

# COVID-19 FAQs for Licensed Child Care Centres

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## Questions from May 20, 2021 webinar

### WHAT ARE THE COMMON VACCINE SIDE EFFECTS AND CAN I STILL ATTEND WORK?

The most reported side effects of the COVID-19 vaccines are mild headache, fatigue and muscle or joint pain. In the 48 hours after receiving a vaccine, if a staff member reports mild headache OR mild fatigue OR mild muscle/joint pain, and the staff has no known confirmed COVID-19 exposure, the staff can enter the workplace. The symptom must have started since receiving the vaccine and the staff must feel well enough to work. The employer must keep a record of what symptom was reported and when it occurred. All other symptoms post-vaccination would screen out the staff member.

### ARE AFTERHOURS TOURS ALLOWED?

Same question can be found in 'cohorts/groups, staffing and visitors' section (**Page 7**).

### ARE SANDBOXES ALLOWED FOR PLAY?

Similar question can be found in 'shared resources and personal belongings' section (**Page12**).

### WHAT IS THE BEST WAY TO CLEAN PLAYGROUND EQUIPMENT?

Child care operators are to provide toys and play equipment made of materials that can be cleaned and disinfected. Toys and play equipment should be assigned to a specific cohort group, if possible. For any shared toys and play equipment, they must be cleaned and disinfected with an approved disinfectant between cohort groups or when visibly soiled.

For cleaning and disinfection, using a spray bottle should be avoided in order to prevent aerosolization. A bucket and cloth method or squirt bottle are preferred. Ensure the cloth is fully saturated with disinfectant. When cleaning, use one cleaning cloth for one area to prevent cross contamination. Start cleaning from clean areas and move towards dirty areas.

Outdoor play structures are not required to be cleaned and disinfected unless they are visibly soiled or dirty. However, children must clean hands before and after using outdoor play structures.

### ARE A BUCKET AND CLOTH THE BEST WAY TO CLEAN? WON'T THIS CAUSE CONTAMINATION? WHAT ABOUT SPRAY BOTTLES?

For cleaning and disinfection, the use of an aerosol or trigger spray bottle should be avoided in order to prevent aerosolization. A bucket and cloth method or squirt bottle are preferred. Ensure the cloth is fully saturated with disinfectant. When cleaning, use one cleaning cloth for one area to prevent cross contamination. Start cleaning from clean areas and move towards dirty areas. Do not double dip cleaning cloths into the bucket with disinfectant to prevent cross contamination.

### ARE SPRINKLERS ALLOWED?

Answers can be found in 'shared resources and personal belongings' section (**Page12**).

## CAN SCHOOL AGE CHILDREN ATTEND THE CHILD CARE CENTRE FOR SUMMER PROGRAMMING?

Please consult with Program Advisor, Ministry of Education for details.

## Other Frequently Asked Questions

### HOW DO I BOOK A COVID-19 VACCINE APPOINTMENT?

To book an appointment or for more information on clinic locations and appointment availability please visit [york.ca/COVID19Vaccine](https://york.ca/COVID19Vaccine) or call 1-877-464-9675. Walk-in appointments are not available. Please do not visit the vaccination clinic without an appointment, as you will be turned away.

### SCREENING

#### **How do you take a temperature with a physical barrier or 2-metre distance?**

Public health can help with site-specific questions during an on-site inspection. As physical distancing can be a challenge, a screener is required to wear full personal protective equipment (PPE) (i.e., medical mask, gloves, gown and eye protection) during screening as an added precaution in minimizing potential high-risk exposures.

#### **Is personal protective equipment (PPE) needed for screening if it is done outdoors?**

Full PPE (i.e., surgical/procedural mask, gloves, gown and eye protection) is required for screening at all times, even if outdoors. The wearing of PPE protects the screener from any potential high-risk exposures. The screener must practice proper donning and doffing procedure of PPE.

#### **Can parents take temperatures, then clean and disinfect the thermometer between each use?**

Best practice is for the screener to do all the screening, including taking temperatures to make sure it is done consistently and correctly. If a contactless thermometer is not used, child care staff must clean and disinfect the thermometer after each use.

#### **Can parents conduct screening at home?**

Parents can complete the [screening tool](#) daily to assess their child's symptoms related to COVID-19 before sending their child to a child care centre. Self-assessment results should be made available to the centre prior to the child's arrival. The screener should be aware of the assessment result and/or conduct further screening, if necessary, prior to accepting children into the centre.

## **If you screen a family coming in and one child has a fever and one does not, do both children get denied entrance or only the one with the fever?**

Household contacts of symptomatic individuals must stay home from child care until the symptomatic individual receives either a negative COVID-19 test result or an alternative diagnosis by a health care professional:

- If the symptomatic individual's test result is negative, the household members can return to normal activities including child care as long as they do not have symptoms
- If the symptomatic individual's test is positive, the household contacts must isolate for 14 days from their last contact with the household member who is COVID-19 positive. The household contacts should also seek out testing as recommended by Public Health
- If the symptomatic individual does not seek testing, they must isolate for 10 days from the start of symptoms and not attend child care. Household contacts would isolate for 14 days from their last exposure to the symptomatic individual

## **Can a screener take screened children to their cohort groups/program areas?**

Used PPE is considered contaminated and the screener should remove all PPE following proper doffing procedures and practice hand hygiene prior to leaving the screening area. Therefore, there will need to be an escort for each cohort for the children. This person ideally would be a child care staff member from the cohort the child belongs to.

