearly identify the area as an in-person screening station and post [signs](#) in a visible location that explain the screening process and the conditions for entry.
 - Ensure that the area allows for a minimum of two metres (six feet) distance between staff performing screening and the individual being screened or provide a protective barrier (for example, plexiglas) around the screening station. If neither are possible, the screener should wear appropriate personal protective equipment including a non-medical mask and eye protection (for example, goggles or a face shield).
 - Use visual markers (for example, tape on the floor or pylons) to assist children and parents/guardians in maintaining a two metre (six foot) distance from each other while waiting to be screening.
- Actively screen individuals by asking the following questions:
 1. Does the individual have any of the following symptoms?
 - **Fever** (temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher)
 - **Chills**
 - **Cough that is new or worsening** (continuous, more than usual, not related to other known causes or conditions, for example, COPD)
 - **Barking cough, making a whistling noise when breathing** (croup, not related to other known causes or conditions)
 - **Shortness of breath** (out of breath, unable to breathe deeply, not related to other known causes or conditions, for example, asthma)
 - **Sore throat** (not related to other known causes or conditions, for example, seasonal allergies, acid reflux)
 - **Difficulty swallowing** (painful swallowing, not related to other known causes or conditions)
 - **Runny nose** (not related to other known causes or conditions, for example, seasonal allergies, being outside in cold weather)
 - **Stuffy or congested nose** (not related to other known causes or conditions, for example, seasonal allergies)
 - **Decrease or loss of taste or smell** (not related to other known causes or conditions, for example, allergies, neurological disorders)
 - **Pink eye** (conjunctivitis, not related to other known causes or conditions, for example, reoccurring styes)
 - **Headache that's unusual or long lasting** (not related to other known causes or conditions, for example, tension-type headaches, chronic migraines)
 - **Digestive issues like nausea/vomiting, diarrhea, stomach pain** (not related to other known causes or conditions, for example, irritable bowel syndrome, anxiety in children, menstrual cramps)
 - **Muscle aches that are unusual or long lasting** (not related to other known causes or conditions, for example, a sudden injury, fibromyalgia)
 - **Extreme tiredness that is unusual** (fatigue, lack of energy, not related to other known causes or conditions, for example, depression, insomnia, thyroid dysfunction)
 - **Falling down often** (for older people)

- **Sluggishness or lack of appetite** (for young children and infants)

Anyone who answers **YES** to any of the symptoms is not permitted to enter the premise.

2. Has the individual travelled outside of Canada in the past 14 days?
 3. In the last 14 days, has the individual tested positive for COVID-19 or has been in close physical contact with someone who currently has COVID-19?
 4. Has a doctor, health care provider, or public health unit told them that they should currently be isolating (staying at home)?
- Anyone who answers **NO** to all of the questions must use alcohol-based (60-90%) hand rub prior to entering the premise.
 - Anyone who answers **YES** to question 2, 3 or 4 is not permitted to enter the premise as per Halton Region's [class order](#) (question 2) and the federal [Quarantine Act](#) (question 3). Note there are some [exemptions](#) for those who have recently traveled outside of Canada.
 - Maintain a daily record of screening results and ensure they are available on the premise for one year.

Attendance records

- Child care centres must maintain daily records of anyone entering the facility and the approximate length of their stay. The records will be used to facilitate contact tracing if there is a confirmed COVID-19 case or outbreak.
 - Include the following information in the daily records:
 - name of person entering the facility
 - contact information
 - time of arrival/departure
 - screening completion/result
 - Ensure the daily records are available on the premise.

Grouping and staffing

Grouping should be implemented in each child care centre to reduce virus transmission and facilitate contact tracing should there be a confirmed case of COVID-19. A group is defined as a group of children and the staff members assigned to them, who stay together throughout the duration of the program for minimum seven days. Children who attend on a part-time basis should be counted in the total number of individuals in one group, even when they are not attending the program. Students on field placement should be assigned to a specific age group.

- Stagger scheduling to ensure that shared spaces are only used by one group at a time, for example:
 - set specific drop-off and pick-up times for each group
 - create a schedule for the use of play and meal spaces
- If different groups must use the same indoor area (for example, gymnasium), ensure that physical distancing is maintained and that groups do not mix. Consider using temporary physical barriers to prevent the mixing of groups.
- Ensure that staffing is sufficient to have multiple staff assigned to one room over the course of the day without the need to move to another room.

- Permit staff to work in only ONE child care centre.
- Avoid having child care staff cover lunches and breaks for colleagues assigned to different groups.

