

Child Care Settings

COVID -19 Frequently Asked Questions

3/10/2021

This document has been prepared by Halton Region Children’s Services and Halton Region Public Health to support child care centres and home care providers in navigating the pandemic. This document will be updated and distributed, as needed.

If you have questions that are not included below, please send your questions to childcareservices@halton.ca.

NEW information is noted in green font.

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Centre Operations

1. Can child care centres offer part-time and full-time child care?

- Operators may provide care to both full-time and part-time children but must follow the Ministry of Education's guidelines for maximum group size and ratios.
- Child care centres can operate at their licensed capacity. Centres must continue to comply with ratios and group sizes outlined in the *Child Care and Early Years Act, 2014*. It continues to be important to keep children in a classroom together. Different groups of children should not interact with one another.

2. Do children and child care staff need to wear masks?

The following applies to both licensed child care centres as well as licensed home child care providers:

- Child care staff, home child care providers, home child care visitors, and placement students must wear medical masks and eye protection (i.e. face shield or goggles) inside the child care premises.
- Children in grades one and above must wear non-medical or cloth masks while inside the child care premises.
- Younger children, above the age of two years, are encouraged, but not required, to wear a mask while inside the child care premises.
- The use of masks is required outdoors if physical distancing of two meters cannot be maintained for all adults and children in grade one and up. This is also encouraged for younger children, above the age of two years.
- Operators should document their requirements and exceptions related to masks. Exceptions to wearing a mask indoors could include but are not limited to: situations where a child cannot tolerate wearing a mask, or reasonable exceptions for medical conditions.
- For staff, removal of PPE (medical mask and eye protection) is only permitted when working alone in an office that is separate from other staff/students.
- For more information on mask wearing in licensed home child care settings, please see the [Tip Sheet for Licensed Home Child Care](#)
- For more information on non-medical masks, please see the Public Health Ontario factsheet.

3. When might mask wearing in a home child care setting be optional?

- When the provider is preparing an activity while the children play independently in another space
- The provider is outdoors with children and everyone is two metres apart

- The provider has a medical condition that makes it difficult to wear a mask or eye protection such as difficulty breathing or low vision
- A family member is in a separate space where no children are present
- A child who is exempted from wearing a mask during the school day due to a medical condition would also be exempt in the home child care setting

4. What is the most appropriate eye protection to wear in a child care setting?

- Effective September 1, all adults in a child care setting must wear masks and eye protection. The primary purpose of eye protection is to prevent respiratory droplets from entering the eye. Face shields and goggles are considered appropriate for eye protection. [The World Health Organization](#) provides technical descriptions and specifications for face shields and goggles, including recommendations that they cover the sides of the face/eye.
- The Ministry of Education will supply masks and face shields to operators. Goggles will not be provided.

5. Should child care centre staff practice physical distancing from each other?

- Yes, whenever possible, child care centre staff should distance themselves from each other and should wear the appropriate personal protective equipment. Staff should rearrange or remove some furniture from staff rooms to ensure that physical distancing can be maintained. Staff are required to wear medical masks and eye protection in staff rooms—unless eating—but time with masks off should be limited and physical distancing should be maintained.

6. Do I need to advise Halton Region Children’s Services when I have filed a Serious Occurrence with the Ministry of Education?

- No. Halton Region Children’s Services receives notification of all Serious Occurrences reported to the Ministry of Education through the Child Care Licensing System.

Public Health

7. Is there evidence that children in child care transmit COVID-19?

- Research evidence confirming the risk of transmission of COVID-19 from child to child, and child to adults is emerging. Based on latest research evidence, children are more likely to be asymptomatic, or present with only mild symptoms after infection with COVID-19. Also, the use of infection prevention and control (IPAC) measures (e.g., physical distancing, hand washing, daily screening, etc.) can be effective at limiting the spread of

COVID-19 with this population ([NCCMT](#); [Ontario COVID-19 Science Advisory table](#)).

8. What is Public Health's role should there be a positive case of COVID-19?

- In the event of a confirmed case of COVID-19, public health will determine next steps for the child care centre. Public health will provide specific advice on what control measures should be implemented and will conduct case/contact and outbreak management with the child care centre. An outbreak may be declared when:
 - Within a 14 day period, there are two or more confirmed cases of COVID-19 in children, staff/providers, or other visitors with an epidemiological link where at least one case could have reasonably been acquired in the child care setting

9. Are Public Health Inspectors permitted to enter child care centres?

- Public Health Inspectors are required by law to inspect child care centres. To ensure the safety of children and staff in child care settings and prevent the spread of COVID-19, Public Health Inspectors are screened daily before coming into work and use face masks and eye protection at all times inside child care centres.

10. What type of attestation is needed when COVID-19 is ruled out by a physician?

- From Halton Region Public Health's perspective, a verbal attestation from parents is sufficient. However, if operators prefer an attestation in writing, they can develop a form and policy that meets their needs.
- Halton Region Public Health has developed an optional *Back to Child Care/School Confirmation Form* which was shared by Children's Services in a memo on February 25, 2021. As a child care provider, you may choose to share this with parents and/or post it on your website. This form is to be completed by parents/guardians/caregivers to confirm that their child is healthy and able to return to child care. If you are unable to locate the confirmation form, please email childcareservices@halton.ca.

11. If a child or staff member has household visitors from outside of Canada. Can this individual still attend child care?

- No, all household contacts of an individual who has travelled outside of Canada in the last 14 days, must isolate at home for 14 days, as per Public Health direction.

12. A child in my program has a household member isolating and awaiting COVID-19 test results. Can the child still attend the child care program?

- Household contacts of people who are self-isolating because they have symptoms and/or are waiting for COVID-19 test results must self isolate and not attend child care until:
 - The symptomatic individual receives a negative COVID- 19 test - result; or
 - The symptomatic individual is cleared by a Health Care Provider or
 - 14 days have lapsed since last contact with the symptomatic individual and all household contacts remain symptom free.
- Refer to the [COVID-19 school screening](#) for further guidance.

