

October 18/19/20, 2021 COVID-19 HEALTH AND SAFETY MEASURES WEBINAR Qs and As

Please note: Local public health units may have different or additional measures in place; given the varying impacts of COVID-19 in different communities, the advice of the local public health unit must always be followed. In the event of a conflict between the advice from the local public health units and this document, advice from the local public health unit will prevail.

The content in this document is consistent with the guidance included in the Operational Guidance for Child Care During COVID-19 Outbreak (Version 8) and Before and After School Programs Kindergarten – Grade 6 POLICIES AND GUIDELINES FOR SCHOOL BOARDS FOR THE 2021-2022 SCHOOL YEAR (Version 5) released September 2021.

- 1. Please provide more clarity on how often toys and beddings need to be washed? Can the licensee go back to sharing supplies now, like markers and paint? Can the licensee bring back soft things, like area rugs, pillows and soft toys?**

The latest [Operational Guidance](#) notes that there is little evidence that COVID-19 is contracted from shared objects. The primary mode of transmission is through the respiratory droplets and aerosols (smaller droplets) of an infected person. The guidance emphasizes proper hand hygiene and respiratory etiquette (e.g. washing hands, using sanitizer, sneezing into a tissue or sleeve).

The current guidance permits children to share toys and equipment and allows for the return of materials such as area rugs and sensory objects, recognizing that shared equipment is important for learning, especially for young children (e.g. toys for imaginative play, manipulatives for math).

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.

You may wish to consider smaller groups when using shared objects or toys.

Children must not share feeding utensils, soothers, bottles or sippy cups and other mouthed toys.

The guidance continues to recommend cleaning twice daily. Though, licensees may wish to consider more frequent cleaning and disinfection depending on the frequency of use and extent of soilage.

- 2. When will licensees be allowed to mix cohorts? Especially during the beginning and end of the day?**

Licensees of child care centres are required to ensure that groups maintain a minimum physical distance from one another in accordance with the requirements set out in the updated [Operational Guidance During COVID-19 Outbreak document](#); however, the regulation does not prohibit licensees from assigning children to different groups throughout the day to better accommodate staffing needs.

Child care centres must be able to demonstrate that children who are together for any part of the day are a single group and not two separate groups in the same space. Some possible ways of demonstrating this could be through a combined attendance sheet and consistent staffing and group assignments (wherever possible).

For example, two toddler children (out of a group of 10) consistently arrive prior to 8:00am. The remaining toddler children arrive after 8am. The licensee could assign the two toddlers who arrive early to the preschool group until 8am (provided mixed age approval has been granted and ratios/max group size allow for the children to be in the group). The toddler program could then start at 8am when most of the children arrive and those two toddlers would then be assigned to the toddler group for the rest of the day.

If a child care centre wishes to use this approach, they should consult with their local public health unit to ensure it is permitted and maintain clear documentation that demonstrates the “groups” or “cohorts” as they may exist during different parts of the day (e.g., accurate attendance records including the time each child spent in each group). This documentation is important to support efficient and fast contact tracing if necessary.

3. There are some concerns about the implications of allowing parents into the centre. Can licensees have parents drop off and pick up at the entrance to the building?

Under the *Child Care and Early Years Act, 2014* (CCEYA), licensees are prohibited from preventing parental access to their child or the premises when their child is being cared for except if the parent would be dangerous or disruptive or does not have a legal right of access to the child.

Your COVID-19 policies can no longer prohibit parents from entering the child care premises.

You can still continue with your drop-off and pick up procedures where parents don't enter the building with the consent of the parent (if a parent wishes to enter the premises, they may).

They are still subject to screening requirements set out by the licensee.

Licensees may prohibit parents if they are implementing direction from a local medical officer of health.

4. Why were certain symptoms (e.g., runny noses) removed from the health screener?

COVID-19 presents many symptoms that are seen in other conditions. An effective screening tool needs to identify what symptoms are most indicative of COVID-19 to ensure that individuals are not unnecessarily sent home, tested, isolated, and miss time from school, child care or work.

At a population level, runny nose and some of the other symptoms that were removed from the provincial screening tool have been deemed unlikely to be indicative symptoms of COVID-19 by the Ministry of Health.

Local health units may have additional requirements in relation to screening or other measures to respond to COVID-19. In these cases, licensees must adhere to direction from their local public health unit.

5. Can a licensee accept a child who received a negative test result for Covid-19 but still displays symptoms which are not improving?

Individuals who are feeling unwell or sick should not attend child care to limit any potential spread of infectious disease.