If staff from the same cohort group is not available to escort the child to the room and a runner is needed, the runner should practice hand hygiene and wear a medical mask and eye protection along with maintaining 2-metre physical distancing as much as possible. The runner should be dedicated to specific rooms as much as possible to further decrease exposure risks.

## **How long would you like child care and schools keep the attendance records on-site for?**

York Region Public Health's COVID-19 outbreak (OB) team would like premises to keep the attendance records on-site for one month.

## **COHORTS/GROUPS, STAFFING AND VISITORS**

### **What is the maximum group size?**

Effective September 1, 2020, child care settings could return to maximum group sizes as set out under [Child Care and Early Years Act](#) (i.e., licensed age groups prior to the COVID-19 outbreak). This maximum group size does not include staff and students on field placement, but they should be assigned to a specific group where possible. Children should be included in one group and should not mix with other groups. Child care operators are required to continue to maintain ratios and age grouping as set out under [Child Care and Early Years Act](#) (CCEYA).

Although the child care centres are operating at maximum group size, physical distancing should be maintained within a cohort group and must be maintained between cohort groups.



### **Is it recommended to keep siblings together?**

Where possible, it is recommended to keep siblings together to minimize risk to another cohort group. Mixed age groupings would need approval from the Program Advisor at the Ministry of Education.

### **If we have a child with special needs, do maximum group size rules apply to Special Needs Resource staff?**

No, maximum group size rules do not apply to Special Needs Resource staff on-site. Where a special needs support person is needed, the support person would be permitted to provide supports needed to the child.

### **Can child care centres accept part-time children?**

Yes, part-time children and full-time children can be assigned to one group. However, children from one group should not mix with other groups.

### **Can child care staff have a part-time job and work in a grocery store?**

Child care staff and students on field placement should work at only one child care location. It is okay if child care staff or students have a part-time job at a grocery store, restaurant, salon, or non-health care related setting. Follow direction from York Region Public Health regarding work restrictions if an outbreak is declared.

### **How can I cover lunch breaks without moving a staff person around the rooms?**

Child care operators should assign staff to a specific group as much as possible, recognizing this is going to create challenges around lunch time/breaks. A *Partner System* is recommended where two groups pair up and staff relieve each other from the other group. Ideally, the two groups for the purpose of staff relief should be the same.

While providing coverage to their partnered group, staff members should wear a medical mask and eye protection and maintain 2-metre distance between themselves and others in the group. Hand hygiene is performed prior to entering another group and returning to their own group. Using a *Partner System* for relieving for breaks and lunches will limit additional exposures and assist with contact tracing if there are consistent and limited staff members providing relief.

### **Can the *Partner System* be used for longer periods such as at the beginning or end of the day to relieve staff?**

The *Partner System* should be used to relieve staff for short breaks. Groups should be kept together as much as possible. When relieving staff in another group, the visiting staff member should wear a medical mask and eye protection and maintain a 2-metre distance between themselves and others in the group. Visiting staff should clean hands prior to entering another group and perform hand hygiene again before returning to their own group.

### **Can ratios be flexible at the beginning and end of the day?**

The Ministry of Education requires that child care centres maintain staff-to-child ratios as set out in the *Child Care and Early Years Act*.

### **Are child care operators expected to place different substitute teachers for each group?**

Supply/replacement staff provided for vacation or absences should be assigned to a specific group to limit staff interaction with multiple groups of children.

### **Do child care centres need to close down if they do not have a dedicated substitute teacher for each group?**

No. Public Health recommends child care centres should maintain staff and children in the designated group as much as possible to minimize potential exposure risks to others outside of the group. If a child care centre is unable to dedicate a substitute teacher and a positive case of COVID-19 occurs within a cohort group where the substitute provided relief, all staff and children in close contact may be impacted.

### **Are Supervisors/Directors permitted to travel between child care centres or circulate between groups?**

Public Health recognizes that some staff such as Supervisors and Directors may be required to travel between child care centres. It is recommended that Supervisors and Directors should limit movement as much as possible. Medical mask and eye protection are worn while inside the centres. Supervisors and Directors should avoid having any interactions with various groups.

### **Does the Supervisor count as a staff in a group?**

Supervisors should limit their movement between rooms/groups, doing so when necessary. The Supervisor can relieve a staff person, but should wear a medical mask and eye protection, clean hands and maintain a 2-metre distance as much as possible. It is recommended that the Supervisor remain as a dedicated back-up to the specific group/room.

### **Is the screener allowed to be a teacher in the classroom once screening is done?**

Yes, the screener can have more than one job and therefore can be a teacher. Since the screener will be wearing full PPE (i.e., medical mask, gloves, gown, eye protection) and behind a physical barrier (e.g., plexiglass enclosure) or maintaining a 2-metre physical distancing during screening activities, this will minimize any high-risk exposures.

Once the screener has completed their screening activities, they are to remove their PPE by following proper doffing procedures, discard used PPE in a waste receptacle in the screening area, practice proper hand hygiene, and put on a new medical mask and eye protection prior to conducting any other duties within the centre.