13. What is the procedure for isolating someone who becomes symptomatic while attending the child care centre?

- Staff, home child care providers, parents/guardians, and children should follow direction from the [COVID-19 school and child care screening tool](#) or the direction of Public Health.
- Immediately isolate any child who becomes ill with a symptom of COVID-19 from the rest of their group, in a designated room or space with hand washing supplies or alcohol-based hand rub and PPE (gloves, medical masks, eye protection and a gown). Instructions on proper use of PPE should be made available. Children must be supervised at all times. Symptomatic staff should immediately go home.
- **Notify parents/guardians or emergency contacts to pick up the ill child, and any household contacts (such as siblings), as soon as possible and supervise while waiting to be picked up.**
- Place a medical mask on children older than two years (if tolerated) and ensure proper use.
- 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.
- Supervising staff must maintain physical distancing as best as possible and wear personal protective equipment as noted above.
- Clean and disinfect the designated room or space immediately after the ill child goes home.
- Open outside doors and windows to increase air circulation in the area if it can be done safely.
- 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.
- Identify areas that may require cleaning plus disinfection (all surfaces within two metres of the ill person) versus cleaning alone (such as hallway or room where the individual had passed through).

- 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.
 - Child care staff/students must not be assigned to other groups or work in other child care settings.
 - Child care staff must ensure the mixing of children is prevented.
 - Supervisors must inform parents/guardians of children who were exposed to the ill individual, and advise that they should self-monitor for symptoms.
- 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.
- All asymptomatic household contacts of a symptomatic individual must quarantine at home, even for essential reasons until the symptomatic individual receives a negative COVID-19 test result or is cleared by a Health Care Provider. If the symptomatic individual does not seek COVID-19 testing, all household contacts must quarantine for 14 days from their last contact with the symptomatic individual.
- Child care operators should refer to Halton Region Public Health's [School and Child Care Protocol for Individuals with COVID-19 Symptoms](#) for guidance

Return to care for children with symptoms

- Child care operators should refer to Halton Region Public Health's [Return to School and Child Care Protocol for Individuals with COVID-19 Symptoms](#) for guidance on when an ill individual can return to the child care centre.

Policy Updates

14. When do I report a serious occurrence related to COVID-19?

- When to report to the **Ministry of Education**:
 - Where a child, staff, placement student, home child care provider, home child care visitor or person who is ordinarily a resident/regularly present at a home child care premises has a *confirmed* case of COVID-19
 - If a closure is ordered by Public Health and the licensee has already submitted a serious occurrence, the existing serious occurrence must be updated to indicate a closure
 - If additional individuals test positive for COVID-19, the operator must:
 - Revise the open serious occurrence to include new cases; or,

- Submit a new serious occurrence report if the original report has since been closed
 - For more information, please see the document *Submitting and Revising a Serious Occurrence Report for Confirmed Cases of COVID-19 and Public Health Directed Closures*. If you are unable to locate the document, please email childcareservices@halton.ca
- When to report to **Public Health**:
 - There is a confirmed case of COVID-19;
 - There is a probable case of COVID-19 (high risk contact with symptoms or recent travel with symptoms); or
 - Diseases of public health significance (for a full list of these, refer to [Halton Region's Reportable Disease Webpage](#)); or
 - Within a 48-hour period, two or more children/staff sick with unexpected cases of gastrointestinal symptoms, such as diarrhea or vomiting.

22. What is the recommended exclusion time for a symptomatic child or staff member?

- If a person presents with symptoms, please follow the [Halton Region Public Health's School and Child Care Protocol for Individuals with COVID-19 Symptoms](#) to assess next steps with exclusion and Public Health involvement.

Cleaning and Disinfecting

23. How can operators maintain the health and safety of their child care program/home?

- To maintain the health and safety of the program, operators and providers should ensure that all current infection prevention and control practices are adhered to. This includes, but is not limited to:
 - Ensuring the child care premises is cleaned daily.
 - Ensuring all toys used at the centre are made of material that can be cleaned and disinfected (i.e., avoid plush toys);
 - Alternatively, for items that are not easily cleaned (i.e., paper books and plush toys) the child care operator can prepare learning packages for individual use labelled with the child's name;
 - Increasing the frequency of cleaning and disinfecting objects, toys and frequently touched surfaces;
 - Frequently touched surfaces are most likely to become contaminated, including doorknobs, light switches, toilet handles, and tabletops, and must be disinfected at least twice a day;

- Using only disinfectants that have a Drug Identification Number (DIN). Low-level hospital grade disinfectants may be used;
- Checking expiry dates of products and always following the manufacturer's instructions;
- Performing proper hand washing (including assisting children with hand washing); and
- Incorporating additional hand washing opportunities into the daily schedule.
- Only one group should use the bathroom at a time and the bathroom must be cleaned in between groups.
- It is recommended that operators keep a hard copy of a daily cleaning and disinfecting log to track and demonstrate cleaning schedules.
- Existing cleaning practices should be reviewed to determine where enhancements might be required including frequency and timing of cleaning and disinfection, areas to clean, choice of cleaning products, and child safety, staffing, signage, and PPE use when cleaning.
- Operators are encouraged to keep an inventory of items to be stored, moved, or removed to reduce the challenges associated with cleaning them.
- For additional information, please review Public Health Ontario's Fact Sheet on [Cleaning and Disinfection for Public Settings](#), as well as the Public Services Health & Safety Association's [Health and Safety Guidance during COVID-19 for Employers of Child Care Centres](#).

24. How can operators clean and disinfect surfaces or items?

- When cleaning and disinfecting surfaces and/or items remember to:
 - **Clean.** It is important to clean articles first with soap and warm water to remove any visible dirt before using the disinfectant.
 - **Rinse.** Rinse items with clear water. Disinfectants do not work effectively unless soap or detergent is removed.
 - **Disinfect.** A commercial disinfectant or household bleach may be used to kill viruses.
 - **Contact time.** Contact time is the amount of time that a product must remain on the surface in order to kill the virus. Follow the manufacturer's instructions for recommended contact time.
 - **Wash hands.** After cleaning and/or removing gloves, wash hands with soap and water or use an alcohol-based hand sanitizer with 60 – 90% alcohol.

