

COVID-19 Public Health Guidelines: Child Care Settings

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The following recommendations are intended to help child care operators and staff, including home care providers, reduce the spread of COVID-19. Child care operators must ensure that appropriate infection prevention and control (IPAC) measures are implemented and maintained in order to provide safe and healthy child care services. The recommendations and guidance provided in this document must be used, in addition to Halton Region's Child Care Resource Manual ([Part 1](#) and [Part 2](#)) and any guidance from the Ministry of Health and the Ministry of Education, to develop IPAC policies and procedures.

Policies and procedures

- Develop or update policies and procedures to include measures that will reduce the spread of COVID-19. COVID-19-related policies and procedures must address the following topics:
 - screening and temperature checks
 - attendance reporting
 - cohorting staff and children
 - physical distancing
 - hand hygiene and respiratory etiquette
 - food safety practices
 - enhanced environmental cleaning and disinfection
 - requirements for the use of toys, equipment and other materials
 - use of personal protective equipment
 - isolation/exclusion of ill children and child care staff
 - management of cases and outbreaks of COVID-19
 - communication with families/guardians and other stakeholders
 - occupational health and safety
- Provide training to staff on revised IPAC policies and procedures.
- Ensure all staff are aware of the [signs and symptoms](#) of COVID-19.

Screening

- Where possible, daily screening should be done electronically (for example, online form, survey or email) prior to arrival at the child care setting.
- If children are screened at the child care setting:
 - Designate an area near the main entrance to conduct screening.
 - Clearly identify the area as an in-person screening station and post [signs](#) in a visible location that explain the screening process and the conditions for entry.
 - Ensure that the area allows for a minimum of two metres (six feet) distance between staff performing screening and the individual being screened or provide a protective barrier (for example, plexiglas) around the screening station. If neither are possible, the screener should wear appropriate personal protective equipment including a non-medical mask and eye protection.
 - Use visual markers (for example, tape on the floor or pylons) to assist children and parents/guardians in maintaining a two metre (six foot) distance from each other while waiting to be screening.
- Actively screen all individuals, including children, parents/guardians, visitors and staff prior to entry/drop-off by asking the following questions:

1. Does the individual have any of the following symptoms?

- Fever
- Cough that is new or worsening
- Shortness of breath
- Sore throat
- Difficulty swallowing
- Loss of taste or smell
- Digestive issues (nausea/vomiting, diarrhea, stomach pain)
- Runny, stuffy or congested nose (not related to seasonal allergies or other known condition)
- Extreme tiredness that is unusual
- Headache that is unusual or long lasting
- Chills
- Pink eye
- For young children and infants: sluggishness or lack of appetite

Anyone who answers **YES** to any of the symptoms is not permitted to enter the premise.

2. Is anyone in the individual's household sick with any of the above symptoms?

3. Has the individual been in close contact with a confirmed case of COVID-19 in the past 14 days?

4. Has the individual travelled outside of Canada in the past 14 days?

- Where operationally feasible, complete a temperature check. Use a single-use protective cover for temperature check thermometers and properly dispose after each use, or clean and disinfect the thermometer before re-use. Anyone with a temperature of 37.8°C or greater is not permitted to enter the premise.
- Anyone who answers **NO** to all of the questions and does not have a fever must use alcohol-based (60-90%) hand rub prior to entering the premise.
- Maintain a daily record of screening results and ensure they are available on the premise for one year.

Attendance records

- Child care centres must maintain daily records of anyone entering the facility and the approximate length of their stay. The records will be used to facilitate contact tracing if there is a confirmed COVID-19 case or outbreak.
 - Include the following information in the daily records:
 - name of person entering the facility
 - contact information
 - time of arrival/departure
 - screening completion/result
 - Ensure the daily records are available on the premise.

Cohorting and staffing

Cohorting should be implemented in each child care centre to reduce virus transmission and facilitate contact tracing should there be a confirmed case of COVID-19. 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 seven days.

- Ensure the maximum cohort size for each room in a child care centre is no more than 15 children. This cohort number does not include staff, however, staff must be assigned to work with only one cohort of children. Children attending part-time should be counted in the total number of individuals in the cohort even on the days when they are not physically attending the program. Maximum capacity rules do not apply to special needs resource staff on site.
- Stagger scheduling to ensure that shared spaces are only used by one cohort at a time, for example:
 - set specific drop-off and pick-up times for each cohort
 - create a schedule for the use of play and meal spaces
- If different cohorts must use the same indoor area (for example, gymnasium), ensure that physical distancing is maintained and that cohorts do not mix. Consider using temporary physical barriers to prevent the mixing of cohorts.
- Ensure that staffing is sufficient to have multiple staff assigned to one room over the course of the day without the need to move to another room.
- Permit staff to work in only ONE child care centre.
- Avoid having child care staff cover lunches and breaks for colleagues assigned to different cohorts. If this is not possible, ensure the covering staff member maintains physical distancing and uses a non-medical mask.

