

COVID-19 Public Health Guidelines: Child Care Settings

Last Updated: September 2, 2021

Summary of Updates from Previous Version

- Masks and eye protection is no longer required outdoors.
- Eye protection is required for individuals working in close contact with children who are unable to wear face protection.
- Physical distancing is strongly encouraged between groups.
- Singing is permitted indoors.
- Risk of transmission of shared objects is low.
- Focus should be on regular hand hygiene and respiratory etiquette to reduce risk of infection.
- Visitors and students on educational placement is permitted.
- Movement of staff between child care locations and before and after school programs and cohorts is permitted.
- Planning activities for smaller groups when using shared objects or toys.
- Space set-up and physical distancing of more than one child care, early years program or day camp can be offered per building/space as long as they are able to maintain separation between the groups/cohorts and follow all health and safety requirements that apply to those programs.
- In shared outdoor space, mixing between groups and any other individuals outside of the group is permitted, though physical distancing is encouraged.

New Sections Added:

- Hand Hygiene and Respiratory Etiquette
- Mental Health
- Physical Activities and Field Trips
- Ventilation
- Transportation

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.

On September 1, 2020, child care and early years programs were permitted to return to maximum group sizes as set out under the CCEYA (e.g. licensed age groups prior to the COVID-19 outbreak). All child care settings must continue to operate with enhanced health and safety measures in place, including the use of medical masks and eye protection (e.g. face shield or goggles) for all staff/providers. Given

the strict health and safety measures in place and the advice of Halton Public Health units, some child care operators may continue to operate at reduced capacity for a period of time.

Health and Safety Protocols

Child care operators must ensure written policies and procedures outline their health and safety protocols to include information on how the child care setting will operate to prevent and minimize the impact of COVID-19 including at minimum the following:

- Attendance recording
 - Cleaning and disinfecting space, toys and equipment
 - Communication Plan in the event of case/outbreak
 - Food Safety Practices
 - Grouping staff and children
 - Hand hygiene and respiratory etiquette
 - Isolation/exclusion of ill children and child care staff (including information on exemptions or exceptions)
 - Parent drop off/pick up
 - Physical distancing
 - Rescheduling of events/in person meetings
 - Reporting illness
 - Screening
 - Shift scheduling
 - Use of personal protective equipment (PPE)
 - Workplace Safety Plan
- Provide training to staff on revised IPAC policies and procedures.
 - Ensure all staff are aware of the [signs and symptoms](#) of COVID-19.

COVID-19 Screening

General Requirements

- Post signs at entrances to the child care setting to remind staff, parents/caregivers, and visitors of screening requirements and signage they should only enter if they do not have COVID-19 symptoms.
- All screening procedures (including onsite screening) are completed and to ensure that no individual enters the premises unless they have completed the screening and the result of that screening has indicated that they are allowed to proceed.
- Self-assessment tools should be available to staff to ensure awareness of possible symptoms of COVID-19.
- All individuals that do not pass the screening procedures will be asked to return home and self-isolate. Refer to [COVID-19 screening tool](#) for screening tool for symptom screening, monitoring and isolation procedures.
- All individuals must follow the monitoring and isolation advice outlined in the [COVID-19 screening tool](#).
- Remind staff/early childhood education students and parents/guardians of children attending the child care centre/home that they must not attend the child care program when they are ill, and that they should report any [symptoms associated with COVID-19](#) to the child care operator.

- Child care centres and before and after school providers are to validate daily screening results for all child care centre staff, student on educational placement and visitors, prior to arrival at child care premise. Confirmation should be in provided as deemed appropriate e.g. mobile application indicating pass or paper copy.
- Precautions should be in place to ensure physical distance is maintained of a least 2 meters from those being screened, being separated by physical barrier (e.g. plexiglass) and provide alcohol based hand rub (ABHR) at all screening stations.
- 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.
- Use visual markers (for example, tape on the floor or pylons) to assist children and parents/guardians in maintaining a 2 metre (six foot) distance from each other while waiting to be screening.
- Do not report screening results to Halton Region Public Health.