25. What are the steps for properly disinfecting classrooms and outdoor play structures?

- Indoors:
 - Clean and disinfect frequently touched surfaces including doorknobs, light switches, electronic devices and tabletops at least twice a day.
 - Items that are not easily cleaned (books, paper, cardboard puzzles) should be used individually by children and then stored in a sealed container for a minimum of 24 hours to a maximum of three days.

- Create and maintain a cleaning and disinfecting log.
- Visit Halton.ca for a list of approved disinfectants under “Public Health Guidance” and “Child Care Centres”.
- Outdoors:
 - Where toys and equipment are shared, they should be cleaned and disinfected prior to being shared.
 - Clean items that cannot be immersed in a disinfectant solution with soap and water using a cloth. Wipe with a clean wet cloth to rinse.
 - Disinfect with approved disinfectant and have it remain wet on the surface for the appropriate contact time. A final rinse may be required using a single-use wet paper towel and allow to air dry.
 - Outdoor play structures are not required to be cleaned and disinfected unless the equipment is visibly soiled or dirty.

26. How can operators clean toys to prevent the spread of the COVID-19 virus?

- Toys that have been mouthed should be washed and disinfected between users. Toys that come in contact with children’s mouths should be rinsed after disinfecting.
- Wash, then disinfect hard surfaced toys (plastic, rubber) with either a commercial disinfectant or chlorine bleach solution.
- Toys that are dishwasher-safe may also be cleaned in the dishwasher.

27. What other steps can operators take to help stop the transmission of COVID-19?

- Wash your hands frequently with soap and water or use an alcohol-based hand rub with 60-90% alcohol;
- Cough and sneeze into your sleeve or tissue;
- Avoid touching your eyes, nose or mouth without having washed your hands;
- Stay at home if ill; and,
- Frequently clean commonly touched surface.

28. What are the carpet cleaning protocols during COVID-19?

- If possible, remove area rugs from classroom settings.
- In permanently carpeted areas, all routine practices regarding cleaning and disinfecting as required for blood/bodily fluid spills should remain in place which could involve the use of professional steam/wet cleaning of the carpet.
- Carpets should be vacuumed daily as part of the daily cleaning log.
- Carpets should be disinfected or steam cleaned when they have been soiled with bodily fluids, or if there are symptomatic children in the room.

Staffing

29. Can staff work in more than one classroom?

- To limit the spread of COVID-19, staff should limit their work to one classroom. Children and educators together are to form one group and avoid interacting with other groups of children and staff. Staff should work at only one location.
- Supervisors and/or designates should limit their movement between rooms.

30. Can a supply staff work with different groups during the week?

- No. One supply teacher can be part of only one group. Changes to the group should be minimized wherever possible.

31. Can I begin to welcome placement students into my program again?

- Students are now permitted to complete post-secondary educational placements at a child care centre or home child care location. Students are required to abide by all health, safety, and personal protective equipment measures, including being assigned to a single group. Students must review any new or updated policies and procedures.

32. Are mixed age groupings allowed?

- Mixed age groupings are permitted as set out in the *Child Care and Early Years Act, 2014*, where a Director's Approval has been granted and is identified on the centre license.

33. Have ratios changed?

- Ratios have not changed and must be maintained as set out under the *Child Care and Early Years Act (CCEYA), 2014*.
- Reduced ratios are permitted as set out under the CCEYA provided groups are not mixed with other groups.
- Reduced ratios are not permitted at any time for infants.

34. Will a staff who covers another staff during a lunch or break also be considered part of the group?

- No. Cover offs can happen although they should be avoided. Due to the shorter duration of time for coverage, staff should be able to maintain physical distancing.

35. Can an assistant help support children in different groups, if necessary, provided the assistant is wearing appropriate personal protective equipment?

- Yes, however, the assistant should limit their movement between rooms. When providing coverage for brief periods, physical distancing is recommended for staff who are covering these periods of time.

36. What supports are available to my team?

- **Quality First**
 - Quality First Consultants are available to connect with educators virtually to support the effective implementation of *How Does Learning Happen?*. Consultants support educators through reflective conversations and providing resources to support their professional learning journeys. Topics include, but are not limited to classroom set up, classroom programming, managing physical distancing, and outdoor play. Contact your centre's Quality First Consultant or [THRC](#) for more information
- **Program Support Services Team**
 - Through virtual "Leadership Conversations", the Program Support Services Team works with child care leadership to navigate these challenging times, share ideas, and overcome challenges at the leadership level. Conversations are available for supervisors, executive, directors, owners and other child care leaders. Inquiries can be sent to childcareservices@halton.ca.
- **Inclusion Services**
 - Inclusion services are available through Halton Region, Community Living Burlington, and Community Living North Halton to support children with special needs in child care settings. Contact information for the inclusions agencies is listed below in the section *Services for Children with Special Needs*
- **In-Centre Supports**
 - Support Facilitators continue to work with the community to provide hands on support for the whole classroom so educators can provide individualized attention to specific children and challenges within the classroom. Requests for Support Facilitators are made by contacting the Inclusion Supervisor/Manager affiliated with your centre.
 - Preschool Facilitators, who support the classroom environment, are not currently available. Educators are encouraged to work with their Quality First Consultant.
- **THRC Resource Library**
 - The resource library provides a wide variety of professional learning opportunities, resources and materials to support educators working with children in Halton. Members of the Resource Lending Library can access equipment and resources by visiting [THRC's](#) website and using the online booking system. Resource library staff are available to support requests through contactless curbside

pickup of resources and other services such as lamination.