Physical distancing

- Designate drop-off and pick-up locations outside where a distance of two metres (six feet) between people can be maintained.
- Each group must have their own assigned indoor space, separated from all other groups by a physical barrier. The physical barrier must begin at the floor and reach a minimum height of eight 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.
- In shared outdoor and indoor common spaces groups must maintain a distance of at least two metres (six feet) between groups and any individuals outside of the group.
- Use markings on floors and walls to create visual cues for physical distancing.
- Make use of outdoor spaces to allow for physical distancing.
- Use different areas of the room for activities and spread children out as much as possible, particularly at meal and dressing time.
- Incorporate more individual activities and avoid activities that involve being close to others.
- Increase the distance between sleeping equipment (for example, cots and mats) or place children head to toe, or toe to toe if space is limited.
- Ensure cribs are two metres (six feet) apart or only use every other crib. Provide clear markings for cribs that should not be used.
- Rearrange chairs and tables in child care and staff rooms to ensure that physical distancing can be maintained.

Hand hygiene & respiratory etiquette

- Handwashing with soap and warm water is the preferred method for cleaning hands. Incorporate additional hand hygiene opportunities into the daily schedule.
- Ensure hand hygiene supplies are available and easily accessible.
- When there is no access to soap and water, alcohol based (60-90%) hand rub can be used if hands are not visibly soiled.
- Supervise children when they use alcohol-based hand rub and follow the manufacturer's directions.
- Support children to wash their hands frequently, including:
 - upon entering the premise
 - before and after touching or eating foods
 - after using the washroom
 - after returning from playing outside
 - after sneezing or coughing into hands
 - when visibly soiled
- Encourage children to cough or sneeze into their sleeve or cover their mouth and nose with a tissue.
- Throw tissues out immediately after use and wash hands.
- Avoid touching the eyes, nose and mouth with unwashed hands.

Enhanced cleaning and disinfection

- Clean and disinfect frequently touched surfaces including doorknobs, water fountain knobs, light switches, toilet handles, electronic devices and tabletops **at least twice a day**.
- Create a cleaning schedule and maintain a cleaning and disinfection log.
- Limit washroom access to only one group at a time. It is recommended that the facilities be cleaned in between each use, particularly if different groups will be using the same washroom.
- Use disinfectants that have a drug identification number (DIN) and are approved for use in Canada (common household bleach and isopropyl alcohol are the only exceptions).
- Check expiry dates of disinfectant products and follow the manufacturer's instructions for use.
- Ensure all toys are made of material that can be easily cleaned and disinfected and remove those that cannot (for example, plush toys). Alternatively, for items that are not easily cleaned (for example, paper books and plush toys) the child care operator can prepare learning packages for individual use labelled with a child's name.
- Clean and disinfect toys and play equipment between groups and when visibly dirty.
- Clean and disinfect sleeping equipment (for example, cots, mats and cribs) after each use.
- Launder linens between use by different children.
- Educate staff on the proper use of cleaning agents and disinfectants, including:
 - the required amount of time that the product will need to remain wet on a surface to achieve disinfection.
 - required safety precautions and personal protective equipment (PPE) when using disinfectants.
 - directions for where and how to safely and securely store cleaning and disinfectant supplies.
- If the child care centre is located in a shared space (for example, in a school) make arrangements with other users of the space to ensure enhanced cleaning and disinfecting practices can be maintained.

Shared items and activities

- Designate toys and equipment for each room or group to limit sharing between groups.
- Suspend group sensory play activities.
 - If sensory materials (for example, playdough, water, sand, etc.) are offered, they should be provided for single use and labelled with child's name, if applicable.
- Avoid activities that involve shared objects or toys.
- Avoid singing indoors.

Food safety practices

- Ensure that children do not share food or serve themselves during communal meals.
- Serve meals in individual portions where possible and always use utensils if serving from communal meals.
- Ensure children do not share utensils or items (for example, condiments).
- Avoid involving children in the preparation or serving of food to others.
- Prohibit families and others from providing food outside of the established meal provision. Exceptions can be made where required (for example, expressed breast milk) with precautions in place for handling and serving the food.
- Ensure proper hand hygiene is practiced when staff are preparing food, and for all individuals before and after eating.

Personal protective equipment

- All adults in a child care setting (for example, child care staff, home child care providers, home child care visitors, and students) are required to wear medical masks and eye protection (for example, goggles or a face shield) while inside in the child care premises, including in hallways.
- All children in grades 4 and above are required to wear a non-medical or cloth mask while inside in the child care premises, including in hallways.
- All school-aged children are encouraged but not required to wear a mask while inside in the child care premises, including in hallways.
- Parents/guardians are responsible for providing their school-aged children with masks.
- The use of masks is not required outdoors for adults or children if physical distancing of at least 2 metres can be maintained between individuals.
- Exceptions to wearing masks indoors could include circumstances where a physical distance of at least 2 metres can be maintained between individuals, situations where a child cannot tolerate wearing a mask or reasonable exceptions for medical conditions.
- Provide adequate personal protective equipment (PPE) for staff use when necessary. It is strongly recommended that child care operators maintain a one to two week supply of PPE at all times.
- Utilize [Public Health Ontario resources](#) to train staff on the proper use of personal protective equipment.
- Require staff to wear gloves 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.