Screening for Child Care Centres

- All child care staff, students on educational placement and visitors) entering the child care must self-screen every day before attending the program using the [COVID-19 screen tool](#).
- Any individuals that do not pass the screening procedures will be asked to return home and self-isolate. See the provincial [COVID-19 screening tool](#) for symptom screening, monitoring and isolation procedures.
- At the advice of the Halton Public Health, child care operator may choose to implement additional screening measures based on local circumstances.

Screening for Children

- Each day and including weekends, parent or guardians, on behalf of their children, are to screen their children for symptoms of illness and attest to the results from the completed [COVID-19 screen tool](#) or [PDF form](#).
- Parents or guardians of any child that has not completed the screening for symptoms prior to arriving at the child care setting will be required to complete screening prior to entry.
- Any child that does not pass the on-site screening procedures will be asked to return home and self-isolate. Refer to the provincial [COVID-19 screen tool](#) for symptom screening, monitoring and isolation procedures.
- Staff must escort children into the child care centre/home after screening.
- Parents/guardians should not go past the screening area or enter the child care setting unless there is a specific need to do so and the parent/guardian passes the screening.
- At the advice of the Halton Public Health, child care operator may choose to implement additional screening measures based on local circumstances.

Screening for Home Child Care

- Home child care providers and any others staying at the premises must conduct a daily self-screen and screen all other members of the household before providing child care.
- If the provider or any other member of the household does not pass the screening, the provider should notify the home child care agency and must not provide child care.
- Any of these individuals that do not pass the screening procedures will be asked to return home and self-isolate. See the provincial COVID-19 r symptom screening, monitoring and isolation procedures.
- At the advice of the Halton Public Health, home child care agencies may choose to implement additional screening measures based on local circumstances.

Attendance Records

- Child care centres must maintain daily records of anyone entering the facility (including: parents and guardians dropping off children, cleaners, people doing maintenance work, people providing supports for children with special needs and those delivering food).
- The records will be used to facilitate contact tracing if there is a confirmed COVID-19 case or outbreak. Ensure the daily records are available on the premise at all times. Records must include the following information:
 - Date
 - Name of person entering the facility
 - Company Name
 - Approximate time of arrival and time of departure
 - Screening completion/result
- Records must be updated when a child, student or staff is absent. Child care operators should follow-up with all individuals to determine the reason for any unplanned absences and if absence is due to illness, to note any symptoms (for example, fever, sore throat, cough).
- Monitor attendance records for patterns or trends (for example, children and staff in the same group who are absent at the same time or over the course of a few days).

Maximum Group Size and Ratio

- Child care settings are permitted to operate using maximum group sizes as set out under the Child Care Early Years Act (CCEYA), 2014.
- Staff and students under educational placement are not included in the maximum group size.
- Children are permitted to attend on a part time basis and must be included in the maximum group size for period of they are in attendance. They should be included in one group and not mix with other groups.
- While groups are permitted to return to the previous maximum group size under the CCEYA, each group should stay together throughout the day and as much as possible should not mix with other groups.
- Mixed age grouping is permitted as set out under the CCEYA where a director approval has been granted on the license.
- Reduced ratios are permitted as set out under the CCEYA provided that groups are not mixed and that reduced ratios are not permitted at any time for infants.
- Refer to *Ontario Regulation 137/15: General* under the *Child Care Early Years Act, 2014* to determine the maximum number of children allowable in a group.

Staffing

- Movement of supervisors and/or designates, staff and students on educational placement between child care locations and between licensed age groups is permitted.
- Reducing the movement of staff and placement students where possible is encouraged to minimize potential for transmission.
- Qualified staff operators are required to ensure each group has the required number of qualified staff as set out in the (CCEYA).
- Staff director approval (DA) can be requested from one child care centre to another child care centre that is operated by the same operator.
- Operator can request a staff DA for multiple age groups.

- Staff are required to have valid certification in first aid training including infant CPR.