37. My staff's first aid expired during the closure. What can I do?

- The Workplace Safety and Insurance Board has advised that all First Aid/CPR certificates that expired after March 1, 2020 have been extended to **June 30, 2021** (previously extended to December 31, 2020). Operators are encouraged to monitor the WSIB website for any updates on First Aid/CPR certificate extensions for any staff, home child care providers or in-home service providers whose certification would have expired after March 1, 2020.

Screening

38. Who should be screened before entering the child care centre?

- Parents/guardians are to use the COVID-19 School and Child Care Screening Tool every day of the week, including weekends.
- Each day, parents and guardians, on behalf of their children, are to attest to the results from the completed COVID-19 school and child care screening tool prior to entry/arrival at the child care setting.
- Licensees and before and after school providers are to validate daily screening results for all child care centre staff, visitors and students completing post-secondary placements.
- All child care centre staff, visitors and students completing post-secondary placements are to provide daily confirmation or proof (in an accessible format) that they have completed and passed the COVID-19 school and child care screening tool prior to or upon entry/arrival at the child care centre or home.
- Do not permit entry to those advised to stay home.
- In a home child care setting, the provider, as well as all residents of the home must screen themselves daily.
- Parents /guardians should drop-off and pick up their child outside the child care setting unless it is determined that there is a need for the parent/guardian to enter the setting.
- If a staff or child present with any new or worsening symptom of COVID-19, even if it is only one symptom, and that individual has not received a negative COVID-19 test result, or has not been cleared by a Health Care Provider, they must self-isolate for 10 days from symptom onset and be feeling better, before they are permitted to enter the facility as per the Class Order issued by Halton Region's Medical Officer of Health.
- If a staff or child is an asymptomatic household contact (for example, parents and siblings) of a symptomatic individual who has not received a negative COVID-19 test result or has not been cleared by a Health Care Provider, they must quarantine for 14 days from their last contact with the symptomatic individual and be symptom free, before they are permitted to enter the facility.

39. When conducting an in-person screen, do staff need to wear personal protective equipment? What else do I need to consider when conducting an in-person screen?

- Yes. Screeners should be wearing personal protective equipment such as, medical mask; and eye protection (goggles or face shield). A gown and gloves could also be worn for additional protection.
- Screeners should take appropriate precautions when screening, including maintaining a distance of at least two meters (6 feet) from those being screened, or being separated by a physical barrier (such as a plexiglass barrier).
- Operators and providers are required to keep attendance records of arrival and departure times, as well as contact information of all people entering the centre to help facilitate contact tracing.
- In the event that a child or staff member is absent and the reason for the absence is unknown, operators should follow up with the individual to determine the reason for the absence.
- Those waiting in line to be screened should maintain physical distance from each other
- Hand sanitizer with an alcohol content of 60%-90% should be placed at screening stations and at all entrances but out of the reach of children. Centres should post signage demonstrating appropriate use of the hand sanitizer.
- Signs should be posted at entrances to the child care setting to remind staff, parents/caregivers, and essential visitors of the screening requirements.

40. Who should be denied entry to the child care setting?

- Children, staff, and essential visitors who fail the [COVID-19 Screening Tool for Children in School and Child Care](#) should be denied entry into the child care setting.
- All non-essential visitors should be denied entry into the child care setting.

Please note: Child care centres are required to implement the [COVID-19 Screening Tool for Children in School and Child Care](#). Operators should edit their screening procedures to reflect these changes. For more information and resources on COVID-19 symptoms, protections, and seeking health care please visit [Ontario's COVID-19 website](#).

41. Do I need to inform Public Health when a person does not pass the entrance screen?

- No, where an individual does not pass the entrance screen, this does not need to be reported to the Halton Region Public Health.

42. What are the requirements for screening maintenance and cleaners who are on site after hours?

- The Ministry of Education guidelines address attendance records, noting that daily records for anyone entering the facility must be maintained. Some centres have established protocols whereby the after-hours maintenance or cleaners complete the screening via telephone with centre staff.

43. What type of thermometer should be used?

- On-site temperature taking is not required as it has not been shown to be an effective strategy to screen for COVID-19 in children. For staff and visitors, temperature taking is not required. If used, this should be part of a more comprehensive screening approach including an inquiry about symptoms, exposure to individuals who have COVID-19 and travel history as outlined in [the COVID-19 Screening Tool for Children in School and Child Care](#).
- 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. At this time, for non-contact thermometers, it is recommended that the forehead is used to take the temperature. 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.

44. When can individuals be permitted to return to child care?

- Child Care Operators should refer to [Halton Region Public Health's School and Child Care Protocol for Individuals with COVID-19 Symptoms](#) for guidance on steps to take when an individual develops COVID-19 symptoms.

Classroom Programming

45. How can operators encourage physical space between children?

- It is difficult to encourage physical distancing with young children. However, there are different activities operators and providers can undertake to support physical distancing, such as:
 - Spreading children out into different areas, particularly at meal and dressing time;
 - Incorporating more individual activities or activities that encourage more space between children (for example prepare separate art kits for each child);
 - Using visual cues to promote physical distancing (for example tape markings with arrows/circles on the floor, signs promoting physical distancing);
 - Where possible, offer more activities outside to allow for more space; and
 - In shared outdoor space, groups must maintain a distance of at least two meters between groups and other individuals outside of the group.

46. What types of activities should operators avoid?

- Operators and providers should avoid activities to reduce the spread of COVID-19 such as:
 - Do not use water or sensory tables or outdoor sandboxes;
 - Avoid singing activities indoors; and,
 - Do not use community playgrounds; however outdoor play at licensed child care sites is encouraged in small groups to support physical distancing.

47. Can centres continue to offer extra activities provided by external, contract staff, such as Music, French and Art?

- No. As noted in the Ministry of Education guidelines, there should be no non-essential visitors at the program.

48. Do children need to maintain physical distancing when they are playing outside?

- Yes. Children in a group should be encouraged, where possible, to physically distance in both the indoor and outdoor learning environments. Physical distancing between children in child care may be difficult. Centres are encouraged to maintain a welcoming and caring environment for children.