Physical distancing

- Designate drop-off and pick-up locations outside where a distance of two metres (six feet) between people can be maintained.
- Each cohort must have their own assigned indoor space, separated from all other cohorts by a physical barrier. The physical barrier must begin at the floor and reach a minimum height of eight feet to ensure that it will always be 12 inches taller than the tallest person in the facility. It must be as wide as the space/room will allow.
- In shared outdoor and indoor common spaces cohorts must maintain a distance of at least two metres (six feet) between groups and any individuals outside of the cohort.
- Use markings on floors and walls to create visual cues for physical distancing.
- Make use of outdoor spaces to allow for physical distancing.
- Use different areas of the room for activities and spread children out as much as possible.
- Incorporate more individual activities and avoid activities that involve being close to others.
- Increase the distance between sleeping equipment (for example, cots and mats) or place children head to toe or toe to toe if space is limited.
- Ensure cribs are two metres (six feet) apart or only use every other crib. Provide clear markings for cribs that should not be used.
- Rearrange chairs and tables in child care and staff rooms to ensure that physical distancing can be maintained.

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.
- Ensure hand hygiene supplies are available and easily accessible.
- When there is no access to soap and water, alcohol based (60-90%) hand rub can be used if hands are not visibly soiled.
- Supervise children when they use alcohol-based hand rub and follow the manufacturer's directions.
- Support children to wash their hands frequently, including:
 - upon entering the premise
 - before and after touching or eating foods
 - after using the washroom
 - after returning from playing outside
 - after sneezing or coughing into hands
 - when visibly soiled
- Encourage staff and children to cough or sneeze into their sleeve or cover their mouth and nose with a tissue.
- Throw tissues out immediately after use and wash hands.
- Avoid touching the eyes, nose and mouth with unwashed hands.

Enhanced cleaning and disinfection

- Clean and disinfect frequently touched surfaces including doorknobs, water fountain knobs, light switches, toilet handles, electronic devices and tabletops **at least twice a day**.
- Create a cleaning schedule and maintain a cleaning and disinfection log.
- Limit washroom access to only one cohort at a time. It is recommended that the facilities be cleaned in between each use, particularly if different cohorts will be using the same washroom.
- Use disinfectants that have a drug identification number (DIN) and are approved for use in Canada (common household bleach and isopropyl alcohol are the only exceptions).
- Check expiry dates of disinfectant products and follow the manufacturer's instructions for use.
- Ensure all toys are made of material that can be easily cleaned and disinfected and remove those that cannot (for example, plush toys).
- Clean and disinfect toys and play equipment between cohorts and when visibly dirty.
- Clean and disinfect sleeping equipment (for example, cots, mats and cribs) after each use.
- Educate staff on the proper use of cleaning agents and disinfectants, including:
 - the required amount of time that the product will need to remain wet on a surface to achieve disinfection.
 - required safety precautions and personal protective equipment (PPE) when using disinfectants.
 - directions for where and how to safely and securely store cleaning and disinfectant supplies.
- If the child care centre is located in a shared space (for example, in a school) make arrangements with other users of the space to ensure enhanced cleaning and disinfecting practices can be maintained.

Shared items and activities

- Designate toys and equipment for each room or cohort to limit sharing between cohorts.
- Suspend group sensory play activities.
 - If sensory materials (for example, playdough, water, sand, etc.) are offered, they should be provided for single use and labelled with child's name, if applicable.
- Avoid activities that involve shared objects or toys.
- Avoid singing indoors.

Food safety practices

- Ensure that children do not share food or serve themselves during communal meals.
- Serve meals in individual portions where possible and always use utensils if serving from communal meals.
- Ensure children do not share utensils or items (for example, condiments).
- Avoid involving children in the preparation or serving of food to others.
- Prohibit families and others from providing food outside of the established meal provision. Exceptions can be made where required (for example, expressed breast milk) with precautions in place for handling and serving the food.
- Ensure proper hand hygiene is practiced when staff are preparing food, and for all individuals before and after eating.

