

COVID-19 GUIDANCE: CHILD CARE CENTRES & PROVIDERS

September 1, 2020

Highlights of Changes

- Revised cohort size to maximum group size (Section A, bullet 2)
- Revised guidance around part time child care (Section A, bullet 3)
- Revised language around cohorting siblings (Section A bullet 5)
- Revised language around electronic screening (Section C, bullet 3)
- Additional guidance on screening requirements (Section C, *Daily checks at home before coming to the child care centre*)
- Additional guidance for exclusion (Section F)
- Revised guidance for PPE requirements (Section J, *When is PPE Required, Exceptions and Chart*)
- Revised guidance for sensory and nature-based materials (Section K, *Toys and Play, bullet 2*)

This document can be used by all child care centres, and by both licensed and unlicensed home-based child care providers.

It addresses, and builds on, information contained in the following:

- Ministry of Health's *COVID-19 Guidance: Emergency Childcare Centres* (no longer available)
- Ministry of Education's [Operational Guidance During COVID-19 Outbreak: Child Care Re-Opening](#)

For information on roles and responsibilities of child care operators, Public Health, and the Ministry of Education, please refer to Appendix A.

All child care centres are required to follow all existing health and safety requirements as directed by the local medical officer of health and as outlined in the [Child Care and Early Years Act, 2014](#) (CCEYA) and other policies and guidelines issued by the Ministry of Education. Response plans must be in place to respond should any staff, children, or parents/guardians be exposed to COVID-19.

*The contents of this document are subject to change as new information becomes available.

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A. Child care capacity and group size

- For the purposes of this document, 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.
- As of September 1, 2020, child care settings may return to maximum group sizes as set out under the Child Care and Early Years Act (CCEYA) (i.e. licensed age groups prior to the COVID-19 outbreak).
- Children are permitted to attend on a part time (PT) basis, and as with children attending full time (FT), should be included in one group and should not mix with other groups. Each group must remain within maximum group size and ratio.
 - For example, children attending PT on Monday/Wednesday/Friday may be included in FT cohort A; they cannot be included in FT cohort B or switch over to cohort B at a future date. The FT children in cohort A, together with the PT children, are considered one cohort and are not permitted to mix with other cohorts.
- Each cohort must stay together throughout the day and are not permitted to mix with other cohorts
- As much as possible, Public Health is recommending that siblings remain together where age grouping is appropriate. This will allow for better management for infection control.
 - Mixed age grouping is permitted as set out under the CCEYA where director approval has been granted on the licence.
- More than one child care program or day camp can be offered per building as long as they are able to maintain separation between the programs and cohorts, and follow all health and safety requirements that apply to those programs.
- There are no changes to the maximum group size for home child care which allows for a maximum of 6 children, not including the providers own children who are 4 years or older. If there are 2 providers in the one location, the maximum number of children can only be such that the number of children is no more than 12, consistent with the above defined cohort maximum.

B. Policies and procedures

Policies and procedures for infection control should be up to date, including but not limited to Policies and Procedures for:

- the health evaluation of children for signs and symptoms of communicable disease
- cleaning and disinfection practices
- hand hygiene
- reporting diseases, in a timely manner, to Wellington-Dufferin-Guelph Public Health

- the management of/response to infectious diseases in the child care centre
- the exclusion of sick children, staff, parents and/or volunteers
- diapering practices
- toileting practices
- infection control for toothbrush and toothbrushing
- cleaning up blood and body fluids
- cleaning and disinfecting toys
- safe food handling
- COVID-19 specific health and safety requirements, screening, personal protective equipment (PPE) procurement and use, management of children and staff suspected of having COVID-19, occupational health and safety measures and procedures

Sections below support the updating and development of such policies and procedures.

Considerations for hiring of staff or volunteers

- There is an increased risk of more severe COVID-19 outcomes for those:
 - aged 65 and over, and/or
 - with compromised immune systems, and/or
 - with underlying medical conditions
- WDG Public Health strongly advises against hiring at risk populations, as well as those caring for and/or living with any at risk populations, to work for or volunteer in any child care centre.
- Where possible, staff should only work at one location
- Supervisors and/or designates should limit their movement between rooms, doing so only when necessary.
- Supply/replacement staff should be assigned to a specific cohort, where possible, to limit staff interaction with multiple cohorts.
- Licensees must ensure that there are no volunteers at the program

C. Screening

Develop a screening plan and process

- All individuals including children attending child care, staff and essential visitors must be screened each day before entering the child care setting
- Home child care providers and residents must also be screened each day before receiving children into care
- Where possible, daily screening should be done electronically (e.g. via online form, survey, or e-mail) prior to arrival at the child care setting

- Parents and guardians should be reminded of this requirement when children are first registered for the program and through visible signage at the entrances and drop-off areas
- If children are screened at the child care setting, screeners should take appropriate precautions when screening, including maintaining a distance of at least 2 metres (6 feet) from those being screened, or being separated by a physical barrier (such as a plexiglass barrier), and wearing personal protective equipment (PPE) (i.e., medical mask and eye protection (goggles or face shield))
- Make 70-90% alcohol-based hand sanitizer available at all entry points and throughout the building. Dispensers should not be in locations that can be accessed by young children.

Daily checks at home before coming to the child care centre

If children and staff are screened at home prior to arriving to the child care setting, direct parents/guardians and staff to complete the following check each day before coming to the child care setting:

- All questions outlined in the WDGPH Active Screening Tool must be answered
- Temperatures should be checked and recorded for all children and staff
- Monitor for signs and symptoms of COVID-19
- All information must be submitted to the child care centre and appropriately documented

Any person(s) who has one or more symptoms, outlined in the '[COVID-19 Reference Document for Symptoms](#),' even if it resembles a mild cold, should **stay home and report their symptoms to the child care centre.**

Children should be denied entry if they have, or any household member has, symptoms.

