

# COVID-19 INFORMATION FOR RE-OPENING LICENSED CHILD CARE CENTRES

July 29, 2020

COVID-19 is a new strain of coronavirus that can cause illness ranging from the common cold to more serious respiratory infections and even death. Emerging information on COVID-19 suggests that children may have milder or asymptomatic infections; however, they may still be able to spread the virus to other people.

The Government of Ontario has recently announced licensed child care centres will be permitted to re-open starting June 12, 2020. To support preparations for these re-openings, child care operators are required to follow all existing health and safety requirements as directed by the local medical officer of health, the [Child Care and Early Years Act, 2014](#) (CCEYA) and other policies and guidelines issued by the Ministry of Education. Plans must also be in place to respond should any child care centre staff, children or parents/guardians develop symptoms and/or be exposed to COVID-19.

The following are recommendations to help reduce the risk of acute respiratory illness, including COVID-19, in child care centres. The York Region [COVID-19 Child Care Centre Self-Auditing Checklist](#) can be used as a guide to assist your child care centre with opening preparations.

## General Recommendations

- Prior to re-opening, child care centres are to develop enhanced health and safety policies and procedure to reduce spread of COVID-19 in child care centres:
  - Active and passive screening for symptoms, including daily temperature checks
  - Daily attendance records
  - Cohorting and staffing
  - Enhanced cleaning and disinfection practices
  - Equipment and toy usage and restrictions
  - Parent drop off and pick up procedures
  - Visitor restrictions
  - Hand hygiene and respiratory etiquette
  - Physical distancing
  - Interactions with children
  - Use of personal protection equipment
  - Food safety requirements
  - Management of cases and COVID-19 outbreaks
  - Isolation and exclusion of symptomatic children and staff
  - Reporting illness, cases and outbreaks to York Region Public Health
  - Communication with parents/guardians and staff with regard to enhanced health and safety practices and COVID-19

- Do not use community playgrounds.
- There should be no non-essential visitors at the child care centre. However special needs services may continue.
- Use video and telephone interviews with parents/guardians, if possible.
- Volunteers or students are not permitted at the child care centre.
- Parents/guardians should provide sunscreen for their own child. Sunscreen should not be shared. Staff should perform proper hand hygiene (i.e., wash hands before and after application) when helping children to put on sunscreen.
- Supervise and ensure that children practice hand hygiene frequently while using on-site playground and after using playground equipment.
- When holding infants and toddlers, staff should place a blanket or cloth over their clothing to avoid direct contact with the child. The blanket or cloth should then be laundered after each use.
- Avoid getting close to faces of all children, where possible.
- As of July 17, masks or face coverings are required inside enclosed public spaces in York Region. This [instruction](#) of wearing masks or face coverings does not apply to child care facilities. Masks are not recommended for children, particularly those under the age of two.
- Child care operators should secure and sustain an adequate amount of [PPE](#) and cleaning supplies that can support their current and ongoing operations.

## Screening

All individuals including children, child care centre staff, parents/guardians and essential visitors must be screened each day before entering the child care centres including daily temperature checks.

- Pick-up and drop-off of children should happen outside the child care centre unless it is determined that there is a need for the parent/guardian to enter the centre.
- Screen for symptoms using the list of symptoms outlined in the [COVID-19 Reference Document for Symptoms](#) from the Ministry of Health.
- Where possible, daily screening should be done electronically (e.g., via online form, survey or email) prior to arrival at the child care centre. Parents/guardians can complete a [COVID-19 self-assessment](#) daily before sending their child to the centre.
- If screening is taken place at the centre, designate an area near the main entrance to conduct the screening. The screener should conduct screening behind a physical barrier (i.e., Plexiglass). If a barrier is not available, screener should maintain a physical distance and stay 2 metres from the individuals being screened.
- Screener is required to wear full personal protective equipment (PPE) (i.e., surgical/procedural mask, gloves, gown and eye protection or face shield) when conducting screening. Refer to [this video](#) for how to properly wear and take off masks and eye protection.
- Alcohol based hand rub (ABHR) containing at least 60% alcohol content must be available at the screening station for hand hygiene.
- Actively screen all individuals, including children, parents/guardians and staff prior to entry/drop-off by asking:
  - Do you/ the child have any of the following symptoms:
    - Fever (temperature of 37.8°C or greater)
    - New or worsening cough