Space Set-up and Physical Distancing

- Physical distancing between children in a child care setting can be difficult to maintain; however, it is an important strategy that should be encouraged whenever possible.
- The number of visitors indoors should be limited to the ability to maintain physical distancing of at least 2 metres.
- For ideas how to provide engaging environment while maintain distance, refer to: [Building On How Does Learning Happen?](#)
- Physical barriers (which begin at the floor and reach a minimum height of 8 feet) are not required if a distance of 2 metres can be maintained between cohorts.
- Common space (e.g., entrances, hallways), physical distancing of at least 2 metres must be maintained between different groups and should be encouraged, as much as possible between children within the same group by:
 - spreading children out into different areas, particularly at meal and dressing time;
 - incorporating more individual activities or activities that encourage more space between children; and
 - using visual cues to promote physical distancing.
- In shared outdoor space, mixing between groups and any other individuals outside of the group is permitted, though physical distancing should be encouraged between groups as much as possible.
- Increase the distance between cribs/cots/resting mats/playpens or place the children head to toe or toe if the space is limited.
- Where physical distancing is difficult with small children and infants, additional suggestions include:
 - planning activities for smaller groups when using shared objects or toys; when possible, moving activities outside to allow for more space; and,
 - singing is permitted indoors; masking is encouraged but not required for singing indoors if a minimum of 2 metres distance can be maintained between cohorts and as much distancing as possible maintained within a cohort.

Hand Hygiene & Respiratory Etiquette

- The focus should be on regular hand hygiene and respiratory etiquette to reduce the risk of infection related to shared equipment. This is the most important protective strategies.
- Hand hygiene should be conducted by anyone entering the child care setting and incorporated into the daily schedule at regular intervals during the day, above and beyond what is usually recommended for example:
 - before eating food
 - after using the washroom
 - after returning from playing outside
 - after sneezing or coughing into hands
 - when visibly soiled and;
 - before and after use of sensory materials (e.g., playdough, water, sand, etc.)
- Staff may provide assistance to apply sunscreen to any child requiring it and should exercise proper hand hygiene when doing so (e.g., washing hands before and after application).
- Tissues and lined, no-touch waste baskets (for example, foot pedal-operated, hand

sensor, open basket) are to be provided, where possible. Throw tissues out immediately after use and wash hands.

- Encourage children to not touch their eyes, nose and mouth with unwashed hands.
- Encourage children to cough or sneeze into their sleeve or cover their mouth and nose with a tissue.
- Hand hygiene and respiratory etiquette should be practiced while the ill individual is waiting to be picked up.
- Support or modifications should be provided to allow children with special needs to regularly perform hand hygiene as independently as possible.
- Age appropriate posters or signage should be placed around the child care setting. Refer to [Public Health Ontario: How to Wash Your Hands \(PDF\)](#) factsheet and [respiratory etiquette](#).
- Refer to Health Canada's [Hard-surface disinfectants and hand sanitizers \(COVID-19\): List of hand sanitizers authorized by Health Canada](#), including which sanitizers may be appropriate for different groups of staff and students.

Soap and Water

- Handwashing with soap and warm water for at least 15 seconds is the preferred method for cleaning hands.
- Soap and water are preferred as the most effective method and least likely to cause harm, if accidentally ingested.
- For any dirt, blood, body fluids (urine/feces), it is preferred that hands be washed with soap and water.

Alcohol Based Hand Rub (ABHR)

- When there is no access to soap and water, ABHR with a minimum 60% alcohol concentration must be available (60-90% recommended, including ideally at the entry point to each child care room) and/or plain liquid soap in dispensers, sinks and paper towels in dispensers.
- ABHR can be used by children. It is most effective when hands are not visibly soiled.
- Safe placement of the ABHR to avoid consumption is important especially for young children.

Cleaning Protocols

- Existing practices should be reviewed to determine where enhancements might be required, including frequency and timing of cleaning and disinfection, areas to clean and disinfect, choice of cleaning products, and child safety, staffing, signage, and PPE use when cleaning.
- Refer to [PHO: Cleaning and Disinfection in Public Settings](#) factsheet.

Cleaning Products

- Products that provide both cleaning and disinfection action are preferable due to ease of use (for example, hydrogen peroxide products).
- Only use cleaning and disinfectant products that have a Drug Identification Number (DIN).
- Check the expiry date of the agents prior to use.
- Products should be used in accordance to the manufacturer's instructions.