49. Are there new requirements for meal time?

- Yes. There are new requirements for mealtime. If meals or snacks are provided, operators must ensure each child has their own individual meal or snack. Children are not permitted to self-serve; meals should be served in individual portions to children. Additionally,
 - Multi-use utensils must be sanitized; and
 - “No food sharing” policies should be reinforced.
- Children must not be allowed to share soothers, bottles, sippy cups, toothbrushes, facecloths, etc. Label these items with the child’s name to discourage accidental sharing.
- 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.

50. Can children bring their own lunch and snacks?

- As noted in the guidelines from the Ministry of Education, families are prohibited from providing food outside of the established meal provision. Exceptions may be made where required, with precautions in place for safe handling and serving of food.
- **Effective March 8th 2021, licensees may provide meals and snacks for children 44 months of age and older or they can be brought from home**

without seeking director approval from the Ministry. Where children are bringing meals and snacks from home, the licensee must have rules set out for parents/caregivers outlining this process in their anaphylactic policy and include a copy of those rules in the parent handbook.

- Lunches and snacks can be provided by families for children as long as it is part of the regular meal provision for the program (for example, bagged lunches for school aged programs) and there are policies and procedures that address the handling of this food (for example, food is packed in a way that does not require handling by staff).

51. Are there new requirements for rest time?

- Yes. At rest times operators and providers should increase the distance between cribs and cots, if possible. If space is tight, children can be placed head-to-toe or toe-to-toe.
- Operators should consider removing cribs or placing infants in every other crib to support physical distancing. Cribs and cots should be disinfected after each use. Please refer to section 4 of the [Ministry of Education's Child Care Centre Licensing Manual \(September 2019\)](#) for more information.
- Linens must be laundered on a daily basis.

52. Can children continue to bring their own linens? How often should they be laundered?

- Linens should be assigned to an individual child, stored separately to prevent accidental sharing and in a manner that prevents accidental contamination. Linens should be laundered weekly and as often as necessary (for example, when soiled). Linens would all need to be washed between use by different children. Children may continue to bring their own linens, although washing linens on site is preferred.

53. Can educators pick up and/or soothe children?

- Yes, educators can still pick up and soothe children to support a nurturing environment.
- Educators should try to avoid getting close to faces of all children, where possible.

54. Can different groups share a washroom?

- Yes. Shared spaces, including washrooms, must be thoroughly cleaned between groups. Only one group should use the washroom at a time.

55. Can I put more than one group in a room?

- Each group must be separated by a physical barrier indoors. 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.

Supporting Families with the New Normal

56. How should operators communicate with families?

- When communicating with families, be respectful of their current realities. For example, some families may not have time to chat at drop-off, or some might be later than usual picking up their child(ren). It is important with the changes that families will experience during re-opening, that they continue to feel that they belong, can contribute to their children's learning, and are engaged in meaningful ways with the child care centre. Consider reaching out to your families in a virtual manner to keep them connected with the centre.
- Communication about the child's health is crucial. If a child is feeling unwell or showing symptoms, be sure to follow protocols when a child or staff/home child care provider has symptoms of illness or becomes sick [Ministry of Education Operational Guidance During COVID-19 Outbreak](#) (pages 16-18). Communicate all relevant information with families as soon as possible.

57. What supports can operators offer to families?

- Get to know new families to the best of your ability and build respectful and responsive relationships, as you normally would.
- Be there to support children and families, while remembering that we are not the experts on what is unfolding with the pandemic nor are we experts on mental health.
- Refer a child or family that is struggling to [Reach Out Centre for Kids](#) (ROCK), if the child and family would benefit from some additional support.

58. Can child care centres offer tours to parents?

- As noted in the Ministry of Education guidelines, there should be no non-essential visitors at the program. As an alternate to onsite tours, some centres are offering virtual tours or using pictures of the centre to help parents visualize the space.
- After hours' tours are strongly discouraged by Halton Region Public Health. Where this is not possible they advise that COVID-19 preventative measures are put into place (e.g., screening, PPE, limiting the amount of visitors at one time, etc.).

Before and After School

59. What information is available to support before and after programs for school aged children?

- All before and after school programs operated or contracted by the school board should follow the health and safety requirements of the Ministry of Education, guidance provided by the school board, and Halton Region Public Health. Information can be found in the [Before and After School Programs Operational Guidance](#) document.
- Licensed child care operators should follow the guidelines set out in the [Operational Guidance During COVID-19 Outbreak](#) document.

60. What do I do if my program and after school program is comprised of children from different day-time classes?

- It is recognized that it may be difficult to limit students in the before and after school program to their groups from the core day. In circumstance where groups of children from different classes must be a part of the same before/after group, an effort should be made to limit interactions. This includes:
 - Making an effort to group children from the same core classes together in the before and after school program
 - Making use of large, well-ventilated spaces as much as possible
 - Encourage physical distancing

61. What policies do I need to share with families?

- All new policies relating to COVID-19 health and safety protocols need to be shared with families.

62. Are there other screening procedures I need to follow?

- Children that are received into care are only required to be screened once daily (that is, screened in the morning). Children are not required to be screened again when returning to the after school program. This applies to children that only attend after school programming (for example, parents/guardians may submit screening results to the child care centre in the morning prior to the child attending care in the afternoon).
- Effective January 25, 2021, licensees and before and after school providers are to validate daily self-screening for all child care centre staff, visitors and students completing post-secondary placements. At a minimum these individuals will provide daily confirmation or proof that they have completed and passed the online screener in a form deemed appropriate (and accessible) by the licensee prior to or upon entry to the child care centre or home.

63. How do I coordinate the transportation of children to school and from school to after care?

- Information on transportation can be found in the [COVID-19 Public Health Guidelines: Student Group Transportation](#)

64. My program is operated in a shared space (for example, in a school or community centre). What additional information do I need to consider?