Upon arrival at the child care centre or home

- All individuals, including children, parents/guardians and staff who have not been screened prior to must be screened upon arrival at the centre or home.
- All child care licensees must maintain daily records of screening results.
 - Keep daily records of anyone entering the child care facility or home and the approximate length of their stay (e.g., children, parent/guardian, staff, cleaners, people doing maintenance work, people providing supports for children with special needs, those delivering food). Records (e.g., name, contact information, time of arrival/departure, screening completion etc.) must be kept up-to-date and available

on the premises (centre or home) in order to facilitate contact tracing in the event of a confirmed COVID-19 case.

- You may use the questions provided in the Active Screening Tool from WDGPH to screen all persons entering the building and to document screening results.
 - Note – Those who choose to use the tool are responsible, going forward, to modify the screening criteria according to any updated Ministry-released changes to screening criteria.
- There should be no non-essential visitors at the program.
- Deny entry to any person who has any of the symptoms outlined in the [COVID-19 Reference Document for Symptoms](#) on the Ministry of Health's [website](#).
 - Children should be denied entry if they have, or any household member has, symptoms.
- Children should be monitored for atypical symptoms and signs of COVID-19.
- As much as possible, parents should not go past the screening area.
- Child care centres must have protocols 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 (for further information, see Section D below).
- Staff with any signs or symptoms must report immediately to the child care operator and should be excluded from work. See Section E for what to do if a staff person screens positive or develops symptoms at work. See Section L for information on Occupational Health and Safety.

D. What to do if a child develops symptoms while in child care

- Symptomatic children must be immediately separated from others in a supervised area until they can go home. In addition, where possible, anyone who is providing care to the child should maintain a distance of 2 metres.
 - If a separate room is not available, the sick person should be kept at a minimum of 2 meters from others
- When caring for an ill child, the child care staff/provider should wear a medical mask, eye protection (goggles/face shield), gown and gloves at all times and not interact with others. The child care staff/provider should also avoid contact with the child's respiratory secretions
- A medical mask should be worn by the child (if tolerated).
- Parents should be contacted immediately for the ill child to be picked up.
- Contact WDGPH to notify of a potential COVID-19 case.
- Hand hygiene and respiratory etiquette should be practiced while the child is waiting to be picked up.
- Tissues should be provided to the child for proper respiratory etiquette, with proper disposal of the tissues in a non-touch garbage bin, and proper hand hygiene.

- All items used by the sick person should be cleaned and disinfected
- Environmental cleaning of the space where the child was separated should be conducted immediately after the child has been picked up. It should also be conducted where the child spent his/her time at the centre. Refer to Section K on cleaning and disinfection.
- Children with symptoms should be referred for testing.
- Other children and staff in the centre who were present while a child or staff member became ill should be identified as a close contact and cohorted (i.e., grouped together). WDGPH will provide any further direction on testing and isolation of these close contacts.

Home-based child care providers

If a person who resides in the home becomes symptomatic and/or tests positive for COVID-19, the local public health unit should be notified and their advice on next steps should be followed (including closing the program and notifying all families if necessary).

E. What to do if a staff member screens positive or develops symptoms while at work

Staff with any signs or symptoms of COVID-19, as outlined in the [COVID-19 Reference Document for Symptoms](#), are advised to be tested for COVID-19, immediately self-isolate and report to the child care operator. They should be excluded from work while in self-isolation.

F. Exclusion and Self-Isolation Requirements

When can I go back to work/child care?

You can go back to work/child care if you:

- received a negative COVID-19 test result and are symptom-free for 24 hours OR,
- have self-isolated for 14 days and symptoms have resolved OR,
- received a different diagnosis from a health care provider (e.g., strep throat, bacterial conjunctivitis)

Note: The child care centre should refer to the [Childhood Illness Reference Guide for Schools and Child Care Centres](#) for direction on exclusion requirements if the child has been diagnosed with an infectious disease other than COVID-19.

Definitions

- **Risk Factors**
 - Exposure to a Confirmed or Probable Case of COVID-19 or Any International Travel in the past 14 days prior to symptoms
- **Probable Case of COVID-19**
 - A person (who has not had a laboratory test) with symptoms compatible with COVID-19 **AND**:
 - Traveled to an affected area (including inside of Canada) in the 14 days prior to symptom onset; **OR**
 - Close contact with a confirmed case of COVID-19; **OR**
 - Lived in or worked in a facility known to be experiencing an outbreak of COVID-19
 - OR**
 - A person with symptoms compatible with COVID-19 **AND** in whom laboratory diagnosis of COVID-19 is inconclusive
- **Close Contacts**
 - Household members, and anyone with close contact (>15 minutes, <2 metres apart), while they (a probable or confirmed case) had symptoms and 48 hours prior to symptoms.

References:

- Probable Case - http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_case_definition.pdf
- Close Contact - http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_PH_Mgmt_guidance.pdf

Symptomatic at Time of Testing With Presence of Risk Factors

Individuals who develop symptoms of COVID-19 with the presence of risk factors should self-isolate immediately and be tested for COVID-19. Individuals are required to self-isolate while test results are pending.