Cleaning Program

- Child care centres and home child care premises should be cleaned frequently.
- Cleaning plus disinfection twice daily is suggested at a minimum, however, more frequent cleaning and disinfection may be necessary, depending on the frequency of use and extent of soilage.
- Frequently touched surfaces include but are not limited to:
 - washrooms (for example toilet fixtures, faucets)
 - eating areas (for example, tables, sinks, countertops)
 - doorknobs, light switches, handles, desks, phones, keyboards, touch screens, push buttons, handrails, computers, photocopiers, sports equipment, water fountain knobs.
- It is recommended that child care operators, keep a cleaning and disinfecting log to track and demonstrate cleaning schedules.
- Focus should be on regular hand hygiene to reduce the risk of infection related to high touch surfaces.

Shared Spaces/Objects

- The risk associated with transmission with shared objects is low.
- Instead of regular cleaning of shared objects, the focus should be on regular hand hygiene and respiratory etiquette to reduce the risk of infection related to shared equipment.
- This is especially the case for young children where shared equipment is important for learning (for example, toys for imaginative play, manipulatives for math).

Where an individual is suspected of having COVID-19 in the child care setting:

- Establish a protocol to determine contaminated areas and carry out cleaning and disinfection, including timing, when to return to use, methods of cleaning, PPE to be used while cleaning, and waste disposal.
- Identify areas that may require cleaning plus disinfection (items used by the individual and all surfaces within 2 metres of the ill person) versus cleaning alone (such as a hallway or room where the individual has passed through).

Equipment and Toy Usage and Restrictions

- Child care operators and home child care providers are encouraged to provide toys and equipment which are made of materials that can be cleaned and disinfected (e.g., avoid plush toys), as much as possible.
- Mouthed toys should be cleaned and disinfected immediately after the child is finished using them.
- Child care operators and home child care providers are encouraged to have designated toys and equipment (e.g., balls, loose equipment) for each room or group of children.
- If sensory materials (e.g., playdough, water, sand, etc.) are offered, emphasis should be placed on hand hygiene before and after the use of materials.
- Designate toys and equipment for each room or group to limit sharing between groups.
 - If sensory materials (for example, playdough, water, sand, etc.) are offered, emphasis should be placed on hand hygiene before and after the use of materials.
 - Child care operators and home child care providers are encouraged to have designated toys and equipment (e.g., balls, loose equipment) for each room or group of children.
- Avoid activities that involve shared objects or toys.
- Personal items must be clearly labelled with the child's name to prevent accidental sharing.

Outdoor Play

- Children are not required to wear mask when outdoor.
- Outdoor play should be scheduled by groups in order to facilitate physical distancing between cohorts as much as possible.
- Find alternate outdoor arrangements e.g. community walk where there are challenges securing outdoor play space. Follow physical distancing when possible.
- Children should bring their own sunscreen when possible and it should not be shared. Staff may provide assistance to apply sunscreen to any child requiring it and should exercise proper hand hygiene when doing so (e.g. wash hands before and after application).

Food Interactions with Infants/Toddlers

- Staff are to supervisor and hold bottles for infants not yet able to hold their own bottle to reduce risk of choking.
- Consider removing cribs or placing infants in every other crib and mark the cribs that should not be used in order to support physical distancing.
- Physical distancing is difficult with small children and infants, suggest to move activities outside to allow for more space.
- Children must not share food, feeding utensils, soothers, bottles, sippy cups etc. mouthed toys must be removed immediately for cleaning and disinfecting and must not be shared with other children.
- Label items with the child's name to discourage accidental sharing.

Provision for Special Needs Resources (SNR)

- Provision of in person special needs service should continue, where appropriate.
- Please work with special needs service providers to explore alternative modes of service delivery where in person delivery is not possible.
- All SNR staff are required to have their daily self screening results validated on site before entering the child care centre.
- SNR staff are required to wear a medical mask and eye protection (as necessary) and maintain physical distance, as much as possible.
- Child care operators and SNR service providers should work together to determine who will be responsible to ensure SNR staff have appropriate PPE.
- Attendance record shall be documented for contact tracing purposes.

Food Safety Practices

- Family style meals are permitted to operate provided that food handlers use adequate food handling and safety practices. Where possible, serve meals in individual portions and always use utensils if serving from communal meals.
- 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.
- Children must not share food, feeding utensils, soothers, bottles, sippy cups, etc.
- 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.

- 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).