Children or staff with COVID-19 symptoms

- Staff, home child care providers, parents/guardians and children who are symptomatic or have been advised to self-isolate by their local public health unit must not attend the program.
- Immediately isolate any child or staff who becomes ill with symptoms of COVID-19 from the rest of their group, in a designated room or space with hand washing supplies or alcohol-based (60-90%) hand rub.
- If the child appears sick or feverish, a temperature check is recommended. Use the least intrusive method (for example, non-contact thermometers) and ensure the person using the thermometer is wearing a surgical/procedure mask and eye protection. If using a single-use protective cover for thermometers properly dispose of the cover after each use, or clean and disinfect the thermometer before re-use.
- Place a non-medical mask on children older than two years (if tolerated) and ensure proper use.
- Notify parents/guardians or emergency contacts to pick up the ill child as soon as possible and supervise while waiting to be picked up.
- Supervising staff must maintain physical distancing as best as possible and wear personal protective equipment as noted above.
- Require staff who become ill at work to immediately go home.
- Direct the staff or parent/guardian of the ill child to see their primary health care provider for assessment or visit an assessment centre for testing as soon as possible, and to self isolate at home until their result is available.
 - Those who test negative for COVID-19 must be excluded from the program until 24 hours after the symptoms resolve.

- Those who test positive for COVID-19 must be excluded from the program for 14 days after the onset of symptoms, or for 14 days from the date of testing if no symptoms, and/or clearance has been received from the local public health unit.
- Open outside doors and windows to increase air circulation in the area if it can be done safely.
- Clean and disinfect the designated room or space immediately after the ill child or staff member goes home.
- All items used by the ill child while waiting for pick up, should be cleaned and disinfected. Items that cannot be cleaned (for example, paper, books cardboard and puzzles) should be removed and stored in a sealed container for a minimum of 7 days.
- Staff and children who were exposed to the ill individual must continue to be grouped together and monitored for signs and symptoms of illness until the ill individual receives their test result. If the test result is positive for COVID-19, Halton Region Public Health will provide further direction to their close contacts on testing and self-isolation.
- Household contacts (for example, parents and siblings) of a symptomatic individual (who is awaiting test results) are not required to self-isolate. Household contacts may attend child care, work or school, provided they do not have any symptoms of COVID-19.
- Testing of asymptomatic persons should only be performed as per provincial testing guidance.
 - Asymptomatic individuals awaiting results may not need to be excluded and should follow the advice of public health.
- Ensure that staff and children exposed to a person who has confirmed COVID-19 are excluded from the child care setting for 14 days and that they:
 - self-isolate at home for 14 days and monitor for symptoms;
 - get tested as soon as symptoms develop or if no symptoms develop, it is recommended that the child get tested approximately 7 days after exposure to a confirmed case.
 - **Please note:** individuals who have been exposed to a confirmed case of COVID-19 in a child care centre are required to self-isolate for 14 days from the date of exposure, even if their test result is negative.
- Advise staff and parents/guardians of children who have confirmed COVID-19, may have COVID-19 or are a close contact of a case, that they will be managed by Halton Region Public Health and must follow public health instructions to determine when it is safe to return to the child care centre.
- Require staff to report to their Occupational Health and Safety department prior to returning to work, if applicable.

Reporting cases

- Immediately report any of the following to Halton Region Public Health at 311 or 905-825-6000:
 - Diseases of public health significance, including COVID-19. (For a full listing of diseases of public health significance that must be reported, refer to the following [webpage](#)).
 - When the number of children or staff with gastrointestinal symptoms, such as diarrhea or vomiting, exceeds the usual number (baseline). (In general, a report of two or more unexpected cases of gastrointestinal illness within a 48 hour period should be reported).
 - For additional questions or concerns as needed.

Occupational health and safety



- Consolidated Municipal Service Managers (MSMs) and District Social Service Administration Boards (DSSABs) must ensure that training is aligned with local public health unit direction and is provided to all child care staff/providers on the health, safety and other operational measures outlined in the [Ministry of Education's Operational Guidance During COVID-19 Outbreak: Child Care Re-Opening](#) document as well as any additional local requirements in place as close to re-opening as possible. New training is not required with each iteration of this guidance document but should be offered in a way that includes child care staff/providers at least once, whether they have re-opened through the summer or later into the fall.
- 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](#).
- Every operator must ensure that there are written policies and procedures outlining health and safety protocols.
- Visit Ontario's [COVID-19 and workplace health and safety](#) webpage for information on employers' responsibilities and how to protect workers at work.
- Educate staff on [health and safety protections](#) at the workplace.

References and resources

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>

Government of Ontario. [Workplace PPE Supplier Directory](#)

Government of Canada. [Specifications for Eye Protection](#)

Ontario Ministry of Education (August 2020). *Operational Guidance during COVID-19 Outbreak: Child Care Re- opening*. Retrieved from <http://www.edu.gov.on.ca/childcare/child-care-guide-child-care.pdf>

Ontario Ministry of Health (2020). *COVID-19 Guidance for Food Premises: Best Practices Summary Sheet* http://health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_food_premise_guidance.pdf