- **Negative Result** - Those who receive a negative COVID-19 result but have the presence of ANY risk factors should not return until:
 - 14 days after the onset of symptoms **AND**
 - Afebrile and Symptoms are Improving

**Close contacts of these individuals should self-isolate for 14 days from last contact*

- **Positive Result** - Those who test positive for COVID-19 must be excluded for 14 days after the onset of symptoms and must be afebrile and symptoms improving for 72hrs prior to returning (in accordance with the current [COVID-19 Quick Reference Public Health Guidance on Testing and Clearance](#))

**Close contacts of these individuals should self-isolate for 14 days from last contact*

Symptomatic at Time of Testing Without Presence of Risk Factors

Individuals who develop symptoms of COVID-19 without risk factors should self-isolate immediately and be tested for COVID-19. Individuals are required to self-isolate while test results are pending.

- **Negative Result** - Those who receive a negative COVID-19 result but without the presence of ANY risk factors should not return until:
 - 24 hours symptom-free
- **Positive Result** - Those who test positive for COVID-19 must be excluded for 14 days after the onset of symptoms and must be afebrile and symptoms improving for 72hrs prior to returning (in accordance with the current [COVID-19 Quick Reference Public Health Guidance on Testing and Clearance](#)).

**Close contacts of these individuals should self-isolate for 14 days from last contact*

Asymptomatic at Time of Testing With Presence of Risk Factors

Individuals without symptoms who have been tested for COVID-19 due to the presence of risk factors should self-isolate immediately and be tested for COVID-19. Individuals are required to self-isolate for 14 days from last contact.

- **Negative Result** - Those who receive a negative COVID -19 result but have the presence of ANY risk factors should not return until:
 - 14 days after the last date of exposure (contact with confirmed or probable case or date of return travel) AND
 - Continue to be asymptomatic
- **Positive Result** - Those who test positive for COVID-19 must be excluded for 14 days from the COVID-19 test date and must be afebrile and remain asymptomatic for 72hrs prior to returning (in accordance with the current [COVID-19 Quick Reference Public Health Guidance on Testing and Clearance](#)).

**Close contacts of these individuals should self-isolate for 14 days from last contact*

Asymptomatic at Time of Testing Without Presence of Risk Factors

Individuals without symptoms who have been tested for COVID-19 without the presence of risk factors should self-monitor for symptoms while results are pending.

- **Negative Result** - Those who receive a negative COVID-19 but without the presence of ANY risk factors can continue to work/attend child care centre for as long as they continue to be asymptomatic.

**Close contacts of these individuals should self-monitor for 14 days from last contact*

- **Positive Result** - Those who test positive for COVID-19 must be excluded for 14 days from the COVID-19 test date and must be afebrile and remain asymptomatic for 72hrs prior to returning (in accordance with the current [COVID-19 Quick Reference Public Health Guidance on Testing and Clearance](#)).

**Close contacts of these individuals should self-isolate for 14 days from last contact*

- Resource: [COVID-19 Quick Reference Public Health Guidance on Testing and Clearance](#)
- Resource: [How to self-monitor](#)
- Resource: [How to self-isolate](#)

G. Facility-wide testing of staff for COVID-19

If facility-wide testing of child care staff is mandated by the Ministry, and/or has taken place, those staff members awaiting test results, who are asymptomatic, may continue to work unless there is reason to believe they would be considered a case (e.g., potential exposure to an ill or positive case or household contact). Staff should also monitor for symptoms while waiting for test results; if they become symptomatic, they should self-isolate and be excluded from work.

H. Reporting suspected or confirmed cases

Child care centres within the meaning of the [Child Care and Early Years Act, 2014](#) have a duty to report suspected or confirmed cases COVID-19 under the [Health Protection and Promotion Act](#). The licensee should contact WDGPH to report a child suspected of having COVID-19. WDGPH will provide specific advice on what control measures should be implemented to prevent the potential spread and how to monitor for other possible infected staff members and children.

Child care centres must consider a **single**, symptomatic, laboratory confirmed case of COVID-19 in a staff member or child as a confirmed COVID-19 outbreak in consultation with the local public health unit. Outbreaks should be declared in collaboration between the centre and WDGPH to ensure an outbreak number is provided.

I. Contacting Public Health

In order to best support the reopening of all child care centres, WDGPH has adopted the following process for incoming communications from a) childcare providers and operators and b) parents and families:

- a) Childcare providers and operators are instructed to contact WDGPH Intake:

Call: **1-800-265-7293** or **519-822-2715, Ext. 4753**

Or email: PHI.Intake@wdgpublichealth.ca

- For inquiries, questions, or concerns related to COVID-19 and child care centres
- For reporting suspected COVID-19 cases
- For public health inspection-related information

- b) Parents and families are directed to call the COVID-19 Call Centre at: **1-800-265-7293** or **519-822-2715, Ext. 7006**

J. Personal Protective Equipment (PPE)

When is PPE required?

- All adults in a child care setting are required to wear a medical mask and eye protection (i.e. goggles or face shield) while inside the child care setting, including hallways.
- All children in grades 4 and up are required to wear a non-medical or cloth mask while inside the child care setting, including in hallways.
- All school-aged children are strongly encouraged but not required to wear a non-medical or cloth mask while inside the child care setting, including in hallways

* Exceptions to wearing a mask indoors could include situations where a child cannot tolerate wearing a mask, reasonable exceptions for medical conditions and circumstances where a physical distance of at least 2 metres can be maintained between individuals. For example, if a food handler is in a kitchen alone, no PPE is required; if someone else enters the kitchen and comes within 2m of the food handler, both individuals are required to wear PPE.