Personal Protective Equipment (PPE)

- Masking and eye protection are not required outdoors in child care centre or before/after school program.
- Physical distancing is strongly encouraged between groups.

Staff Expectation

- All child care staff, home child care providers, home child care visitors and students on educational placement are required to wear medical masks (e.g. surgical/procedural) while inside a child care setting, including in hallways and staff rooms (unless eating but time with masks off should be limited and physical distance should be maintained).
- Eye protection (e.g. face shield or goggles) is required for individuals working in close contact with children who are unable to wear face protection (e.g. children younger than grade 1) but not required for individuals working with children who wear face protection.
- Child care operators are to establish a protocol to determine PPE to be used while cleaning, and waste disposal

Child Expectation

- All children in grades 1 and above are required to wear a properly-fitted non-medical or cloth mask while inside a child care setting, including in hallways.
- Mask are not recommended for children under the age of 2.
- Parents/guardians are responsible for providing their child(ren) with a non-medical mask(s) or face covering each day and should be reminded that if children are wearing masks, they will require a way to store their mask when not in use.

Proper Use of Mask and PPE

- The use of medical masks and eye protection is for the safety of child care staff/providers and the children in their care. This is especially important when working with individuals
- who may not be wearing face coverings (e.g. young children under the age of 2).
- Masks should be replaced when they become damp or visibly soiled.
- Refer to [Public Health Ontario: Putting on and Taking off PPE.](#)

Before and After School Programs (Kindergarten to Grade 6)

- Before and After School Programs are permitted to operate for the 2021-22 school year. Please refer to the [2021-22 Before and After School Kindergarten to Grade 6 Policies and Guidelines](#) for more information.
- Movement of staff between before and after school programs and cohorts is permitted.
- Masking and eye protection are not required outdoors. Physical distancing is strongly encouraged between groups.
- Best practices to limit interactions between students from different cohorts and reduce transmission of COVID-19 may include:

- Making best efforts to group the before and after school program class with the same core day class (e.g. determining core day classes based on whether the child is enrolled in the before and after school program); and
 - Making use of large, well-ventilated spaces (e.g. gymnasium) or outdoor spaces as much as possible for the before and after school programs; and
- Maintain up-to-date lists of students in each before and after school program cohort to facilitate timely follow-up should a confirmed case of COVID-19 be identified.
- Providers may consider scheduling outdoor play during the time that the cleaning and disinfecting takes place.
- Designated toys and equipment (e.g. balls, loose equipment) are encouraged for each group of children.
- Low contact activities is permitted indoors. For children in grade 1 and up, masking is encouraged but not required if a minimum of 2 metres distance can be maintained between groups and as much as possible within a group.
- Communication with families regarding the enhancement of health and safety measures facilitates transparency of expectations. New policies should be shared with families for their information and to ensure they are aware of these expectations, including keeping children home when they are sick, which are aimed at helping to keep all children and staff/providers safe and healthy.
- Develop procedures that support physical distancing and separate groups of students as best as possible – ideally separate entrances and exits (e.g. children of one room enter door A and children of another room enter door B) or staggered entrance times. For helpful school re-opening considerations, please refer to: [Public Health Ontario: COVID-19 Preparedness and Prevention](#).
- Consider using signage/markings on the ground to direct families through the entry steps.
- When in the same common space (e.g., entrances, hallways) physical distancing of at least 2 metres should be maintained between different groups and should be encouraged, as much as possible, between children within the same group by:
 - spreading children out into different areas, particularly at meal/snack and dressing time;
 - incorporating more individual activities or activities that encourage more space between children; and using visual cues to promote physical distancing.
- In shared outdoor spaces, mixing between groups and any other individuals outside of the group is permitted, though physical distancing should be encouraged between groups as much as possible.
- Additional suggestions include: planning activities for smaller groups when using shared objects or toys; when possible, moving activities outside to allow for more space; and
 - singing is permitted indoors. Masking is encouraged but not required for singing indoors if a minimum of 2 metres distance can be maintained between cohorts and as much distancing as possible maintained within a cohort.
- 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).
- Child care centre operating before and after school care may adjust grouping requirements where operationally required (for example, combining groups when walking children to school to ensure adequate supervision).