## **Can the screener be the kitchen cook or the cleaner after completing the screening duties?**

The screener can be a kitchen staff or cleaner, but not both kitchen staff and cleaner. There is nothing that stipulates that the screener cannot be working in the kitchen as long as proper donning and doffing of PPE and hand hygiene procedures are followed.

Once the screener completes their screening duties, they should doff the PPE and wash up before going on to the next role (either kitchen staff or cleaner). Kitchen staff cannot be given cleaner or housekeeping duties.

## **Are food delivery visitors allowed in the building?**

Food delivery providers are considered essential visitors and are allowed in the building provided they follow the screening protocols. As an alternative, food delivery visitors can drop off delivery near the entrance at scheduled times. Child care staff can bring the delivery into the kitchen and [store](#) foods safely immediately. Child care staff should continue checking and recording food delivery temperatures in a log book. Do not accept hazardous foods that are in [danger zone](#) temperatures.

## **Is a photographer deemed an essential visitor for picture day?**

No. Essential visitors are people who provide services that are essential to the operation of child care centre. Examples of essential visitors are food delivery person, plumber, electrician and cleaner. As having class picture taken is not a legislative requirement, photographer is not considered as an essential visitor at this time.

## **Are parents allowed in the building?**

It is recommended that parents should not go past the screening area to limit parent interactions between staff and other children at the centre.

## **Some child care centres provide a transition week for new families, where children visit the centre with their parents for short periods of time. Will this be possible right now?**

No. [Guidance](#) from the Ministry of Education is that parents should not go past the screening area. Please inform new parents your centre is adhering to those policies to minimize risks and transition visits are not permitted at this time. Virtual visits to tour the space might be a creative solution to introduce children to what they can expect.

## **What should child care do during extended school holidays (e.g., winter break, March break and summer breaks)?**

Children from other schools/before and after programs (B&As) can attend a child care program that is offered by another school/child care centres during school breaks and PA days. You can consolidate B&A programs over school holidays (e.g., Christmas and March break). Ideally, children from the same school/B&A should be arranged into same cohort group and do not mix with other children/cohorts from another school/B&A.

Children from the same cohort/centre should stay together and form a new cohort group for the entire holiday break. Once children are assigned into a 'new' cohort group, they are staying together for the entire holiday break. Child care providers and post-secondary students completing placements are assigned to specific group as well.

#### **For longer holidays such as during the Christmas/March break:**

- Parents register for these programs in advance and should be informed of the screening requirements and that children from different schools/centres may be combined
- The groups of children/staff should stay together for the duration of the program with physical distancing

#### **Important things to consider for school breaks/PA days:**

- None of the participating classes/cohorts/schools are in surveillance or suspect/confirmed outbreak at the time; this would preclude them from participating
- Ensure daily screening is completed prior to children/staff/anyone entering the centre. Maintain attendance record as outlined in [Ministry's Guidance](#).
- Children in grade one or above must wear face masks or coverings. Children younger than grade one are encouraged to wear face coverings, if tolerable. Face masks or coverings are not recommended for children age two or younger; follow [Ministry's Guidance](#) for masking requirements for children and staff when indoors and outdoors, and during physical activities
- Maintain physical distancing
- Practice proper respiratory etiquette
- Focus on when and how to perform hand hygiene
- Sharing of large indoor or outdoor spaces to meet requirements as outlined in Ministry's Guidance
- Frequent cleaning and disinfection (e.g., frequently touched surfaces, washrooms, toys/materials/equipment)
- Communicate with other parents in the child care centre when there are new children from another location attending the program during school breaks/PA day

#### **Can a child care centre have an open house?**

We do not recommend allowing non-essential visitors into the child care centre even after hours. Virtual meetings are highly recommended at this time.

If the child care centre offers in-person tours, following infection, prevention and control (IPAC) measures should be followed:

- Centre is not in suspect/surveillance/confirmed outbreak
- No walk-ins: appointments required
- No children are allowed
- A maximum of two families can tour the centre at a time, but only **ONE** person from each family may attend the tour
- Follow screening requirement as required by Ministry's guidance and using York Region's screening tool
- Attendance records of all visitors are kept
- Face masks or coverings must be worn; hand hygiene is conducted upon entry
- Physical distancing is maintained amongst all individuals
- Limit the length of each tour; if multiple tours are offered on the same time, ensure tours are scheduled/staggered to allow screening and maintain physical distancing

- Cleaning and disinfection are conducted to visited areas
- No drinks/food are served

## INTERACTIONS WITH CHILDREN

### **How is child care staff supposed to maintain physical distancing during diaper changes?**

Understandably, physical distancing with young children is hard to maintain. There will be times when it cannot be done, such as diaper changes. Therefore, specific grouping, along with other enhanced infection control measures, is very important. When physical distancing is not possible, please ensure other Public Health measures are in place such as increased cleaning and disinfection, meticulous hand hygiene and ensuring physical distancing is maintained between groups along with no mixing of staff or children.