Staff Role	Type of PPE required
Screener and/or Runner	<ul style="list-style-type: none"> • Medical mask • Eye protection (goggles or face shield) Ensure hand hygiene is performed before and after each child
Child care staff during general supervision	<ul style="list-style-type: none"> • Medical mask • Eye protection (goggles or face shield)
Child care staff acting as a “floater” or coverage for breaks	<ul style="list-style-type: none"> • Medical mask • Eye protection (goggles or face shield)
Child care staff providing care for a sick child (suspect case of COVID-19)	Droplet and Contact Precautions, including: <ul style="list-style-type: none"> • Medical mask • Eye protection (goggles or face shield) • Gown • Gloves
Child care staff cleaning up bodily fluids with the risk of splashing/soiling of clothing	Droplet and Contact Precautions, including: <ul style="list-style-type: none"> • Medical mask • Eye protection (goggles or face shield) • Gown • Gloves
Sick child (suspect case of COVID-19)	<ul style="list-style-type: none"> • Medical mask (if tolerated)
Environmental cleaning (no direct care or close contact with children or other staff)	<ul style="list-style-type: none"> • Medical mask • Eye protection (goggles or face shield) • Gloves, as required (as per manufacturer’s instructions)
Cook, food handler	<ul style="list-style-type: none"> • Medical mask • Eye protection (goggles or face shield)
Essential Visitors	<ul style="list-style-type: none"> • Medical mask • Eye protection (goggles or face shield)

* Exceptions to wearing PPE indoors are provided directly above the chart.

Before using PPE, staff should be familiar with how to safely put it on and take it off. Public Health Ontario training videos are available in Appendix B.

How to clean and disinfect reusable PPE

Reusable eye protection must be cleaned and disinfected using standard methods for hard plastic surfaces. Follow the manufacturer’s instructions for use and cleaning of reusable face

shields and consider assigning the face shield to a single user to reduce the risk of transmission between workers.

How to conserve single use PPE

A medical mask can be used over the course of the day without removing the mask between individual encounters. If a mask is removed and saved for reuse, keep it from being contaminated by storing it in a clean paper bag or in a cleanable and individually labelled container. A mask must be discarded if it becomes visibly soiled, encounters an individual, or once it becomes moist such that the integrity becomes compromised.

For additional information on how to extend the use of PPE, see Appendix C.

How to obtain necessary PPE

Child care centres and home child care providers should secure and sustain an amount of PPE and cleaning supplies that can support their current and ongoing operations.

The Government of Ontario has provided a website to [find PPE suppliers](#).

K. Infection prevention and control

Ensure all current infection prevention and control practices are adhered to, this includes but is not limited to the following.

Cleaning and disinfecting

- Child care settings must be thoroughly cleaned before opening and frequently thereafter. A Cleaning and Disinfection in Child Care Centres factsheet, and a Cleaning and Disinfecting Schedule are available in Appendix D.
- Every effort should be made to limit movement of staff between rooms.
- If a facility chooses to have dedicated cleaning staff who will have no direct care or close contact with children or other staff, they must wear a medical mask, eye protection (goggles or face shield) and gloves as required by the manufacturer of cleaning/disinfection products. It is not required for cleaning staff to replace PPE between cleaning rooms, given the PPE is being worn properly and is in good repair. If the PPE is wet, damaged, or visibly soiled, PPE must be removed, disposed of and new PPE put on prior to continuing into another room. If PPE is removed for any reason (i.e., soiled, break time, lunch), staff must follow proper removal procedure and conservation/disposal. Please refer to the Public Health Ontario videos on Putting On PPE and Taking Off PPE (Appendix B).
- Increasing the frequency of cleaning and disinfecting of objects, toys and high-touch surfaces is significant in controlling the spread of viruses and other microorganisms

- All surfaces especially surfaces that are frequently touched, such as doorknobs, light switches, toilet handles, countertops, handrails, toys, etc., must be cleaned first and then disinfected at least twice daily and when they become visibly contaminated.
- When choosing a disinfectant, it is important to always follow manufacturer's instructions for dilution, contact time (the amount of time the surface must remain wet) and safe use, and to ensure that the product is:
 - Registered in Canada with a Drug Identification Number (DIN) or Natural Product Number (NPN)
 - Labelled as a broad-spectrum virucide
 - Not expired
 - Replaced according to the manufacturer's instructions for use and if visibly dirty.
 - Labelled if decanted from the original container with the product name, expiration date, date product was prepared and the date the solution must be discarded by.
- All soiled and visibly dirty surfaces must be cleaned before disinfecting. Cleaning involves the use of soap, water and friction to remove organic matter on surfaces. After cleaning, surfaces must be rinsed and dried prior to disinfection if a one step product is not used. Organic matter such as blood, body secretions and excretions can decrease the effectiveness of disinfectants. There are some products that are both cleaners and disinfectants (two-in-one). As well there are one-step OR two-step cleaner disinfectants (requiring one application to clean and disinfect OR requiring two applications, the first to clean and the second to disinfect).
- Area carpets should be removed, if possible, from infant rooms due to the high probability of contact with respiratory secretions. Vinyl mats that can be properly cleaned and sanitized may be used as replacement. If the infant room has carpeting that cannot be removed, consider covering with vinyl matting or use a vacuum with a HEPA filter. All other rooms (i.e., toddler, preschool and school aged rooms) are permitted to have area carpets that should be vacuumed daily, ideally with a vacuum equipped with a HEPA filter.
- It is recommended that operators keep a cleaning and disinfecting log to track and demonstrate cleaning schedules.
- For detailed information on cleaning and disinfecting:
 - Resource: [Cleaning and disinfection for public settings](#)
 - Resource: [Cleaning and disinfecting public spaces during COVID-19](#)
 - Resource: [Hard surface disinfectants and hand sanitizers \(COVID-19\)](#)