- School age children who attend different schools or from different classrooms may be accepted into care at a child care centre location. Child care centre supervisors should try to prioritize grouping based on their core-school program, if possible.
- As best practice, child care operators/supervisors may try to implement scheduling to prevent mixing between before and after school groups and full day groups whose child attendees do not attend a core-school program.

Before and after school programs operating in shared spaces (for example, located in schools or community centres should:

- Collaborate with appropriate staff 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.
- Staff and children should maintain physical distancing if engaging in moderate to vigorous activity outdoors.

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).

Care During Program Activity Days (PA days) and Holidays

As best practice, the following child care operators may try to implement the following:

- 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. 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, 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.
- Ensure that cohorts/groups (that is, child attendees, staff and early childhood education students) stay together for the duration of the program.

Children or Staff with COVID-19 Symptoms

All individuals (including staff, child care operators, parents/guardians and children) must follow the

direction, monitoring and isolation advice provided from the [COVID-19 screening tool](#).

If a *staff* member becomes ill while at child care are to immediately go home.

If a *child* becomes ill while at child care:

- The ill child must be immediately separated from others, in a separate room where possible (e.g. an isolation room). Parents/guardians must be contacted for pick-up of symptomatic children.
- Symptomatic children who are separated from others must be supervised.
- Anyone providing care to the ill child should maintain as much physical distance as possible. If physical distancing is not possible (e.g., if a young child needs comfort) staff/providers should consider additional PPE (e.g. gloves, gown).
- The person caring for the individual must wear a medical mask and eye protection and be trained on proper use of PPE, including donning and doffing.
- If tolerated, the ill child should also wear a medical mask.
- Hand hygiene and respiratory etiquette should be practiced while the ill child is waiting to be picked up.
- Cleaning of the area the separated child was in and other areas of the child care setting where the ill child was should be conducted as soon as reasonably possible after the ill individual leaves.
- The ill child and/or their parent or guardian should be advised to use the [COVID-19 screening tool](#) and follow instructions which may include seeking medical advice and/or going for testing for COVID-19.
- Communication protocols to update and inform necessary stakeholders within the child care community while maintaining confidentiality of the ill child should be initiated (e.g., contact the school, home child care agency, service system manager and/or ministry through a Serious Occurrence Report as applicable).
- Regular child care operation can continue unless directed otherwise by the Halton Public Health.
- For home-based programs: if a person who resides in the home tests positive for COVID-19, the Halton Public Health unit should be notified and their advice on next steps should be followed (including closing the program and notifying all families if necessary).
- An ill child who has a known alternative diagnosis provided by a health care professional may return to child care if they do not have a fever and their symptoms have been improving for at least 24 hours.

Individuals cannot return until cleared by Halton Public Health and do not need to provide a medical note or proof of negative result to return to the program.

Criteria to Return to Child Care

After 10 day isolation period is completed, the following must be met prior to returning to the child care:

If test result for COVID-19 is negative, the individual, may return to the child care centre if all the following apply:

- no fever (without using medication)
- it has been at least 24 hours since your symptoms started improving
- no close physical contact with someone who currently has COVID-19

If test result is positive, the individual, can return to school/child care only when are cleared by Halton Public Health.

If you do not get tested, you must isolate for 10 days. You may be able to return earlier if **all** the following apply:

- a doctor diagnosed you with another illness
- you do not have a fever (without using medication)
- it has been at least 24 hours since your symptoms started improving

If you do not talk with a doctor, the individual must isolate for 10 days. After the 10 days, you can return only when **all** the following apply:

- you do not have a fever (without using medication)
- it has been at least 24 hours since your symptoms started improving.