- Shortness of breath
- Sore throat
- Difficult swallowing
- New olfactory or taste disorder(s)
- Nausea/vomiting, diarrhea, abdominal pain
- Runny nose, or nasal congestion – in absence of underlying reason for these symptoms such as seasonal allergies, post nasal drip, etc.
- Do you/the child have any of following atypical symptoms:
  - Unexplained fatigue/malaise/myalgias
  - Delirium (acutely altered mental status and inattention)
  - Unexplained or increased number of falls
  - Acute functional decline
  - Exacerbation of chronic conditions
  - Chills
  - Headaches
  - Croup
  - Conjunctivitis
  - Multisystem inflammatory vasculitis in children
    - presentation may include persistent fever, abdominal pain, conjunctivitis, gastrointestinal symptoms (nausea, vomiting and diarrhea) and rash
- Anyone who answers **YES** to any of the question should not be permitted to enter the facility. Please print and post these [signs](#) at your facility.
- A daily record of screening results must be maintained and kept on the premises.
- Make ABHR available at the screening stations for people who have answered **NO** to all questions for use prior to entry into the facility. When children use ABHR they must be supervised. To ensure proper use, follow the manufacturer’s directions.
- Thermometers must be covered with single-use protective covers (which is disposed after each use), or cleaned and disinfected with an everyday level disinfectant before re-use.
- Non-essential visitors are not allowed.
- Post signage in visible areas which clearly explains the screening process and the rules and conditions for entry ([COVID-19 Screening Sign](#), [self-monitoring signage](#)).

## Attendance Records

Child care centres must maintain daily records of anyone entering the facility and approximate length of their stay.

- Information should be included in the daily records are:
  - Name of person entering the facility
  - Contact information
  - Time of arrival/departure
  - Screening completion/result
- Ensure daily records are kept up-to-date and available on the premises.
- These records will be used to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak.

## Cohorting and Staffing

To reduce spread communicable diseases and facilitate contact tracing for confirmed of COVID-19 cases or outbreak, cohorting should be implemented in the child care centre. A cohort is defined as a

group of children and the staff members assigned to them, who stay together throughout the duration of the program for minimum 7 days.

- Maximum cohort size for each room in a child care centre should be no more than 15 individuals (child care staff and children). This maximum capacity rules do not apply to Special Needs resource staff.
- Cohort must stay together throughout the day and are not permitted to mix with other cohorts.
- Part-time child care attendees should be counted in the total number of children in the cohort, even on the days when they are not physically attending the program.
- Refer to CCEYA or contact your program advisor regarding maintaining ratios and mixed age grouping.
- Child care staff must work at only **one location**.
- Supervisors and/or designates should limit their movement between rooms, doing so when absolute necessary.
- Supply/replacement staff should be assigned to specific cohorts and these staff should not mix between cohorts.

## Hand Hygiene & Respiratory Etiquette

Handwashing with soap and water is the preferred method for cleaning hands. Incorporate additional hand hygiene opportunities into the daily schedule.

- When there is no access to soap and water alcohol based hand sanitizer (ABHR) containing a minimum of 60% alcohol can be used, only if hands are not visibly soiled.
- Children must be supervised when using ABHR. To ensure proper use, follow the manufacturer's directions.
- All individuals must clean their hands before entering the facility, after touching, eating or preparing food. Wash hands after using bathroom, returning from playing outside and sneezing/coughing into hands. Wash hands when hands are visibly soiled!
- Follow proper cough and sneeze etiquette. Cough or sneeze into your sleeve or cover your mouth and nose with a tissue and throw the tissue out immediately. Wash your hands afterwards.
- Avoid touching eyes, nose and mouth with unwashed hands.
- Ensure hand hygiene supplies are available and easily accessible.
- Post signage to promote personal protective practices:
  - [hand washing](#)
  - [hand sanitizing](#)
  - [respiratory etiquette](#)
  - [how to prevent respiratory illness](#)

## Enhanced Cleaning and Disinfection

To stop chain of transmission, cleaning and disinfection play an important role.

- Frequently touched surfaces including doorknobs, water fountain knobs, light switches, toilet handles, electronic devices and tabletops, are most likely to become contaminated and must be disinfected **at least twice a day**.
- Increase the frequency of cleaning and disinfecting objects, toys and frequently touched surfaces.
- **Disinfectants that are routinely used at your centre** can be used for the disinfection of