Hand hygiene

- Conduct hand hygiene as per outbreak protocols by incorporating additional hand hygiene opportunities into the daily schedule.
- Performing proper hand hygiene including assisting children with hand hygiene

- All persons must wash their hands at the start of the day prior to engaging in the play group and before leaving at the end of the day.
- Frequent hand washing must continue throughout the day especially from one activity to another and after going to the washroom, before and after eating, etc.
- Gloves should be worn when it is anticipated the hands will come into contact with blood or body fluids and when providing care to a symptomatic child.
- Ensure hands are cleaned before putting on gloves and after removing gloves and that gloves are removed immediately after completing a task and prior to touching clean items and surfaces.
- 70% alcohol-based hand sanitizer is recommended and should be available, especially in areas without immediate access to hand washing sinks. Do not use alcohol free hand rub.
- Hand washing using soap and water is recommended over alcohol-based hand rub for children. Refer to Public Health Ontario's [How to Wash Your Hands fact sheet](#).
- Ensure all hand washing sinks are unobstructed, possess hot and cold water, liquid soap, and disposable paper towel. Liquid soap containers cannot be "topped up" and reusable pumps must be cleaned and disinfected prior to refilling. Resource: Handwashing posters (child and adult)

Toys and play

- Increase the frequency of cleaning and disinfecting objects, toys, and frequently touched surfaces (including play surfaces and outdoor toys)
 - Cleaning and disinfecting of toys must be done in between all activities
 - Toys are cleaned prior to disinfection or a one step cleaning and disinfection product is used
- Toys/items that cannot be cleaned and disinfected (e.g., playdough, craft supplies, unsealed wooden items, nature-based toys) must be i) dedicated to each child and kept in a designated location (i.e., cubby/bag/container labelled with the child's name) OR, ii) if they can not be dedicated to a single child, toys/items must be used for only one day and then be placed in a sealed and cleanable container for two weeks before being re-introduced to the cohort (this is a precaution put into place to protect against both COVID-19 and Norovirus) (Appendix E).
 - Hand washing must be performed before and after play.
 - Staff must track and record rotation of items
- Water or sensory play in a group is not permitted. Individual water or sensory play is permitted if all items are dedicated to each child and physical distancing is maintained. Please refer to the Cleaning and Disinfection schedule in Appendix D.

- Mouthed toys should be removed immediately and set aside in a designated area for cleaning and disinfecting and cannot be shared with other children.

Personal items

- Bringing personal items into the child care facility should be strongly discouraged and limited only to essential items. Any hard surface items (e.g., water bottles) must be cleaned and disinfected each day upon arrival. Essential personal items should be stored in a dedicated area for each child (i.e., labelled cubby).
- Water bottles that are being used by children throughout the day must be labelled to discourage accidental sharing.
- Children must not share soothers. Label with the child's name to discourage accidental sharing and store in a sanitary manner (cleanable closed container).
- Brushes and toothbrushes must be labelled and stored in a manner that protects them from contamination.
- Products such as creams and lotions must be labelled with the child's name, dedicated to that child and must be dispensed in a manner that does not contaminate the remaining portion (i.e. using a disposable applicator or clean gloved hand).
- All personal items used for diapering must be labelled with the child's name and stored in a dedicated area.
- All other personal items including clothing and footwear must be stored in a dedicated area for each child (labelled cubby).
- Staff must wash/sanitize hands before and after touching any personal items.

Outdoor play

- Consider staggering outdoor play times for different groups of children to meet the physical distancing requirements.
- During play time, staff must remain vigilant in reminding children to not touch their face.
- After outdoor play time, ensure children thoroughly wash their hands.
- Use of water tables, sensory bins and sandboxes continues to be prohibited.
- Where possible, each cohort should have designated toys and equipment (e.g., balls, loose equipment) or clean and disinfect equipment between cohort uses.
- Children should bring their own sunscreen where possible and it should not be shared.
 - Staff may provide assistance to apply sunscreen to any child requiring it and should exercise proper hand hygiene when doing so (for example washing hands before and after application).
- Sprinklers can be used on the property of a child care centre by only one cohort at a time where the water being sprayed is potable and single use (drains away/absorbed by ground

after use). Staff and children must wash hands before and after outdoor play. Any toys/equipment used, must be cleaned and disinfected between each cohort.

- The use of a slip and slide or wading pool is **not permitted**.
- If play structures are to be used by more than one group, the structures can only be used by one cohort at a time and cleaning and disinfection should occur between cohorts.
- It is not practical to disinfect large playground structures. However, if operators decide to use such structures, cleaning and disinfecting efforts should focus on plastic or metal high touch surfaces where hands frequently make direct contact (e.g. grab-bars, hand railings).
- Nature based play structures that cannot be cleaned and disinfected are dedicated to a single cohort or used by one cohort at a time. Children and staff must wash hands before and after use.

Physical distancing

Physical distancing of at least 2 metres must be maintained between cohorts and should be encouraged, where possible, between children within the same cohort.

Each cohort must have their own assigned indoor space, separated from all other cohorts by a physical barrier. The purpose of the barrier is to reduce the spread of respiratory droplets that are thought to transmit COVID-19 and to reinforce physical distancing requirements between cohorts. The physical barrier must begin at the floor and reach a minimum height of 8 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.

