

# COVID-19: FAQ FOR LICENSED CHILD CARE

## Before Opening

### **When are child care centres allowed to re-open?**

The Ministry of Education has circulated [guidelines](#) that must be met prior to re-opening. Once those requirements have been met, operators must send an attestation to the Ministry of Education confirming they have met the re-opening requirements and are in a position to safely provide care and their proposed opening date. The Ministry of Education will also ask for your new policy and procedures documents to be shared with York Region. Once the attestation has been reviewed and returned by the Ministry of Education, the child care centre can re-open.

### **Is a public health inspection required prior to re-opening?**

No, an inspection is not required prior to opening. Your public health inspector will continue to conduct routine food safety and infection prevention and control inspections at your centre.

### **Is COVID-19 testing mandatory for child care centre staff prior to re-opening?**

Testing is not required for all staff prior to re-opening. If staff members feel they were exposed to someone with COVID-19 or are experiencing any COVID-19 related symptoms, they should get tested at a COVID-19 Assessment Centre, stay home and self-isolate while awaiting the test result.

### **Is it recommended that centres decrease their hours of operation?**

There are no recommendations regarding operating hours. It is an individual operator decision, keeping in mind the need to maintain cohorts and added time needed to implement enhanced cleaning and disinfection requirements.

### **Is there a limited number of people allowed in the building?**

No. As long as your licensed areas can accommodate up to a maximum cohort size of 15 children along with maintaining the required staffing ratios, there are no limits on the number of people allowed in the building. The centre must operate within their licensed capacity and must ensure that cohorts within the building are maintained separated.

## Screening

### **How do you take 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., surgical/procedural 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. 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. The screener is to record screening results and keep the records on-site. 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 this [self-assessment](#) 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?**

Siblings of symptomatic children may still attend care if the symptomatic child is not considered a "high-risk probable" case of COVID-19. A symptomatic child becomes a "high-risk probable" case due to: history of travel in the 14 days prior to symptom onset, close contact with a confirmed case of COVID-19, household contact of someone who is working in a facility known to be experiencing an outbreak of COVID-19 (e.g., long-term care, prison) or experiencing symptoms compatible with COVID-19 with inconclusive laboratory diagnosis of COVID-19. If symptomatic child is considered a high-risk probable, siblings must stay home.

### **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 is not available to escort the child to the room and a runner is needed, the runner should practice hand hygiene and wear a surgical/procedural mask 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.

## **Cohorts, Staffing and Visitors**

### **What is the definition of cohort?**

As per [Operational Guidance During COVID-19 Outbreak: Child Care Re-Opening](#), a cohort is defined as a group of children and the child care staff members assigned to them, who stay together throughout the duration of the program for minimum 7 days.

Effective July 27, maximum cohort size for each room in a child care centre (including each family age group) will consist of no more than 15 children, space permitting. This maximum number does not include staff. Child care operators are required to continue to maintain ratios and age grouping as set out under [Child Care and Early Years Act](#) (CCEYA).

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

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

### **If we have a child with special needs, is that child in addition to the 15 in the cohort?**

No, the child would be within the maximum capacity of the cohort. However, the cohort total of 15 does not include staff. Where a special needs support person is needed, that support person would be permitted to provide supports needed to the child.

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

Yes, but part-time children should be dedicated to a cohort for the duration of the program for a 7-day period. Each part-time child is counted in the total number of children in the cohort.

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

Child care staff should work at only one child care location. It is okay if child care staff has a part-time job at a grocery store, restaurant, salon or non-healthcare 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 centre operators should maintain the cohort as much as possible, recognizing this is going to create challenges around lunch time/breaks. A *Partner System* is recommended where two cohorts pair up and staff relieves each other from the other cohort. Ideally, the two cohorts for the purpose of staff relief should be the same. While providing coverage to their partnered cohort, staff members should wear a surgical/procedural mask and maintain 2-metre distance between themselves and others in the cohort. Hand hygiene is performed prior to entering into another cohort and returning to their own cohort. 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. Cohorts should be kept together as much as possible. When relieving staff in another cohort, the visiting staff member should wear a surgical/procedural mask and maintain a distance of 2 metres between themselves and others in the cohort. Visiting staff should clean hands prior to entering into another cohort and perform hand hygiene again before returning back to their own cohort.

**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 cohort?**

The cohort concept requires that staff and children within the cohort stay together for the duration of the program for a 7-day period. Relief staff provided for vacation or absences are to be dedicated to that cohort for the duration of the program for a 7-day period.

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

No. Public Health recommends child care centres should maintain the cohort as much as possible to minimize potential exposure risks to others outside of the cohort. If a child care centre is unable to dedicate a substitute teacher and a positive case of COVID-19 occurs within a cohort 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 cohorts?**

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. Masking is recommended when visiting a centre that is not your primary location. Supervisors and Directors should avoid having any interactions with various cohorts.

**Does the Supervisor count as a staff in a cohort?**

The Supervisor can relieve a staff person within the cohort, but should wear a surgical/procedural mask, clean hands and maintain a distance of 2 metres as much as possible. It is recommended that the Supervisor remain as a dedicated back-up to the cohort for the duration of at least 7 days.

**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., surgical/procedural mask, gloves, gown, eye protection – goggles or face shield) 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 and practice proper hand hygiene 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.

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

It is recommended that parents should not go past the screening area in order 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 in order 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.

## **Interactions with Children**

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

Physical distancing with young children is going to be hard to maintain. There will be times when it cannot be done. This is why cohorting, along with other enhanced infection control measures, is so important. At times 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 cohorts 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. 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 (for example, using a face covering/mask, hand hygiene and keeping the cohort together.)