6. Can a child attend child care while their sibling is at home in isolation?

Siblings and other people in the household of the individual identified as a high-risk close contact can go to school, child care or work, but must not leave the home for other non-essential reasons. Household members who are fully immunized or who previously tested positive for COVID-19 in the last 90 days and have since been cleared are not required to stay home.

Children must screen for COVID-19 every day before attending child care. Parents/guardians can answer the screening questions on behalf of their children. Question 3 of the screener asks about whether someone the child lives with is experiencing any new COVID-19 symptoms and/or is waiting for test results after experiencing symptoms. If the sibling in isolation or other household member is experiencing any of the listed symptoms, the parent may not bring the child to child care i.e. if the answer to question 3 is “yes”. For more information, please refer to the [COVID-19 screening tool for students and children in school and child care settings.](#)

Local health units may have additional requirements in relation to screening or other measures to respond to COVID-19. In these cases, licensees must adhere to direction from their local public health unit.

7. Must licensees obtain a physical copy of an individual's vaccination receipt on file?

The Chief Medical Officer of Health (CMOH) Instructions direct every covered organization to establish, implement, and ensure compliance with a COVID-19 vaccination policy requiring specified individuals to provide either proof of full vaccination against COVID-19, proof of a medical reason for not being fully vaccinated, or proof of completion of an educational session about the benefits of COVID-19 vaccination. The Instructions do not specify how such proof must be collected and retained.

It would therefore be up to each covered organization to establish its own policies with respect to this matter and to ensure that those policies are in accordance with any applicable law.

8. Can organizations include parents and guardians into the centre's COVID-19 immunization disclosure policy? Could an organization request parents to show proof of their vaccination status before entering the premises?

The immunization disclosure policy requirements are intended to capture those who work and provide services in child care settings, not families or children.

Please be reminded that licensees are prohibited from preventing parental access to their child or the premises when their child is being cared for except if it is implement direction from a medical officer of health or if the parent would be dangerous or disruptive or does not have a legal right of access to the child.

Parents of children receiving child care cannot be denied access to their child or to the child care premises based on their vaccine status.

The provincial regulation that sets out vaccine passport requirements for individuals wishing to access certain services (e.g. gym, restaurants, theaters) does not include licensed child care.

As private businesses, licensed child care programs may wish to implement policies in place that go above and beyond the requirements set out in the CCEYA and its regulations; however, licensees must ensure that these policies and protocols do not conflict with their obligations under the CCEYA and other legislation.

You may wish to seek independent legal advice with regards to your specific question.

9. Parents are aware of the centre's COVID-19 immunization disclosure policy and parents are requesting to know the status of the staff at the centre, would this be something to share?

Licensees are not required to inform parents of vaccine status of staff. The immunization disclosure policy does not permit or introduce new requirements with respect to the disclosure of personal health information of staff in any school or child care setting.

10. What should a licensee do if a staff member who is not fully vaccinated refused to be tested three times per week?

In accordance with the instructions issued by the Office of the Chief Medical Officer of Health, child care programs must require that individuals who are not fully vaccinated submit to regular rapid antigen testing.

Individuals subject to testing requirements must provide verification of negative test results three times per week as an added measure to protect child care settings from the risk of COVID-19.

You may wish to seek independent legal advice with regards to your specific circumstance.

11. Can a licensee order rapid antigen tests for fully vaccinated staff?

According to [provincial testing guidance](#), antigen screening testing is not recommended for individuals who are fully vaccinated (i.e. ≥ 14 days after receiving their second dose of a two-dose COVID-19 vaccine series or their first dose of a one-dose COVID-19 vaccine series) as the likelihood of COVID-19 is low for this group.

The instructions from the Chief Medical Officer of Health require that all unvaccinated individuals subject to the immunization disclosure policy must be tested on a regular basis. Rapid antigen tests are being provided to licensees to comply with these requirements.

Rapid antigen tests provided by the Ministry of Education to child care programs are not intended for children and families or fully vaccinated staff.

12. When will rapid antigen test be available for children?

Rapid antigen tests provided to licensed child care programs are intended for individuals that are covered by the licensee's immunization disclosure policy. These tests are not intended to be used to screen children.

Licensees are expected to maintain their current screening protocols for children and are encouraged to use the provincial [COVID-19 school and child care screening tool](#).

Local health units may choose to identify a school or child care to implement rapid antigen screening for children in areas where there is a higher risk of transmission.

If a centre is identified, parents can choose if their children will participate in this additional screening offered by their schools and licensed child care settings.