objects, toys and frequently touched surfaces

- Cleaning and disinfecting logs to track and demonstrate cleaning schedules is recommended.
- Disinfectants must have a drug identification number (DIN) if approved for use in Canada (common household bleach and isopropyl alcohol are the only exceptions).
- Check expiry dates of disinfectant products and always following the manufacturer's instructions for use.
- For more information on environmental cleaning, please refer to [Proper Cleaning and Disinfection Practices](#) poster.
- Ensure all toys used at the child care centres are made of material that can be easily cleaned and disinfected (e.g., remove plush toys).
- Clean and disinfect toys and equipment at a minimum between cohorts.
- Mouthed toys should be cleaned and disinfected immediately after each use by the child.
- Designate toys and equipment for each room or cohort.
- Shared toys and equipment should be cleaned and disinfected prior to being shared.
- Sensory materials (e.g., playdough, water and sand play) should be used by one child and available to that child for the day. Label the materials with child's name, if possible.
- Play structures/playground equipment can only be used by one cohort at a time. Clean and disinfect all touch surfaces before and after each use by each cohort.
- Clean and disinfect sleeping equipment (e.g., cots, mats and cribs) after each use.
- Provide a separate washroom for each cohort group, if possible. If washroom is shared, ensure only one cohort is used at a time. Washroom break times are scheduled between cohorts and washroom space is cleaned and disinfected after use by each cohort.

## Physical Distancing

- When setting up indoor play space and using outdoor space, physical distancing of at least 2-metres must be maintained.
- Maintain at least 2-metres between cohorts and children within the same cohort, if possible. This can be achieved by:
  - Spreading children out into different areas at meal and dressing time
  - Incorporating more individual activities. Avoid planning activities that involve shared objects or toys
  - Using markings on floors and walls to promote physical distancing
  - Using a physical barrier that is minimum 8 feet tall and at least 12 inches taller than the tallest person in the centre, and is at least same width as the space/room allowed when two cohorts are using the same indoor space (e.g., gym)
  - Moving activities outside to allow for more space
- Increase distance between sleeping equipment (e.g., cots and mats) or placing children head to toe or toe to toe if space is limited.
- If cribs are used, consider moving cribs to allow for 2-metres distancing or place infants in every other crib. Provide clear marking for cribs that should not be used.
- **Avoid singing activities indoors.**
- Ensure child care staff is practicing physical distancing during breaks and lunches. Re-arrange chairs and tables to ensure physical distancing in staff room.

## Guidance on Handling Linen, Foods and Utensils

- Personal bedding and linens should be properly labelled with child's name to prevent communicable disease transmission.
  - Sleeping equipment, bedding and linens should be cleaned and disinfected or

laundered after each use.

- Reinforce "no sharing" policies and procedures. This includes the current practice of not sharing food, water bottles or personal items and belongings. Personal items should be clearly labelled with each child's name.
- If meals or snacks are provided, they should be portioned into individual size in the kitchen / food preparation area before serving in the classroom/ dining area.
- No self-serve or sharing of food at meal times.
- No utensils or food items (e.g., serving spoon or salt shaker) should be shared.
- No food should be provided by family/outside of regular meal.
- Foods are prepared, handled, stored and served in a safety manner as outlined in [Food Premises Regulation 493/17](#).
- Multi-use utensils must be cleaned and sanitized between uses as per requirements outlined in [Food Premises Regulation 493/17](#).

## Guidance on Waste Management

- No special precautions are recommended; [routine practices on waste management](#) are sufficient.

## Management of Staff/Children with Possible COVID-19

- Child care staff, parents/guardians and children must not attend the program if they are sick, even if symptoms resemble a mild cold.
- Staff who become ill while at the child care centre should be sent home immediately and directed to seek assessment and testing at a [COVID-19 Assessment Centre](#).
- If a child begins to experience symptoms of COVID-19 while attending child care:
  - Isolate the sick child and notify parents/guardians or emergency contacts for pick up immediately. The sick child should be kept at least 2-metres from others. Provide the child with tissue and remind him/her of hand hygiene and proper respiratory etiquette and disposal of soiled tissues
  - Provide the sick child with a surgical/procedural mask if tolerable and above the age of 2.
  - Child care staff who supervises the sick child must wear a surgical/procedural mask and eye protection at all times and not interact with others. Avoid contact with the child's respiratory secretions. Perform meticulous hand hygiene.
  - Clean and disinfect (outbreak level disinfectant) the space and items used by the sick child.
  - For items (e.g., paper, books and cardboard puzzles) that cannot be cleaned, they should be removed and stored in a sealed container for a minimum of 7 days.
  - Contact York Region Public Health (call 1-877-464-9675 ext. 73588 between 8:00 a.m. and 8:00 p.m., seven days a week or after hours you can call 905-953-6478) if two or more symptomatic individuals are in the child care centre within 48 hours and seek input regarding the information that should be shared with other parents of children in the child care centre.
- Siblings of the sick child are also to be picked up and excluded from the child care centre. In the event that a COVID-19 positive case is identified in the child care centre, a COVID-19 outbreak will be declared by York Region Public Health and further direction will be provided by York Region Public Health on who else in the child care centre may need testing and/or isolation at

that time.