### **Should child care staff be wearing PPE while diapering?**

Child care staff are encouraged to conduct a risk assessment prior to diapering. If splashes of body fluid are anticipated, full PPE should be worn. Under normal circumstances, disposable gloves should be worn as a minimum in addition to a medical mask and eye protection. Please continue to follow your regular procedure for diapering, paying close attention to hand hygiene before and after diapering and cleaning and disinfecting the diaper change table after each child. At times when physical distancing is not possible, please ensure other Public Health measures are in place (e.g., hand hygiene and keeping the children and staff in assigned group together).

### **Is child care staff still able to take infants out in strollers?**

Children in a shared stroller should be in the same group, and space between them should be maintained as much as possible. Strollers should be dedicated to a group where possible and should be cleaned and disinfected after each use. Public Health recognizes that small children will not always be able to maintain physical distancing, therefore, keeping children and staff in an assigned group is important. Please ensure physical distancing is also maintained from other walkers.

### **Individual portions are required for meals and snacks for children, what happens if a child wants a second portion?**

Meals should be portioned out in advance in the kitchen. If it is not possible, food can be sent to a program room covered and a designated staff member within the room can be assigned to portion the meals. There should be no self-service. The designated staff member must wash their hands and practice proper food handling. When portioning, the designated staff member must maintain physical distancing from children and other staff within the room. If a child wants a second portion, it must be individually portioned for the child by either staff in the kitchen or designated staff within the room.

## SHARED RESOURCES AND PERSONAL BELONGINGS

### **What precautions should be taken with outdoor play (e.g., water/sprinkler or outdoor sandboxes)?**

Outdoor time should be coordinated to keep groups separated from each other and allow physical distancing within the group (e.g., taking turns running through a sprinkler). Hand hygiene should be done before and after outdoor activities. Outdoor sandboxes are not allowed. Any outdoor toys and play equipment should be cleaned and disinfected between groups.

### **Is the use of child care playground equipment allowed?**

Play structures on-site can be used; however, they must be used by one cohort group at a time. Outdoor play structures are not required to be cleaned and disinfected unless they are visibly soiled. Children must clean hands before and after using outdoor play structures. Using public or community playground and/or splash pad equipment should be avoided as this equipment is generally not cleaned or disinfected. These areas may be overcrowded, making physical distancing difficult.

### **When children bring their own water bottles, should they bring them daily or do they stay at the centre for the week?**

Public Health recommends you minimize personal belongings brought into the child care centre. If children are bringing a water bottle or other personal items, they should be labeled and kept in their cubby or in a designated area to ensure personal belongings are not mixed up. Personal water bottles should be sent home for cleaning daily.

### **Are comfort toys from home allowed (e.g., plush toy for sleep)?**

Public Health recommends limiting the number of personal items brought into the centre. Comfort toys and plush toys are not permitted since they cannot be properly cleaned and disinfected.

### **Our child care centre runs a sunscreen program where we provide sunscreen for everyone. Staff members wash their hands between applications. Do children have to bring their own sunscreen, or can we continue to supply sunscreen using hand hygiene?**

It is recommended that all children supply their own sunscreen, however, staff can help apply it. Staff must wash hands before and after applying sunscreen to each child. If you have a sunscreen program, it can be reviewed by Public Health when we visit your child care centre to determine whether suitable precautions are in place.

## HAND HYGIENE

### **Can children use hand sanitizer?**

Handwashing using soap and water is recommended over alcohol-based hand rub (ABHR) for children. If children are playing outside and handwashing supplies are inaccessible, ABHR containing 60-90%

alcohol can be used, only if hands are not visibly soiled. If [ABHR](#) is used on children, they must be supervised when using the product. To ensure proper use, follow the manufacturer's directions.

### **Can child care staff wear jewelry and long nails?**

It is recommended child care staff keep their nails short and clean. Chipped nail polish, artificial nails and the crevices in jewelry can harbor micro-organisms.

## **FACE COVERINGS/NON-MEDICAL MASKS AND PERSONAL PROTECTIVE EQUIPMENT (PPE)**

### **Can child care staff wear non-medical masks in the centre?**

All staff in a child care setting are required to wear medical masks and eye protection while inside in the child care premise, including in hallways and staff rooms, and also outdoors when a physical distancing of 2 metres cannot be maintained. Non-medical masks are not a substitute for medical masks. The Ontario Together Portal has a [Workplace PPE Supplier Directory](#) that lists Ontario businesses that provide PPE and other supplies. If you would like to know your PPE is approved to use in child care centre, please visit [Government of Canada](#).

### **Is masking required in the office?**

All child care staff in the child care centre are required to wear a medical mask and eye protection while inside in the child care setting. York Region Public Health encourages using technology (e.g., telephone and video conferencing) when meeting with clients and other staff where appropriate.

If a staff member is not wearing a medical mask and eye protection in the office, child care centre should have health and safety protocols that address mask and PPE exemptions and enhanced measures need to put in place.

### **What if child care staff members want to wear full PPE while interacting within their group, is this recommended?**

PPE is used to protect child care staff and others from exposure to infectious diseases, including COVID-19. It is important to understand how infections are transmitted and what PPE is needed to protect yourself from an exposure to an infectious disease. In most cases, child care staff will be wearing a medical mask and eye protection.

The wearing of full PPE (i.e., medical mask, eye protection, gown and gloves) for general use in a child care centre is not recommended. Used PPE is considered contaminated and should be discarded after use. When staff are wearing PPE for specific tasks as indicated, it is important that staff follow proper donning and doffing procedures to prevent cross contamination. Proper hand hygiene should be reinforced.