Encourage more physical space between children by:

- Spreading children out into different areas
- Staggering, or alternating, lunchtime and outdoor playtime
- Incorporating more individual activities or activities that encourage more space between children
- Offering increased outdoor play
- Groupings of children (i.e. separate classes) must remain separate from other groupings within the child care centre

Distancing between staff

- Staff should respect the 2-meter recommendations from the Province. Staff should not gather for lunch, break or other activities.
- Staff should not carpool with other staff.

Distancing during pick up and drop off

- Pick-up and drop-off of children should happen outside the child care setting unless it is determined that there is a need for the parent/guardian to enter the setting.
- Staggering pick up and drop off to respect social distancing as much as possible
- Use of video and telephone interviews should be used to interact with families where possible, rather than in person

Nap time

Increase the distance between nap mats, if possible. If space is tight, place children head-to-toe or toe-to-toe. Where possible, cots, cribs and bedding should be dedicated to one child and the linens laundered at least weekly. Blankets are stored in a designated location (i.e., individually labelled bag/container/cubby). If cots, cribs and bedding are shared between children, they must be cleaned and disinfected, and laundered, between each use. Please refer to section 4 of the [Ontario Child Care Centre Licensing Manual](#) (September 2019) for more information.

Food

- For child care centres that are licensed under the Food Premises Regulation, the facility must operate in accordance with the Regulation. Facilities that do not require a license can refer to the [Food Safety Information for Operators and Employers](#) and [7 Simple Steps to Compliance](#) factsheet. These factsheets as well as additional resources are available on the WDG website.
- Ensure that food handling staff practice hand hygiene and are excluded from work if they are symptomatic.
- Ensure the kitchen has a hand wash sink which possesses hot and cold water, liquid soap and paper towel. This sink should never be obstructed.
- Food handlers/staff must wash hands before handling food, preparing bottles or feeding children.
- Hand hygiene must be performed by children before and after eating food.
- Ensure kitchen area is accessible only to kitchen staff. When not in use, ensure kitchen is inaccessible to non-designated staff and children.
- Ensure food contact surfaces are cleaned and sanitized as often as necessary to maintain them in a clean and sanitary condition.
- Provide test strips to monitor sanitizer concentration for food surface disinfectants and mechanical dishwashing disinfectant (if applicable).
- Cease activities involving child participation in food preparation
- Children must not share soothers, bottles, sippy cups, utensils, toothbrushes, facecloths, etc. Label these items with the child's name to discourage accidental sharing.
- Reinforce "no food sharing" policies.

- Consider staggering snack & lunch time to accommodate smaller groups with more space.
- Where possible, children should practice physical distancing while eating.
- No self-serve or family style dining.
- There should be no common food items (e.g., salt and pepper shakers, condiment bottles).
- If meals or snacks are provided by the child care centre, they should be served in individual portions by a designated staff member to each child.
- If meals or snacks are provided by the family, for their child only, food should be stored with the child's belongings or, if refrigeration is required, should be kept in an area designated for the child's cohort and should not be handled by staff designated to other cohorts.
- Utensils should be used to serve food items (e.g., not fingers – where possible)
- Multi-use utensils must be cleaned, rinsed and sanitized after each use. This can be completed manually or using an approved mechanical dishwasher.

Diapering and toileting

- Increased frequency of cleaning schedule for toilets, toilet seats, handwashing sinks, countertop and fixtures.
- Child care staff must adhere to diapering and toileting steps and ensure proper cleaning and disinfecting between diaper change or toileting process.
- Clean & disinfect the diaper change area and/or diaper change mat after each use. Use approved surface disinfectant with a DIN. Use according to the manufacturer's instructions.
- Ensure there is a hand washing sink with hot and cold water, liquid soap and paper towel in close proximity to the diaper change table.
- Ensure staff & children wash their hands after each diaper change and after using the toilet.
- Provide a supply of single-use disposable gloves at the diaper change table. Hand hygiene must be performed before putting on gloves and after taking them off.
- Provide a lined plastic waste container with a lid in the diaper changing area.

General guidelines

- Wash your hands often with soap and water or alcohol-based hand sanitizer.
- Sneeze and cough into your sleeve.
- Avoid touching your eyes, nose, or mouth.
- Avoid contact with people who are sick.
- Do not go to work if you are experiencing symptom(s).
- Do not plan field trips and activities requiring group transportation.

L. Occupational Health & Safety

- Child care centres must have written measures 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 member is diagnosed with COVID-19, the staff member must remain off work for 14 days following symptom onset and until they are “resolved” in accordance with the current [COVID-19 Quick Reference Public Health Guidance on Testing and Clearance](#).
- Child care workers should consult with their Employee Health/Occupational Health and Safety department to confirm return to work.
- If the care provider’s illness is determined to be work-related, in accordance with the [Occupational Health and Safety Act](#) (OHS) 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:
 - a) Ministry of Labour, Training and Skills development;
 - b) Joint health and safety committee (or health and safety representative); and
 - c) Trade union, if any.

Any instances of occupationally acquired infection shall be reported to WSIB within 72 hours of receiving notification of said illness.

Additional resources, provided by the Public Services Health and Safety Association, include:

- For Childcare Providers
 - [COVID-19 Precautions When Working As A Childcare Provider](#)
- For Employers of Child Care Centres
 - [Health & Safety Guidance During COVID-19 for Employers of Child Care Centres](#)

Appendix A – Roles and Responsibilities

The chart below is meant to support child care operators in meeting requirements set out in the Ministry of Education’s [Operational Guidance During COVID-19 Outbreak - Child Care Re-Opening](#). Operators are expected to follow the Operational Guidance and requirements under the [Child Care and Early Years Act, 2014](#) (CCEYA) to support operating child care programs with enhanced health and safety guidelines and/or restrictions in place to reopen. This chart provides an overview of the roles and responsibilities of various parties and has been designed for use in conjunction with the Operational Guidance During COVID-19, WDG COVID-19 Guidance, the CCEYA and its regulations.