Personal protective equipment

- Provide adequate personal protective equipment (PPE) for staff use when necessary. It is strongly recommended that child care operators maintain a one to two week supply of PPE at all times.
- Utilize [Public Health Ontario resources](#) to train staff on the proper use of personal protective equipment.
- While child care facilities are exempt from [Regional By-law 47-20](#) (requiring the wearing of non-medical masks or face coverings in certain enclosed public places), operators are reminded to follow guidance from the Ministry of Health and Ministry of Education regarding the use of PPE in child care settings.
- Require staff wear a non-medical mask or face covering when physical distancing cannot be maintained, including when:
 - providing direct care (for example, feeding, assisting a child with hand hygiene or diapering).
 - consoling an upset child.
 - assisting a child with dressing or changing clothes.
- Child care centres may require staff to wear a non-medical masks and eye protection (for example, goggles, face shield) in the following situations:
 - performing active screening without appropriate physical distancing or separation barrier.
 - escorting children from drop-off to child care area.
 - cleaning and disinfecting blood or bodily fluid spills.
 - caring for a sick child or a child showing symptoms of illness.
- Require staff to wear gloves when it is anticipated that hands will come into contact with mucous membranes, broken skin, tissue, blood, bodily fluids, secretions, excretions, contaminated equipment or environmental surfaces.
- Use blankets over clothing if holding or carrying infants or toddlers. Change the

blankets between children.

Children or staff with COVID-19 symptoms

- Staff, home child care providers, parents/guardians and children who are symptomatic or have been advised to self-isolate by their local public health unit must not attend the program.
- Immediately isolate any child or staff who becomes ill with symptoms of COVID-19 from the rest of their group, in a designated room or space with hand washing supplies or alcohol-based (60-90%) hand rub.
- Place a non-medical mask on children older than two years (if tolerated) and ensure proper use.
- Notify parents/guardians or emergency contacts to pick up the ill child as soon as possible and supervise while waiting to be picked up.
- Supervising staff must maintain physical distancing as best as possible and wear personal protective equipment as noted above.
- Require staff who become ill at work to immediately go home.
- Direct the staff or parent/guardian of the ill child to go an assessment centre for testing as soon as possible, and to self isolate at home until their result is available.
 - Those who test negative for COVID-19 must be excluded from the program until 24 hours after the symptoms resolve.
 - Those who test positive for COVID-19 must be excluded from the program for 14 days after the onset of symptoms and/or clearance has been received from the local public health unit.
- Open outside doors and windows to increase air circulation in the area if it can be done safely.
- Clean and disinfect the designated room or space immediately after the ill child or staff member goes home.
- Staff and children who were exposed to the ill individual must continue to be cohorted together and monitored for signs and symptoms of illness until the ill individual receives their test result. If the test result is positive for COVID-19, Halton Region Public Health will provide further direction to their close contacts on testing and self-isolation.
- Testing of asymptomatic persons should only be performed as directed by the local public health unit as part of case/contact and outbreak management.
 - Asymptomatic individuals awaiting results may not need to be excluded and should follow the advice of public health.
- Ensure that staff and children exposed to a person who has **COVID-19** are excluded from the child care setting for 14 days and that they:
 - self-isolate at home for 14 days and monitor for symptoms.
 - get tested as soon as symptoms develop or if no symptoms develop, it is recommended that the child get tested approximately 7 days after exposure to a confirmed case.
 - **Please note:** individuals who have been exposed to a confirmed case of COVID-19 in a child care centre are required to self-isolate for 14 days from the date of exposure, even if their test result is negative.
- Advise staff and parents/guardians of children who are a confirmed or probable case of COVID-19, or are a close contact of a case, that they will be managed by Halton Region Public Health and must follow public health instructions to determine when it is safe to return to the child care centre.
- Require staff to report to their Occupational Health and Safety department prior to returning

to work, if applicable.

Reporting cases

- Immediately report any of the following to Halton Region Public Health at 311 or 905-825-6000:
 - Clusters of suspected cases (such as, two or more children or staff with COVID-19 symptoms within a 48-hour period).
 - Cases of COVID-19 among staff or child attendees that are laboratory-confirmed or probable (symptoms occurring among a staff or child who has been exposed to a person with confirmed COVID-19).

Occupational health and safety

- Every operator must ensure that there are written policies and procedures outlining health and safety protocols.
- Visit Ontario's [COVID-19 and workplace health and safety](#) webpage for information on employers' responsibilities and how to protect workers at work.
- Educate staff on [health and safety protections](#) at the workplace.
- Refer to additional health and safety guidance for operators of child care centres from [Public Services Health & Safety Association](#).

References

Centres for Disease Control and Prevention (2020). *Detailed Disinfection Guidance: Interim Recommendations for U.S. Households with Suspected or Confirmed Coronavirus Disease 2019 (COVID- 19)*. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html>

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