## Can parents insist their children wear a mask?

All children in grade one and above are required to wear a face covering or non-medical mask while inside a child care centre and outdoors when a physical distancing of 2 metres cannot be maintained. Children younger than grade one are encouraged to wear a face covering or mask. Anything above that requirement is a policy decision of the individual child care centre as long as the child is not under two years of age and tolerates the mask.

If there is widespread use of masks, there should be a protocol in place that addresses proper use of face coverings or non-medical masks within the centre. This protocol should include:

- How to handle, wear and store face coverings properly
- Face covering should be stored in a clean, labelled, reusable, breathable cloth/paper bag; if a cloth bag is used, it should be washed regularly along with face coverings
- Number of clean masks that should be sent by parents daily
- When to change face masks (e.g., change masks when they get wet or dirty)
- Handling of dirty face masks
- Education on the use of [face masks and face coverings](#) should be provided to staff and parents/caregivers
- Policy is shared with parents and followed by parents, children and child care staff.

Face coverings that are worn, handled, or disposed of incorrectly can lead to increased risk of infection.

## I'm concerned children will be frightened by the full PPE gear and being separated from their parents before seeing a plain clothed staff person.

These are enhanced measures for now. It is for everyone's protection and hopefully for the short term. We suggest letting parents know what to expect so they can start to prepare children for what they are going to see. A social story, where the child is told a story about what their experience will look like, might be helpful in [preparing children](#) for returning to child care where processes might look different than they remember.

## Could you give me some examples when to use PPE in child care centres?

PPE is used to protect child care staff and others from exposure to infectious diseases, including COVID-19. It is important to understand how infections are transmitted and what PPE is needed to protect yourself from an exposure to an infectious disease. As a baseline, child care staff are required to wear a medical mask and eye protection while inside in the child care settings and outdoors if physical distancing cannot be maintained. However, there are some tasks that you do may require additional PPE (e.g., long sleeved cuffed gown and gloves). A risk-based assessment should be conducted before conducting each task **(See Chart Appendix A)**

## What is the procedure to put on and take off medical masks and eye protection?

### Procedure for putting on mask and eye protection

1. Sanitize hands



2. Put on medical mask by placing loops of the mask over each ear. Stretch the mask to fit snugly under your chin and bend the nose bar over bridge of your nose so the mask fits snugly over your nose and mouth.
3. Put on eye protection e.g., goggles, face shield or safety glasses

#### **Procedure for taking off mask and eye protection**

1. Sanitize hands
2. Remove eye protection. Clean and disinfect eye protection by following cleaning and disinfection policy in the centre.
3. Remove medical mask carefully by pulling the loops of the mask forward and away from your face. Avoid touching the outside. Discard the mask into a garbage container.
4. Sanitize hands

#### **What should I do with my mask and eye protection when taking a break in a staff room?**

Proper handling, disposal and storage of PPE is important to prevent spread of COVID-19. For this reason, a PPE and cleaning and disinfecting station should be set up at entrance of staff break room and at exit door of the child care centre. The equipment and items provided at the PPE Cleaning and Disinfecting station would include:

- Hooks for hanging clean face shield to dry
- Disposable gloves
- Alcohol-based hand sanitizer (with 60-90 % alcohol content)
- Medical masks
- Disinfectant
- Paper towels
- Hands-free garbage bin

Signage of infection prevention and control procedures should be posted near the station. Child care staff are trained on how to handle, dispose, and store PPE during break times and prior to leaving the centre.

#### **Here is the procedure upon entering the staff break area:**

1. Sanitize hands; put gloves on if required when using disinfectant
2. Clean and disinfect eye protection starting with the inside then the outside and hang to dry at designated area (e.g., hook at your chosen table or dedicated area at entrance to break room).  
*Note: follow manufacturer's instructions when using disinfectant (e.g., contact time)*
3. Remove gloves and sanitize hands
4. Remove mask and dispose in a garbage container
5. Sanitize hands
6. Put on a new mask

#### **At your chosen table within the break room\*:**

1. Place a clean paper towel on the table
2. Remove mask and place on the paper towel
3. Sanitize hands

\*Masks must be worn at all times with the exception of when eating or drinking

#### **When your break is done and before leaving the break room:**

1. Sanitize hands, put gloves on as required when using disinfectants
2. Clean and disinfect table and chair area  
*Note: follow manufacturer's instructions when using disinfectant (e.g., contact time)*
3. Remove gloves and sanitize hands
4. Put on mask and eye protection
5. Sanitize hands

### **If I am taking breaks in my vehicle, should I take any special precautions?**

If you are taking breaks in your personal vehicle or leaving the centre at the end of the day, you must not bring your eye protection and used mask into your car or home.

Just like staff break rooms, child care operators should set up a cleaning and disinfecting station for PPE near exit door.