Ministry of Education	Public Health	Operator
<ul style="list-style-type: none"> • Determine funding formula for reopening child care • Review and approve revised licenses for reopening • Maintain a record of operators reopening and proposed dates • Receive attestation from operators confirming that revised policies and protocols have been developed for enhanced health and safety requirements in child care settings • Conduct in-person monitoring and licensing inspections of child care centres, home child care agencies, home child care premises and in-home services, where necessary • Review Serious Occurrences and take appropriate action • Review Provincial Operational Guidance as required, and update based on current Public Health conditions 	<ul style="list-style-type: none"> • Provide guidance to child care operators on preventing the spread of COVID-19, including how to implement the Provincial Operational Guidance and WDG COVID-19 Guidance • Work with child care operators to ensure support is provided to all child care staff/providers on health, safety and other operational measures • Support operators with probable/confirmed cases of COVID-19 and outbreaks in centres through consultation, guidance, and direction • Determine exclusion periods for illness, including COVID-19 • Work with child care operators to respond to new questions 	<ul style="list-style-type: none"> • Develop new health and safety policies and protocols including how to operate through the COVID-19 pandemic and recovery period • Apply for license revision, if required • Submit attestation to the Ministry of Education that confirms new policies and procedures have been developed and shared with employees and providers. • Contact families, share policies, assess demand for child care • Update priority/waitlist policies based on limited capacity when re-opening • Arrange for appropriate cleaning prior to reopening and throughout operation • Ensure qualified staffing and appropriate ratios, based on enrolment • Establish cohorts of children and staff • Source personal protective equipment • Establish screening process for staff, children and families • Maintain daily attendance records for anyone entering the centre • Ensure appropriate toys and equipment in rooms/outdoors • Maintain physical distancing • Report probable or confirmed cases of COVID-19 as a Serious Occurrence • Address any recommendations from Public Health • Complete reconciliation of funding

Appendix B – Training Checklist

As recommended as part of the Ministry of Education’s Child Care Reopening Guidelines, child care staff/providers are to complete health and safety training to develop an understanding of how to prevent spread of COVID-19 in our community. WDGPH recommends the following list of resources be reviewed by all child care staff prior to reopening.

Videos

Topic	Link	Completed
7 Steps of Hand Hygiene	https://www.publichealthontario.ca/en/videos/7-steps-handhygiene	<input type="checkbox"/>
Putting On Gloves	https://www.publichealthontario.ca/en/videos/ipac-gloves-on	<input type="checkbox"/>
Putting On Mask and Eye Protection	https://www.publichealthontario.ca/en/videos/ipac-maskeyes-on	<input type="checkbox"/>
Putting On Full Personal Protective Equipment	https://www.publichealthontario.ca/en/videos/ipac-fullppe-on	<input type="checkbox"/>
Taking Off Mask and Eye Protection	https://www.publichealthontario.ca/en/videos/ipac-maskeyes-off	<input type="checkbox"/>
Taking Off a Gown and Gloves	https://www.publichealthontario.ca/en/videos/ipac-gowngloves-off	<input type="checkbox"/>
Taking Off Full Personal Protective Equipment	https://www.publichealthontario.ca/en/videos/ipac-fullppe-off	<input type="checkbox"/>

Documents

WDGPH COVID-19 Child Care Provider Guidance document	https://www.wdgppublichealth.ca/your-health/covid-19-information-workplaces-and-living-spaces/child-care-providers	<input type="checkbox"/>
WDGPH COVID-19 Cleaning and Disinfecting Fact Sheet	https://www.wdgppublichealth.ca/your-health/covid-19-information-workplaces-and-living-spaces/child-care-providers	<input type="checkbox"/>

Note: Additional online learning on Infection Prevention and Control (IPAC) is available on Public Health Ontario’s [website](#).

Appendix C – Conservation and Disposal of PPE

Why is it critical that we conserve PPE?

With the projected increase in COVID-19 cases and the duration of the pandemic response, there is a real risk to supply chains of PPE and if we do not conserve PPE now, we will face shortages when we need it most. Ontario Health has developed documents on the [use and conservation](#) of PPE and [optimizing the supply](#) of PPE.

How to dispose of PPE

See [recommended steps](#) for taking off PPE.

Gloves

- Care should be taken when removing gloves to prevent self-contamination.
- Medical gloves should be changed between every client encounter and disposed of. Gloves should be discarded into a plastic lined waste container with a lid before disposing with regular waste. Perform hand hygiene after discarding gloves.

Gowns

- Care should be taken when removing isolation or surgical gowns to prevent self-contamination.
- Disposable gowns should be discarded into a plastic lined waste container with a lid before disposing with regular waste. Perform hand hygiene after discarding gown.
- **Conservation Tip:** Switch to reusable isolation gown options wherever possible, including cloth isolation gowns and reusable waterproof gowns. Organizations should clearly date and label a receptacle with a plastic liner and lid to collect reusable gowns for laundering. Reusable gowns can be safely laundered according to routine processes with the warmest water setting.