- Collaborate with partners to ensure cleaning and disinfecting of high touch surfaces in the program areas and in shared spaces (for example, classroom) is completed after the core day program ends and the before and after school program begins.
- Consider posting a cleaning and disinfecting log to track and demonstrate cleaning schedules.
- Store items, materials and other resources separately to avoid accidental sharing.
- **Gymnasiums should only be used for moderate activity where physical distancing measures and current masking protocols for children and staff can be followed.**
- **Staff and children should maintain physical distancing if engaging in moderate to vigorous activity outdoors.**
- Refer to the Ministry of Education's [Before and After School Programs Kindergarten-Grade 6: Policies and Guidelines for School Boards for the 2020-2021 School Year](#)
- Child care centres operating before and after school programs within a school are encouraged to enhance communication with representatives from the school boards for the purposes of screening and attendance reporting. Consider the following strategies:
 - Assigning a dedicated liaison person
 - Maintain a communication or issues log
 - Scheduling regular meetings (e.g. virtual meetings, telephone conferences).
 - Please see the COVID-19 [Public Health Guidelines: Child Care Settings](#) for more information.

65. My program operates a PA Day or Holiday Program. What do I need to consider?

- Operators should continue to maintain children within their regular cohorts (for example, before and after school programs) when providing care during program activity days.
- Mixing of groups or cohorts should be avoided as much as possible. Licensees and child care operators may consider combining cohorts or groups on case by case basis when operationally required (for example, due to low enrollment or staffing coverage).
- If cohorts are combined during PA days, licensees and child care operators should:
 - Notify parents/guardians that child care cohorts will be combined and explain the child care settings public health policies and procedures (for

example, mask use, physical distancing, respiratory etiquette, hand hygiene and screening practices).

- Maintain physical distancing within the combined cohort.
- Coordinate with school boards to access larger rooms/areas (for example, gyms), if possible.
- Provide outdoor programming as much as possible.
- Licensees providing care during holidays must ensure that cohorts/groups (that is, child attendees, staff and early childhood education students) stay together for the duration of the program.
- Please see the COVID-19 [Public Health Guidelines: Child Care Settings](#) for more information.

EarlyON Child and Family Centres

66. When can EarlyON Child and Family Centres re-open to the public and provide in-person services?

- Halton Region is currently in the Red Zone of the [Provincial COVID-19 Response Framework](#) and EarlyON Child and Family Centres are permitted to re-open following gathering limits of 5 indoors and 25 outdoors including staff. EarlyON Centres are also required to continue offering virtual services, so that children and families can access programs and services without having to attend an EarlyON Centre in person. Outdoor programming is also strongly encouraged as a program delivery model.

67. What information is available to support EarlyON Child and Family Centres as they re-open?

- EarlyON Child and Family Centres that re-open are to continue to follow the Ministry of Education's [COVID-19 Operational Guidance for EarlyON Child and Family Centres / Directives opérationnelles durant l'écllosion de COVID-19 Réouverture des centres ON y va.](#)

68. How should EarlyONs determine how many participants they can have in a program?

- EarlyON Child and Family Centres are required to establish and have a policy addressing maximum space and group sizes. These size limits should include participants and staff, to reduce the transmission and spread of COVID-19. In determining these space and group sizes, EarlyON providers must consider:
 - gathering limits specified by the Government of Ontario (e.g. according to the level of the public health region in the COVID-19 Response Framework);

- room capacity where program(s) are being offered and the ability for participants to maintain physical distancing requirements of at least 2 metres;
 - local municipal by laws; and
 - advice provided by local Public Health Units.
- Halton Region is currently in the Red Zone of the Provincial COVID-19 Response Framework. EarlyON Child and Family Centres are expected to follow gathering limits of 5 participants indoors and 25 outdoors including staff. These gathering limits may be subject to change in the future based on local public health conditions.

69. Are staff, parents/caregivers, children and visitors required to wear masks when attending EarlyON programming?

- All EarlyON staff are required to wear medical masks and eye protection (i.e., face shield or goggles) while inside an EarlyON premises, including in hallways and staff rooms. The use of medical masks and eye protection is for the safety of EarlyON staff. This is very important when working in a setting with young children who may not be wearing face coverings (i.e. under the age of two).
- All other adults (i.e. parents/guardians and essential visitors) are required to wear a face covering or non-medical mask while inside the premises, including hallways and shared areas.
- Younger children aged 2 to 4 are encouraged, but not required to wear a non-medical mask or face covering while inside an EarlyON setting, including hallways.
- Halton Region by-law requires children 5 and above to wear non-medical masks or face coverings in enclosed public spaces.
- Masks are not recommended for young children who are under the age of two.
- All children in grades 1 and above, parents/caregivers, staff and essential visitors are now required to wear a non-medical mask or face covering outdoors when a distance of two metres cannot be maintained.
- The use of masks is not required outdoors for adults or children if physical distancing of at least two metres can be maintained.
- Reasonable exceptions to the requirement to wear masks are to be put in place and documented by EarlyON Child and Family Centres.

70. How can EarlyON Centres obtain PPE?

- To support the healthy and safe operation of in-person EarlyON Child and Family programs, a supply of medical masks and eye protection (i.e., face shields) will continue to be procured and delivered through the Ministry of Government and Consumer Services to EarlyON Centres on a monthly basis.
- The Halton Resource Connection is providing personal protective equipment to all licensed child care centres, licensed home child care centres, and EarlyON Child and Family Centres in Halton Region at no cost.

- For more information on how to secure additional personal protective equipment that your EarlyON Centre may require, please visit: <https://thrc.ca/ppe>.

71. Are EarlyON Child and Family Centres required to follow physical distancing guidelines?

- Yes. All EarlyON programs must be planned and offered in a way that maintains physical distancing of two metres between individuals at all times (Note: this does not apply to parents/children living in the same home.) EarlyON providers must have a policy on physical distancing. In the event physical distancing cannot be maintained, the usage of a medical mask and eye protection by staff provides an extra protective measure in addition to observing proper hand hygiene, respiratory etiquette, and avoiding touching of the face.