- Staff who have been in close contact with a sick child should self-monitor for symptoms for the next 14 days. They should be advised to avoid being in contact with vulnerable persons or centres where there are vulnerable persons (e.g. long-term care homes). If the child is a confirmed case, the staff member should also self-isolate and seek assessment and testing.
- Parents/guardians of a child who was in the same cohort as a child with symptoms should be informed of the possible exposure, and should monitor their child for symptoms.
- Staff/ children with symptoms, who have not been tested for COVID-19, must be excluded from child care for 14 days after the onset of symptoms.
- Staff/ children who are being managed by York Region Public Health (e.g. confirmed cases of COVID-19, household contacts of cases) should follow instructions from public health to determine when to return to the facility.

## Testing Requirements

- Refer to [Provincial Testing Guidance](#) regarding to requirement for routine testing in a child care centre.

## ASYMPTOMATIC INDIVIDUALS

- Asymptomatic contacts of a confirmed case should seek out assessment and testing for COVID-19 at a COVID-19 Assessment Centre as soon as possible after identification of the case. If they test negative and the contact becomes symptomatic, they should be re-tested.
- If the test result is negative, asymptomatic contacts of a confirmed case must remain in self-isolation for 14 days from their last exposure to the case.

## SYMPTOMATIC INDIVIDUALS

- Symptomatic child care staff and/or children who develop symptoms compatible with COVID-19 should be sent for testing.
  - Staff/child who tests negative for COVID-19 must be excluded from the centre until 24 hours symptom-free.
  - Staff/child who tests positive for COVID-19 must be excluded from the centre for 14 days after onset of symptoms and/or as directed by York Region Public Health.
- Child care centre to notify York Region Public Health if there are two or more symptomatic individuals within 48 hours. A suspect respiratory outbreak will be declared by York Region Public Health.
- Additional guidance can be obtained by calling York Region Public Health at 1-877-464-9675 ext. 73588.

## LABORATORY-CONFIRMED CASE OF COVID-19

- All child care attendees and staff in the child care centre should be tested.
- For further questions about testing guidance, contact COVID-19 phone line at:
  - 1-877-464-9675 ext. 77280 between 8 a.m. and 8 p.m. (seven days a week)
  - 905-953-6478 (after hours)

## Occupational Health & Safety

- Child care centres must have written policies and procedures for worker safety, including measures and procedures for infection prevention and control. Detailed guidelines for COVID-19 are available on the [Ministry of Health COVID-19 website](#).

- If a staff is suspected to have or diagnosed with COVID-19, the staff must remain off work until symptoms are fully resolved and clearance provided by their local health unit to return to the child care centre.
- [Self-monitoring signage](#) can be posted in staff room, staff bathrooms and staff entrances, where available.
- If the staff illness is determined to be work-related in accordance with the Occupational Health and Safety Act and its regulations, an employer must provide a written notice within four days of being advised that a worker has an occupational illness, including an occupationally-acquired infection, or if a claim has been made to the Workplace Safety and Insurance Board (WSIB) by or on behalf of the worker with respect to an occupational illness, including an occupational infection, to the:
  - Ministry of Labour;
  - Joint health and safety committee (or health and safety representative); and
  - Trade union, if any.
- Any instances of occupationally acquired infection shall be reported to WSIB within 72 hours of receiving notification of said illness.

## Policy and Procedures

- Child care centres must have policy and procedures in place to notify York Region Public Health when there is an increased number of children and/or staff experiencing enteric/ respiratory symptoms. This is in alignment with requirements for these centres under the *Health Protection and Promotion Act*.
- Child care centres must have policy and procedures in place to notify parents/guardians if their child begins to show symptoms of COVID-19 while in child care, including the need for immediate pick up.
- Child care centres must have written policy and procedures for worker safety, including measures and procedures for infection prevention and control. Detailed guidelines for COVID-19 are available on the [Ministry of Health COVID-19 website](#).
- Child care centres must have a written policy and procedure for COVID-19 response to ensure centre knows what steps to take once a child or staff member is symptomatic/positive for COVID-19.

## Additional Resources

- [A Public Health Guide for Child Care Staff](#) is a resource that can be referred to for more information on infection prevention and control in child care centres
- Ministry of Education – [Operational Guidance During COVID-19 Outbreak: Child Care Re-opening](#)
- Ministry of Health – [Guidance for Emergency Child care Centres](#)
- Ontario Together - [Workplace PPE Supplier Directory](#)
- Public Health Ontario – [Coronavirus](#)
- York Region – [york.ca/covid19](http://york.ca/covid19)