#### **Upon leaving the centre:**

1. Sanitize hands; put gloves on (if required when using disinfectant)
2. Clean and disinfect eye protection starting from the inside then moving towards the outside, hang to dry on hooks at designated area and store clean eye protection in a paper bag labelled with your name  
*Note: follow manufacturer's instructions when using disinfectant (e.g., contact time)*
3. Remove gloves and sanitize hands
4. Remove mask and dispose in a garbage receptacle
5. Sanitize hands
6. Exit the centre and go to your vehicle

#### **When arriving the centre:**

1. Sanitize hands
2. Put on mask and eye protection

### **I have a child care staff who cannot tolerate wearing masks. Can he/she/they work at the centre?**

PPE is used to protect child care staff and children from infectious disease exposures. The use of medical masks and eye protection is extremely important in protecting staff when working with children who are not wearing face coverings or have a mask exemption. Child care staff who cannot wear medical mask should maintain at least 2 metres distance from children and other staff members.

For child care staff who have a mask exemption, this should be discussed with on-site supervisor to determine what job functions can be safely carried out while working at the centre and what additional infection prevention and control measure should be put in place.

Child care centres should have health and safety protocols that address mask exemptions and enhanced measures that need to put in place.

## PHYSICAL DISTANCING

### As a child care operator, what can I do to promote physical distancing in staff break areas?

Child care staff may be taking their breaks either in staff rooms within the centre, in their personal vehicle or in a resting area outside the centre. It is important that child care centres create a protocol and safe break spaces inside and outside of the centre for staff break time. Protocol should include, but are not limited to, limiting communal staff break areas, staggering break times, removing extra furniture in break areas to allow for physical distancing, posting maximum capacity limit in break areas and providing visual cues for furniture placements.

### Can child care staff carpool to work?

Carpooling is allowed for child care staff if it is done safely. Here are some [tips to promote safe carpooling](#) and maintain physical distancing within a vehicle:

- For those carpooling to and from works, limit the number of riders in a vehicle
- Limit number of riders in a vehicle; the driver and rider should not sit side-by-side
- When carpooling with other staff, try to carpool with the same people every day
- The driver and rider should sanitize hands before getting in and after exiting the vehicle
- Symptomatic individuals should stay home and should not participate carpooling
- All riders should wear a face mask or covering in the vehicle
- The vehicle owner should clean and disinfect frequently touched surfaces regularly
- For more information about carpooling, visit [york.ca/COVID19](http://york.ca/COVID19)

### What can child care centres do to promote physical distancing within a cohort group?

Physical distancing is important as COVID-19 respiratory droplets can be spread from an infected person to anyone within 2 metres of distance. Although child care centres are operating at maximum group size, physical distancing should be maintained within a cohort group and must be maintained between cohort groups. Child care settings should develop programming activities that support physical distancing.

Strategies to promote physical distancing include:

- Using visual markings/cues wherever possible to promote physical distancing
- Using physical barrier in shared indoor spaces; use physical barrier as outlined in [Ministry's guidance](#)
- Incorporating individual activities with dedicated supplies that encourage more space between children
- Planning activities that do not involve shared toys or objects
- Promoting separation between children by floor demarcations and encouraging children to play within their assigned area
- Setting up individual play stations within a child's play area to keep children engaged and assisting in maintaining physical distancing within the cohort
- Wherever possible, using larger spaces within the centre to allow for 2-metre separation of children within the cohort
- Moving activities outdoors as physical distancing can be more easily maintained

## How can child care centres improve physical distancing during structured times?

### Sleeping time

- Provide visible markings on the floor for placement of sleeping equipment; this will ensure cots, resting mats and cribs are consistently placed at least 2 metres apart
- Use existing fixtures to act as a physical barrier to create separation
- Remove furniture that is not used in the centre
- Organize furniture to create more space in the room such as stacking unused tables and chairs during sleeping time
- If spare room is available, a large cohort group could be divided into sub-groups; the spare room can be used as an extra sleeping area as long as staff ratio are met as set out by the Ministry of Education
- Remove cribs or place infants in every other crib and mark the cribs that should not be used

### Circle time

- Provide demarcation “X” on the floor so children know where to sit
- Consider using placement activity mats for children to sit on that encourages physical distancing within the cohort

### Mealtime

- Stagger meal and break times or use spare room if possible, during meal time as long as staffing ratios are met
- Provide demarcations on the tables and floors and use markings for chair placements
- Assign seating
- Prevent self-serve, sharing of food and utensils at meal times
- Meals must be individually portioned for each child and there should be no family style service

## The use of medical masks is not required outdoors for child care staff or children if physical distancing of 2 metres can be maintained amongst individuals. Child care staff and children enjoy outdoors but how could child care centres provide programming outdoors safely?

Moving activities outdoors is encouraged as physical distancing can be more easily maintained. Some physical distancing strategies for outdoor area include:

- Using visual markings/cues in shared outdoor space
- Encouraging more outdoor activity programming and develop outdoor boundaries for cohorts to stay within and ensure boundaries are visible
- Encouraging individual activities (e.g., personal sensory play box); avoid sharing of toys and equipment
- Assigning children to an activity space (e.g., within a box or hula hoop)
- Scheduling outdoor play time (e.g., a time table is developed for playground use by different cohort groups)
- For small outdoor play spaces, centres can look at offering a variety of outdoor programming activities (e.g., some cohorts may go for a community walk while another cohort uses the playground)

## CLEANING AND DISINFECTING

### What kind of disinfectants should child care centres be using during the COVID-19 pandemic?

Disinfectants are chemical products applied to surfaces or objects (e.g., work surfaces, diaper change tables, toys, potty chairs and toilet seats), to kill most disease-causing micro-organisms. Disinfectant used in child care centres should have a drug identification number (DIN) issued by Health Canada. Common household bleach is the only exception. Choose a disinfectant that is compatible with your surfaces and with contact times that fit your needs.