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

Children in a shared stroller should be in the same cohort, and space between them should be maintained as much as possible. Strollers should be dedicated to a cohort where possible and should

be cleaned and disinfected after use. However, Public Health recognizes that small children will not always be able to maintain physical distancing; this is why cohorting is so 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, foods can be sent to a program room covered and a designated staff member within the cohort 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 cohort. 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 cohort.

## 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 cohorts separated from each other and encourage physical distancing within the cohort as much as possible (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 structures should be cleaned and disinfected between cohorts.

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

Play structures on-site can be used; however, they must be cleaned and disinfected between cohorts. Using public or community playgrounds is not allowed.

**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 that 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 provide assistance in applying it. 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 and Personal Protective Equipment (PPE)

**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 members keep their nails short and clean. Chipped nail polish, artificial nails and the crevices in jewelry can harbor micro-organisms.

### **Does the mandatory mask instruction apply to child care centres?**

Effective Friday, July 17, business owners and operators in York Region must have a policy in place to prohibit people from entering if they are not wearing a face mask or covering. Child care facilities are exempt from the requirement of mandatory face coverings. Child care staff and children are generally not required to wear face masks and coverings; however, child care staff are required to wear a surgical/procedural mask when conducting screening, taking care of an unwell child while waiting to be picked up, doing housekeeping duties, interacting with a cohort that they are not a part of, or circumstances as required by York Region Public Health. Physical distancing should be maintained.

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

No, however as a precaution, wearing face masks/coverings are recommended if physical distancing may be a challenge. This may also apply to meeting rooms, hallways or any common areas. York Region Public Health encourages using technology (e.g., telephone and video conferencing) when meeting with clients and other staff where appropriate.

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

The wearing of full PPE for general use in a child care centre is not recommended. Used PPE can become soiled and should be treated as contaminated. 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. If staff prefer to wear a face covering, training should be provided on proper donning and doffing of PPE and proper hand hygiene should be reinforced.

### **Can parents insist their children wear a mask?**

York Region Public Health will provide guidance when a child care centre is required to use a 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 messaging on the proper use, hand hygiene, donning and doffing, single use and/or immediate laundry when the masks become soiled or wet.

### **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 that 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.

## **Cleaning and Disinfecting**

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

Disinfectants are chemical products used for the process of disinfecting. These chemicals are 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 and isopropyl alcohol are the only exceptions. Choose a disinfectant that is compatible with your surfaces and with contact times that fit your needs. A disinfectant with general virucidal claim 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 [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.

**Typically, beddings and linens are laundered weekly, should it be done daily now?**

Yes, these are enhanced health and safety protocols, the enhancements are being put in place as a preventive measure. Beddings and linens used for sleeping should be laundered after each use.

**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.

**What are the PPE requirements for cleaning?**

Please follow your regular cleaning protocols; no enhanced PPE is required for cleaning. Most of the PPE are disposable so no cleaning is required after use. For PPE that is deemed re-usable by manufacturer, ensure they are cleaned and disinfected before and after using. Follow manufacturer's direction for cleaning and disinfection.

**Do staff bathrooms need to be cleaned and disinfected as often as child 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 cohorts and bathroom space is cleaned and disinfected after use by each cohort.

## Managing Symptomatic Child or Staff and Outbreak

**How do we differentiate between COVID-19, allergies, common cold, or teething fevers?**

Precautions should be taken if any new symptom that is not known by the parent/guardian or staff develops; a symptom that is thought to be abnormal for that child. If the child is known to have seasonal allergies, those symptoms can be attributed to that known condition.

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

Testing is recommended for anyone exhibiting any one of the symptoms [listed](#), if that symptom is new for the child or staff. If the symptom can be attributed to a known condition, for example seasonal allergies, a test would not be needed.

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

If the parent/guardian refuses testing, the child must be excluded from child care for 14 days.

**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 the use of a 60-90% ABHR can be used as an alternative.

**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?**

Once there is a confirmed/positive COVID-19 case in child care centre, a COVID-19 outbreak will be declared by York Region Public Health. If it is a staff member who tests positive, the children and other staff in their cohort would be considered close contacts. Based on current guidance, all close contacts should get tested for COVID-19, stay home and self-isolate for 14 days. York Region Public Health will provide ongoing support for a confirmed COVID-19 outbreak including providing direction on child care 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 (office hours)
- 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 that you work with York Region Public Health to manage a COVID-19 outbreak.

## Questions for Your Program Advisor

**My ECEs are not comfortable returning to work. Is there any way to get Director Approval for staff that has experience but not RECE qualifications to step in as the qualified staff in the interim?**

This decision is not made by York Region. Please consult with your Program Advisor through the Ministry of Education.

**If the child care centre decides to stay closed until September, are there any repercussions?**

No, it is the decision of the individual child care centre. To prepare for re-opening, child care operators are required to develop enhanced policies and procedures (P&Ps) for COVID-19 recovery period, review these P&Ps with all child care staff and make them available to parents/guardians. Enhanced P&Ps must include:

- Sanitization of the space, toys and equipment
- Managing and reporting illness
- Encouraging physical distancing
- Scheduling shifts (if applicable)
- Rescheduling group events and in-person meetings
- Parent drop-off and pick-up procedures

You can find a copy of the P&P template on [york.ca/covid19](http://york.ca/covid19). Contact and consult your Program Advisor through Ministry of Education when you are planning to re-open.