Reporting Cases

- Child care operators have a duty to report suspected or confirmed cases of COVID-19 to Halton Region Public Health at 311 or 905-825-6000.
- If the child care centre has a confirmed case of COVID-19, child care operators must:
 - Report this as a serious occurrence to the Ministry.
 - If there is a suspected case, child care operators are no longer required to report the serious occurrence to the Ministry.
 - Report confirmed cases to Halton Public Health by providing details of daily attendance records to assist with contact tracing and case management investigation.
 - Halton Public Health will provide guidance to the child care on any additional steps of how to monitor for other possible infected staff.
 - If closure is ordered by Halton Public Health, the operator must update the existing serious occurrence report to the Ministry.
- Communication with families regarding the enhancement of health and safety measures makes expectations clear. New policies should be shared with families for their information and to ensure they are aware of these expectations, including keeping children home when they are sick, which is aimed at helping to keep all children and staff/providers safe and healthy.
- Child care operators must share with parents the policies and procedures regarding health and safety protocols to COVID-19, including requirements and exceptions related to masks.
- Child care operators are not required as part of re-opening to revise their program statement, full parent handbook, and other policies.
- Child care operators may want to consider providing links to helpful information as well as detailed instructions regarding screening and protocols if a child or individual in the program becomes ill.
- Priority/waitlist policies may need to be updated as health and safety measures change to account for any resulting limited capacity. Any changes to policies should be communicated to families so they are aware of the changes. An equitable approach should be implemented to assess priority for care.
- Where possible, the use of in-person communication should be limited.

Outbreak Management

An outbreak may be declared by Halton Public Health when within a 14-day period, when there are 2 or more laboratory-confirmed COVID-19 cases in children, staff/providers or other visitors with an epidemiological link, for example, cases in the same room, cases that are part of the same

before/after school care cohort) where at least one case could have reasonably acquired their infection in the child care setting.

- Halton Public Health will work with the child care operator to determine whether an epidemiological links exist between cases and whether transmission may have occurred in the child care setting.
 - If Halton Public Health unit declares an outbreak, they will determine what happens next. This could include closing particular child care rooms or cohorts or an entire child care setting.
 - Halton Public Health unit will help determine which groups of children and/or staff/providers need to be sent home or if a partial or full closure of the child care setting is required.
 - If Halton Public Health determines that partial or full closure of the child care setting is required, the child care operator must revise their existing serious occurrence report for a confirmed COVID-19 case to include information about the closure.

Drop-Off and Pick-Up Procedures

- Develop procedures that support physical distancing and separate groups of children as best as possible ideally separate entrances and exits (e.g. children of one room enter door A and children of another room enter door B), or staggered entrance times. Refer to [Preparedness Checklist](#) developed by Public Health Ontario for school reopening, for helpful considerations.
- Consider using signage/markings on the ground to direct families through the entry steps.
- Personal belongings should be labeled and kept in the (e.g., backpack, hats and mittens, etc.). While appropriate clothing for the weather (e.g., jackets, hats, sunscreen) should continue to come with the child, other personal belongings (e.g., toys) should be minimized.
- You may want to consider stroller storage if this typically takes place inside the child care setting (for example, designating a space outside of the child care setting, such as a storage shed so that parents do not need to enter the building to leave the stroller).

Field Trips

- Field trips are permitted as per the [Reopening Ontario Act](#).
- Children should be cohorted throughout the duration of the trip. Ratios must be maintained as set out in the CCEYA.
- Health and safety requirements set out in the guidelines and regulations (e.g. masking, eye protection) and of the place being visited would continue to apply.
- Keeping daily accurate records of individuals attending field trips (name, contact information, time of arrival/departure, transportation, location visited) is required to facilitate contact tracing.

Mental Health

The following resource provides information on how early years settings can support the social and emotional health and wellbeing of children and families, in addition to safe and healthy environments.

Ministry of Education: [Building On How Does Learning Happen?](#)

- Early years and child care program providers are also encouraged to collaborate with child and youth mental health agencies to support strong connections and make the best use of mental health resources and supports across the integrated system of care.

Physical Activities

- High contact physical activities should take place in outdoor settings only. Masking is not required outdoors for high contact physical activities.
- Low contact activities are permitted indoors. For children in grade 1 and up, masking is encouraged but not required if a minimum of 2 metres distance can be maintained between groups and as much as possible within a group.

Ventilation

- Child care operator and home child care providers are encouraged to implement best practices and measures to optimize ventilation: [Public Health Ontario: Heating, Ventilation and Air Conditioning \(HVAC\) Systems in Buildings and COVID-19](#).
- Adequate ventilation should be provided by opening windows, moving activities outdoors when possible, and through mechanical ventilation including HVAC systems.
- Heating, ventilation and air conditioning systems (HVACs) and their filters are designed to reduce airborne pollutants, including virus particles, when they circulate through the system.
- Ensure HVAC systems are in good working condition.
- Keep areas near HVAC inlets and outlets clear.
- Arrange furniture away from air vents and high airflow areas.
- Avoid re-circulating air.
- While ventilation is important, it must be used along with other public health measures.