A disinfectant that is effective against vegetative bacteria (i.e., *Staphylococcus aureus*) and enveloped viruses (e.g., Influenza virus) is suitable for **everyday use** (non-outbreak). When an outbreak is declared by York Region Public Health, the child care operator should use **outbreak situation** disinfectant instead. This outbreak disinfection level kills all vegetative bacteria, enveloped and non-enveloped viruses and fungi. For more information about disinfectant, refer to [A Public Health Guide For Child Care Providers](#).

### Do bleach solutions need to be changed daily?

Yes, bleach solutions should be changed daily. Bleach solutions can be used as an **everyday use** disinfectant and **outbreak situation** disinfectant. Please review [Proper Cleaning and Disinfecting Chart](#) for dilution and use.

### Are no-touch disinfection systems (e.g., fogging machines) approved to use in child care centres?

No-touch disinfection systems use chemical disinfectants or physical agents to disinfect surfaces and do not require an active agent be directly applied to and removed from the surface manually. If a fogging machine is use, it should be treated as a supplement to and not as a replacement for routine, manual cleaning and disinfection. Use disinfectants that have a DIN, have been approved by Health Canada and are intended to be used with a specific fogging machine.

### Can spray bottles be used in child care centres?

When cleaning and disinfecting, the use of spray bottles should be avoided in order to prevent aerosolization. A bucket and cloth method or squirt bottle is preferred. Ensure the cloth is fully saturated with disinfectant. Follow a two-step cleaning and disinfecting process: clean then disinfect. Use separate cloths for cleaning and applying disinfectant and different cloths for different areas of the child care setting (e.g., program rooms, washrooms, common areas) or for each room (if possible). Always start to clean from clean areas and move towards dirty area. Ensure disinfecting products remain on the surface for the appropriate length of time (i.e., contact time) as directed by the manufacturer and do not double-dip cloths into disinfectant solution; apply with a squirt bottle.

## **How often should sleeping equipment be cleaned or laundered?**

Enhanced health and safety protocols are being put in place as a preventive measure. At this time, cots and cribs should be cleaned and disinfected weekly. Beddings and linens used for sleeping should be laundered weekly and immediately when they become soiled.

When a COVID-19 outbreak is declared by York Region Public Health, frequency of cleaning and laundering will be increased.

## **Should carpets be removed from the centre?**

No, there are no specific guidelines as it relates to using carpets. Carpets are made of absorbent materials and can be hard to clean and disinfect properly. We recommend removing area rugs if possible. For activities where spills and contamination are likely to occur, these activities should not take place in a carpeted area. Regular vacuuming and steam cleaning of carpets should be maintained, and these activities should be carried out once the children have left for the day.

## **Do we need to use separate bathrooms?**

Yes, provide a separate bathroom for each cohort group if possible. If bathrooms are shared, child care operators can schedule bathroom break times between groups and bathroom space is cleaned and disinfected after use by each group.

## **PORTABLE FANS AND AIR CONDITIONING**

### **Can portable fans and portable air conditioning units be used in child care settings?**

The use of portable fans and portable air conditioning (AC) units during times of COVID-19 is described in this [Public Health Ontario document](#). The document is written in the context of long-term care homes and retirement homes, but Public Health Ontario indicated that public settings where groups of individuals spend prolonged periods of time together should also aim to meet these criteria. The strategies described is applicable in the context of COVID-19 variants of concern (VOCs).

The document reviews strategies for minimizing risk of infection transmission (COVID-19 and other organisms), minimizing turbulence, and reducing particle spread to minimize propelling infectious droplets beyond 2 metres.

As per Public Health Ontario guidance, portable fans and portable AC units, if used, should meet all of the following:

- Not to be used in rooms with Droplet and Contact Precautions, or during aseptic procedures, sterile procedures, or aerosol generating medical procedures
- Not to be used in rooms with poor ventilation or lack of fresh air
- Be kept on low setting
- Are capable of being cleaned and disinfected; otherwise, the unit should not be used
- Are cleaned, disinfected and maintained on a scheduled basis as per manufacturer's instructions; if instructions are not available, written instructions are obtained from the manufacturer
- Have an assigned person responsible for the cleaning and disinfection of the units

- Have written policies and procedures for appropriate cleaning and disinfection; if disassembly or reassembly is required, manufacturer's instructions are provided and followed.
- For portable AC units:
  - Preferably, moisture collected from portable AC unit's condensation exhaust system is released through exhaust hose along with the hot air to the outside
  - Not have water sitting in the air conditioners when not in daily use. Drip pans need to be emptied, cleaned, disinfected, and dried (as per instructions)
- Be strategically positioned to minimize risk (refer to [Public Health Ontario document](#) for more details)
- Avoid using large industrial hall fans

If guidance cannot be met, alternative cooling methods should be considered. Examples of alternative cooling methods include but not limited to:

- Adequate hydration
- Adequate cooling supplies (e.g. ice packs). Note: if cooling supplies are shared, they are cleaned and disinfected in accordance with manufacturer's instructions between client use
- Blocking out direct sunlight
- Increasing air flow by opening windows when outside humidity is low

As more information is available on the use of portable fans and portable AC units, guidance may be updated accordingly.