72. Are EarlyON Child and Family Centres required to cohort program participants?

- The Ministry of Education [COVID-19 Operational Guidance for EarlyON Child and Family Centres](#) / [Directives opérationnelles durant l'éclosion de COVID-19 Réouverture des centres ON y va](#) and Halton Region Public Health, recommend that EarlyON providers cohort participants for in-person programming to reduce the number and risk of exposures to and transmission of COVID-19.
- Please see the Guidance for further information and examples of how EarlyON Centres can cohort participants and limit the interaction amongst groups of participants.

73. What changes should EarlyON Child and Family Centres consider to the use of equipment and toys?

- EarlyON Centres are encouraged to limit usage of equipment and toys, particularly the sharing of toys, where possible. Centres should remove and not use any toys made of porous materials (e.g. plush toys) as they cannot be effectively cleaned and disinfected. Toys and equipment should be cleaned and disinfected between users as well as between program groups. If sensory materials (e.g., playdough, water, sand, etc.) are offered, they should be provided for single use only. Blankets or sheets should be laundered in-between uses. Items that cannot be easily cleaned and disinfected (e.g. books) should be removed and stored in a sealed container for a minimum of 24 hours to a maximum of three days.

74. When should the EarlyON Child and Family Centre submit a serious occurrence to Halton Region Children's Services?

- Where a child, parent, caregiver, staff, or essential visitor is suspected (i.e. has symptoms and has been tested) of having or has a confirmed case of

- COVID-19, this must be reported to Halton Region Children's Services through the serious occurrence process. In addition, where a room, centre or premises closes due to COVID-19, EarlyON Child and Family Centres must report this to the Region as a serious occurrence. Serious occurrences should be submitted to earlyonso@halton.ca.
- Children's Services will report to the Ministry only when a staff, child, parent, caregiver, or essential visitor has a confirmed case of COVID-19 (i.e. a positive COVID-19 test result) and/or there is an EarlyON program closure.

75. What is the role of Public Health in the event of a confirmed case of COVID-19?

- EarlyON Child and Family Centres are required to contact Halton Region Public Health by calling 311 to report a child, parent, caregiver, staff or essential visitor is confirmed to have COVID-19. Public Health will determine any additional steps required, including but not limited to how to monitor for other possible infected staff, parents/caregivers, children and essential visitors and the declaration of an outbreak and closure of rooms and/or entire EarlyON setting.
- An outbreak may be declared when, within a 14-day period, there are two or more confirmed cases of COVID-19 in children, parents/caregivers, staff or other essential visitors with an epidemiological link where at least one case could have reasonably been acquired in the EarlyON setting.
- Public Health will work with the provider to determine whether epidemiological links exist between cases and whether transmission may have occurred in the EarlyON setting.
- If Public Health declares an outbreak, they will direct appropriate next steps, which could include a partial or full closure of the EarlyON Centre.

76. What is the role of EarlyON Providers in monitoring and responding to COVID-19 symptoms in an EarlyON setting?

- EarlyON providers should closely monitor and respond to reports of COVID-19 symptoms in their centres. Anyone who is symptomatic, does not pass screening, or has been advised to self-isolate by the local Public Health unit must not be permitted to enter the EarlyON premises and should stay at home (this includes children, parents/caregivers, staff, students, and other essential visitors). A list of symptoms, including atypical signs and symptoms, can be found on the [Ministry of Health's COVID-19 website](#).
- EarlyON providers must ensure that there are written policies and procedures for responding to symptomatic individuals in an EarlyON setting.

77. Have any changes been made to the COVID-19 screening procedures for EarlyON programs?

- All children, parents/caregivers, staff and visitors are required to screen for symptoms of illness every day before attending an EarlyON Centre. The Ontario school screening tool is available to support parents/caregivers, children, staff/providers and essential visitors in meeting this requirement.

- Please note that the screening tool has been updated to reflect the single symptom screening standard. This includes new provincial direction that staff/visitors/parents/caregivers/providers and children with any new or worsening symptom of COVID-19, as indicated in the Ontario screening tool, even those with only one symptom, must stay home until:
- They receive a negative COVID-19 test result
 - They receive an alternative diagnosis by a health care professional, or
 - It has been 10 days since their symptom onset and they are feeling better.
- The provincial screening tool has been updated to reflect this direction. EarlyON providers are to align their screening tools with the updated provincial tool.
 - Providers are also required to validate daily self-screening for all staff attending a centre. At a minimum, these individuals will provide daily confirmation or proof that they have completed and passed the online screener in a form deemed appropriate (and accessible) by the provider prior to or upon entry to the centre or program.

78. Can staff, parents, caregivers, and children attend an EarlyON Centre if someone in their household has symptoms of COVID-19?

- New guidance has been issued for all workplaces that require employees to stay home if anyone in their household has new or worsening symptoms of COVID-19 and has been recommended for isolation and testing.
- Children, parents/caregivers, and staff are required to stay at home if anyone in their household is symptomatic and has been recommended for isolation and testing.
- EarlyON providers should adopt this protocol and inform participants of the requirement prior to attending a centre or program.

79. How should EarlyON Child and Family Centres communicate with parents and caregivers about the changes to in-person programming?

- Communication with families regarding enhanced health and safety measures in EarlyON Centres is important to promote transparency and to ensure children and families are safely interacting in EarlyON Centres. Health and safety policies and procedures, and information regarding program operation should be shared with families prior to attending a centre, and could be shared as part of the program registration process. Providers should also remind attendees of health and safety measures, including requirements and exceptions related to masks, and related centre policies and procedures when they arrive at a centre for programming and/or services.

80. How often do frequently touched surfaces in EarlyON Centres need to be cleaned?

- Frequently touched surfaces should be cleaned and disinfected at least twice a day or as required as they are most likely to become contaminated (for

example, doorknobs, water fountain knobs, light switches, toilet and faucet handles, electronic devices, and tabletops).

- More frequent cleaning and disinfection may be necessary, depending on the frequency of use and extent of soilage.
- It is recommended that EarlyON Centres keep a hard copy of a daily cleaning and disinfecting log to track and demonstrate cleaning schedules.