Transportation

- All child care staff, home child care providers, home child care visitors and students on educational placement are required to wear medical masks when providing transportation for children.
- Eye protection should be used as per occupational health and safety requirements. Eye protection for drivers should not interfere with the safe operation of vehicles and is intended to protect drivers during close contact with children, such as during boarding and exiting.
- Children in grades 1 and above will be required to wear a non-medical masks or face covering. Children below grade 1 should be encouraged to wear masks on transportation.
- Accommodations should be provided to children that are immunocompromised and otherwise medically vulnerable children, and children with special transportation needs.
- Children should be assigned seats and a record of the seating plan should be kept to assist with contact tracing in the case of a child, child care worker or driver contracting COVID-19. Children who live in the same household should be seated together where possible.
- Health and safety measures should be clearly communicated to parents and guardians to ensure their comfort with the adapted transportation system and receive their support in having children understand and follow guidelines.
- Vehicles should follow an enhanced cleaning protocol of disinfecting high-touch surfaces (for example, handrails, seatbacks) at least twice daily.
- Transportation service providers should also consider the [Health and Safety Guidance During COVID-19 for Student Transportation Employers](#) released by the Public Services Health and Safety Association.

Occupational Health and Safety

- Under the Occupational Health and Safety Act (OHSA), employers must take every precaution reasonable in the circumstances to protect the health and safety of workers. This includes precautions to protect workers from exposure to infectious diseases.
- Wear a medical mask and eye protection (e.g. face shield) as per occupational health and safety requirements under the [Occupational Health and Safety Act](#).
- Eye protection should be used as per occupational health and safety requirements.
- Training, where appropriate as per occupational health and safety requirements under the [Occupational Health and Safety Act](#), should be provided to ensure that health and safety measures to protect against COVID-19 are understood, followed and enforced in all child care settings.
- Operators must keep an up-to-date record of staff that have been trained.
- For information on other measures to consider for child care staff/providers, consult the Public Services Health and Safety Association's: [Child Care Centre Employer Guideline](#) and [Precautions when working as child care provider](#).
- Every operator must ensure there are written policies and procedures outlining health and safety protocols.
- For information on employers responsibilities and how to protect workers at work, refer to: Ministry of Labour, [COVID-19 and workplace health and safety](#) webpage for information on employers' responsibilities and how to protect workers at work.
- Educate staff on Ministry of Labour: [COVID-19 Employment Standards and Protection health and safety protections](#) at the workplace.
- Encourage staff to download the [COVID Alert Notification app](#), which can alert you to possible exposures before you have symptoms.

There is not one public health measure that can guarantee protection from COVID-19, multiple strategies are needed. Other measures include symptom screening and self-isolation for people with symptoms, practicing physical distancing, wearing a mask, and practicing good hand hygiene and respiratory etiquette.

For further information, you may wish to visit the [provincial COVID-19 website](#) regularly for current information, as well as the [Public Health Ontario public resources page](#) for information to help stop the spread, find sector specific resources, including helpful posters, mental health resources, and other information.

References and Resources

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Halton Region Public Health. (2021). [COVID-19 Eye Protection Guidance Workplace](#)

Halton Region Public Health. (2021). [Mental Health Resources and Supports](#)

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Ministry of Education. (July 8, 2021). [Health and Safety Measures for Child Care](#)

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Ministry of Labour. (2020). [Resources to Prevent COVID-19 in the Workplace](#)

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Public Health Ontario (PHO). (2021). [Heating, Ventilation and Air Conditioning \(HVAC\) Systems in Buildings and COVID-19](#)

Public Health Ontario (PHO). (2020). [How to Wash Your Hands \(PDF\)](#)

Public Health Ontario (PHO). (2021). [COVID-19 Preparedness and Prevention in Elementary and Secondary Schools \(K-12\)](#)

Public Health Ontario (PHO). [Putting on PPE and Taking off PPE \(PDF\)](#)

Public Health Ontario (PHO). [Respiratory Etiquette Infographic \(PDF\)](#)