## MANAGING SYMPTOMATIC CHILDREN OR STAFF AND OUTBREAK

### How do we differentiate between COVID-19, allergies, common cold and flu symptoms?

All staff, students, and attendees must complete the [screening tool](#) prior to entering the setting. An individual exhibiting **ONE** symptom, even common cold, flu, or allergy symptoms, would screen out and should seek testing or an alternative diagnosis from a health care professional. If someone is experiencing allergy symptoms for the first time this season or if there is a change in the type of allergy symptom they usually experience, the individual should self-isolate and seek testing, unless they have tested negative for COVID-19 or a health care provider has determined the symptoms are allergy related.

### Should children and staff be tested if they are only exhibiting one symptom, or multiple symptoms?

Testing and isolation guidance for children and staff is available through [york.ca/COVID19](http://york.ca/COVID19). In summary, the symptomatic individual would screen out from child care if experiencing even **ONE** symptom listed on the [screening tool](#) and would require either a negative COVID-19 test result, an alternative diagnosis from a health care provider, or isolate for 10 days after symptom onset, before returning to child care.

### What happens if the parent/guardian refuses testing?

If the parent/guardian refuses testing, a symptomatic child must be excluded from child care for 10 days from symptom onset.

## **Are there any additional measures that should be put in place if it is known that a parent has tested positive for COVID-19 in the past?**

No additional measures are necessary; parents and children should be screened upon re-entry.

## **Does the designated room or space for children with symptoms need to have a sink or is hand sanitizer sufficient?**

Cleaning hands with soap and water is preferred over alcohol-based hand rub (ABHR). If hands are visibly soiled, ABHR will not be an effective method for cleaning hands. Ideally, choosing a room with a properly equipped hand sink is recommended; however, if this is not possible ABHR with a strength of at least 60% can be used as an alternative.

## **If a child care centre does not have a separate room, where should the symptomatic child be isolated?**

If a child at the centre becomes symptomatic while in the program, they should be isolated in a separate room and family members contacted for pick up. If a separate room is not available, the symptomatic child should be kept at least 2 metres from others. Child care staff should remain with the symptomatic child until a parent/guardian arrives. If the child is above the age of two years and can tolerate it, he/she should wear a medical mask.

## **If a child care centre has a positive case of COVID-19, which staff and children will be excluded from care? Is it the whole centre or just the cohort group?**

York Region Public Health will complete a thorough investigation and dismiss any high-risk contacts who were exposed to the case. This could include contacts within or outside the cohort group. Based on current guidance, all close contacts should get tested for COVID-19, stay home and self-isolate for 14 days.

If the investigation produces evidence of transmission within the center, a confirmed outbreak will be declared and York Region Public Health will provide ongoing support to the child care, including directions on operations, isolation, testing and outbreak management.

## **Who should child care centres speak to when they have questions regarding to requirements of testing and exclusion of COVID-19?**

If your child care centre has any COVID-19-related questions regarding to testing and exclusion, please contact York Region Public Health at:

- 1-800-361-5653 ext. 73588 (between 8:30 a.m. and 4:30 p.m. Monday to Friday)
- 905-953-6478 (after hours)

When a COVID-19 outbreak is declared, the child care centre may contact their assigned outbreak investigator for further directions.



**Are there financial penalties for a COVID-19 outbreak?**

No, there are no penalties for any outbreak. It is the expectation you will work with York Region Public Health to manage a COVID-19 outbreak.

# Appendix A

## WHEN TO USE PPE

Task	PPE use during COVID-19 pandemic				Additional comments
	Medical mask	Eye protection	Long sleeved gown	Disposable gloves	
Screening	√	√	√	√	Absence of plexiglass barrier or physical distancing
Screening	√	√			Presence of plexiglass barrier or physical distancing is maintained
Escorting a child	√	√			Clean hands before and after touching the child or personal belongings
Holding/comforting a child	√	√			Clean hands before and after touching. Change mask and eye protection if contaminated or soiled
Reading to children	√	√			Physical distancing of 2 metres is maintained amongst children and staff.
Feeding	√	√			Clean hands before and after feeding child. Change eye protection and mask if contaminated
Diapering	√	√		√	Clean hands and use gloves. Follow diapering procedure as directed by York Region Public Health. Change gloves as per diapering procedure. Change mask and eye protection if contaminated.
Holding children's hands	√	√			Clean hands before and after touching
Taking care of an ill child	√	√	√	√	
Cleaning and disinfection	√	√	√	√	Full PPE if splashes are expected. When using chemicals, follow manufacturer's label for PPE use
Cooking in a kitchen	√	√			No gloves are required, but food handler is required to wash hands to prevent cross contamination
Working in a shared office	√	√			Maintain physical distancing

<b>Working alone in an office</b>					No PPE is required if your office is not accessible to others
<b>Eating lunch in a staff break room</b>					No PPE is required while eating but physical distancing must be maintained. Putting on a mask immediately after eating.
<b>Having a break in a staff break room</b>	√	√			Follow PPE use for eating