81. Do washrooms in EarlyON Centres need to be cleaned after each use?

- It is recommended that washroom facilities are cleaned in between each use, particularly if different groups will be using the same washroom. Please refer the [Public Services Health and Safety Association's Child Care Centre Employer Guideline](#) for further information on cleaning.

82. How often do shared spaces and equipment need to be cleaned?

- Shared spaces/equipment should be cleaned between each use, and only one group at a time should access any shared space/equipment.

83. How frequently do toys in EarlyON Centres need to be cleaned?

- Frequently touched surfaces, including any used toys and materials, should be cleaned and disinfected in between program sessions. Toys that have been mouthed should be washed and disinfected between users.
- Providers are also encouraged to promote frequent, proper hand hygiene before and after using shared toys/equipment and materials.
- EarlyON providers are encouraged to limit usage of equipment and toys, particularly the sharing of toys, where possible.
- Ensure that only toys made of material that can be cleaned and disinfected are used (e.g. avoid plush toys, playdough) or are single use and are disposed of at the end of the day (e.g. craft supplies).

84. How should EarlyON Centres clean and disinfect surfaces or items?

- When cleaning and disinfecting surfaces and/or items remember to:
 - **Clean.** It is important to clean articles first with soap and warm water to remove any visible dirt before using the disinfectant.
 - **Rinse.** Rinse items with clear water. Disinfectants do not work effectively unless soap or detergent is removed.
 - **Disinfect.** A commercial [disinfectant](#) or household bleach may be used to kill viruses.
 - **Contact time.** Contact time is the amount of time that a product must remain on the surface in order to kill the virus. Follow the manufacturer's instructions for recommended contact time.
 - **Wash hands.** After cleaning and/or removing gloves, wash hands with soap and water or use an alcohol-based hand sanitizer with 60 – 90% alcohol.
- Wash, then disinfect hard surfaced toys (plastic, rubber) with either a commercial disinfectant or chlorine bleach solution. Toys that are dishwasher-

safe may also be cleaned in the dishwasher.

85. Can EarlyON staff also work in Before and After School Care Programs or Child Care Programs?

- EarlyON staff should not provide in-person EarlyON programming and also provide care in child care or before and after school programs. This is to limit potential exposure to multiple groups. EarlyON staff may offer virtual or no contact EarlyON services, and work shifts in before and after or child care programs.

86. What are the carpet cleaning protocols during COVID-19?

- If possible, remove area rugs from EarlyON settings.
- In permanently carpeted areas, all routine practices regarding cleaning and disinfecting as required for blood/bodily fluid spills should remain in place which could involve the use of professional steam/wet cleaning of the carpet.
- Carpets should be vacuumed daily.
- Carpets should be disinfected or steam cleaned when they have been soiled with bodily fluids, or if there are symptomatic persons in the room.

Services for Children with Special Needs

Inclusion supports with a resource consultant continue virtually and in person visits will be phased in slowly based on the advice of Halton Region Public Health and Ministry of Education guidelines. Services are virtual at this time to limit contact and transmission. If a centre requires support for a child, they can reach out directly to their resource consultant or the inclusion agency supervisor. New referrals to inclusion services can continue to be made by calling 311.

87. A child who was receiving support from a resource consultant has returned to the centre and is struggling with the transition back into child care. We would like the resource consultant to assist us with this. How do we arrange for support?

- The supervisor of the childcare centre should contact the supervisor of the inclusion agency they have been working with. The inclusion supervisor will have the appropriate resource consultant contact the centre to provide consultation.

88. When I call the resource consultant we have worked with there is a message to say they are not available or they are working limited hours. How do we get the support we need?

- Please contact the inclusion supervisor of the agency you have worked with and you will be connected with a resource consultant. There may be situations when it will not be the same resource consultant you worked with prior to COVID-19, but you can be confident you will receive the support you require.

89. *Should we be asking parents to call the resource consultant they had been working with if their child is returning to care?*

- No. Centres can contact the appropriate Inclusion Supervisor for their organization and discuss transition plans with the resource consultant.

90. *There are a number of children struggling with the transition back to child care. We would like some support to make this a positive experience for the children. Who can provide us with that?*

- We recognize this may be difficult transition for children and parents/caregivers. A resource consultant can work with you to support a successful transition back to child care.. Contact the supervisor of the inclusion agency you work with for next steps.

91. *The consultation with the resource consultant has been helpful but we need someone to observe the child in the classroom.*

- Services will be virtual through use of phone, e-mail and the Zoom platform to limit contact and transmission. Prior to implementing a virtual approach, it is important to meet all aspects of confidentiality and make sure the approach is feasible for the child care staff to participate in.

If you have any questions related to inclusion services, please contact the supervisor of the agency that provides support to your centre:

Community Living Burlington

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Useful links

- [Halton Region COVID-19 \(Public Health Guidelines: Child Care Settings\)](#)
- [Screening Tool for School andhttps://covid-19.ontario.ca/school-screening/ Child Care](https://covid-19.ontario.ca/school-screening/)
- [Halton Region COVID-19 \(2019 Novel Coronavirus\)](#)
- [Government of Canada Coronavirus disease \(COVID-19\): Outbreak update](#)
- [Ministry of Health COVID-19 Reference Document for Symptoms](#)
- [Ministry of Education Operational Guidance During COVID-19 Outbreak - Child Care Re-Opening](#)
- [Ministry of Education Operational Guidance During COVID-19 Outbreak – EarlyON Re-Opening](#)
- [Ministry of Education Before and After School Kindergarten to Grade 6 Policies and Guidelines for School Boards](#)
- [Ministry of Health COVID-19 Provincial Testing Guidance Update](#)
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- [ROCK Resource Kit for Families Ages 0-6](#)
- [Zero to Three At-Home Activity Guide](#)
- [College of Early Childhood Educators COVID-19 FAQs for Members](#)
- [Health and Safety Guidance During COVID-19 For Employers of Child Care Centres](#)