Eye protection

- Care should be taken when removing eye protection to prevent self-contamination. Perform hand hygiene before removing eye protection. Handle the arms of goggles or sides or back of face shield as the front of eye protection is considered contaminated.
- Disposable eye protection should be put into a plastic lined waste container with a lid before disposing with regular waste. Perform hand hygiene after discarding .
- **Conservation Tip:** Switch to reusable eye protection options including reusable goggles and face shields wherever possible. 3D-printed face shields that meet the standards set out by Health Canada are an appropriate alternative to traditional face shields for eye protection. Reusable eye protection must be cleaned and disinfected using standard

methods for hard plastic surfaces. Follow the manufacturer's instructions for use and cleaning of reusable face shields and consider assigning the face shield to a single user to reduce the risk of transmission between workers. Cleaning and disinfection of face shields should focus on the area most likely to be contaminated (i.e., the outer surface).

Masks

- Care should be taken when removing masks to prevent self-contamination. Perform hand hygiene before removing mask. Handle the mask only by the strings/ties.
- Medical masks should be discarded into a plastic lined waste container with a lid before disposing with regular waste. Perform hand hygiene after discarding mask.
- **Conservation Tip:** A medical mask can be used over the course of the day without removing the mask between individual encounters. If a mask is removed and saved for reuse, keep it from being contaminated by storing it in a clean paper bag or in a cleanable and individually labelled container. A mask must be discarded if it becomes visibly soiled, encounters an individual, or once it becomes moist such that the integrity becomes compromised.

How to dispose of PPE waste

For all types of PPE:

- PPE waste should be placed in appropriate containers at the point-of-care/use.
- Do not double-bag waste unless the first bag becomes stretched or damaged, or when waste has spilled on the exterior.
- Close waste bags when three-quarters full and tie in a manner that prevents contents from escaping.
- Remove waste to locked storage areas at frequent intervals with access limited to authorized staff.
- You should have a waste management program that is compliant with current legislation and national standards.

How to dispose of other contaminated waste

All used disposable contaminated items (e.g. mop heads, cloths, wipes) should be placed in a plastic lined waste container with a lid before disposing with regular waste. Reusable cleaning items can be washed using regular laundry soap and hot water (60-90°C).

References

Wellington Dufferin Guelph Public Health. [Conservation and disposal of Personal Protective Equipment \(PPE\) for non-healthcare providers during COVID-19 pandemic](#). 19 May 2020.

Appendix D – COVID-19 Cleaning and Disinfection Factsheet and Schedule

COVID-19 Child Care Cleaning and Disinfection Factsheet

When selecting a disinfectant to use in the child care centre:

- Locate the product sheet and/or review the product label to understand how to use the product safely and effectively (expiry date, re-use claim, contact time, dilution).
- Make sure the product (other than bleach) has either a Drug Identification Number (DIN) or a Natural Product Number (NPN)
- Review the Manufacturer's Instructions For Use (MIFU) for contact time (the time the disinfectant must stay wet on a surface). A long contact time may not be practical.
- If the disinfectant is mixed from concentrate:
 - Determine how the disinfectant must be diluted to ensure consistency (i.e. automated mixing devices or dispensers/measuring cup/test strips).
 - Post instructions for staff on proper handling and dilution of the disinfectant. Label bottles clearly.
 - Review the product label to determine how often the disinfectant must be replaced.
 - Test strips must be used and logged when verifying the concentration of the disinfectant. Ensure test strips are not expired.
- Assess where the disinfectant will be used. If the disinfectant will also be used on food contact surfaces an extra rinse step may be required if it is not a food grade product (e.g., accelerated hydrogen peroxide products such as Virox and Oxivir).
- Do not top up the disinfectant bottles. Once the product is used or discarded, clean the bottle out before re-filling. Topping up bottles will over or under dilute the product.

Reminders:

- Toys must be inspected for damage as well as cracked or broken parts as this may compromise cleaning. Any toy that is found to be damaged, cracked or broken must be discarded.
- Toys and surfaces must be cleaned with warm soapy water before they are disinfected unless a one-step product is used.
- Review the label of the cleaning and disinfection product used onsite and follow instructions especially for:
 - Whether pre-cleaning or cleaning is required before disinfection
 - Whether PPE is required when using the product
 - How to apply the product
 - Contact time for disinfection (time the disinfectant must remain wet on the item)

- Whether a rinse step is required for food contact surfaces. Some disinfectants are not a food grade product
- Expiration date. Do not use expired products
- Storage (store out of children's reach)
- Disinfection options include:
 - Use of a commercial dishwasher (can also be NSF certified)
 - Hospital grade, approved low-level disinfectant
 - Bleach and water solution:
 - Clean the surface or toy with soap and water first, rinse and then apply the bleach and water solution. Allow to air dry.
 - Make a new bleach and water solution daily
 - Do not mix bleach with ammonia-based products as a toxic gas can form.

Other considerations

- Storage bins for toys should also be cleaned and disinfected along with the toys.
- Use toy cleaning time to inspect toys for safety and durability. Discard any unsafe, broken or questionable toys.

Active Ingredient or Brand Name	Contact Time	Format	Test Strips
<i>Follow MIFU for appropriate use, dilution, mixing, contact times, and reuse. Check expiration dates on all products.</i>		<i>Ready to Use/ Wipe / Concentrate</i>	<i>Yes/ No</i>
Bleach and water 1:500, 100 ppm Mix ½ tsp bleach to 1 litre of water	10 minutes for submersion Allow to air dry if sprayed	Dilute 5.25% household bleach, immerse/spray	Yes
Quaternary ammonium (Airx44, Q111)	10 minutes	From concentrate	Yes
0.5% Accelerated Hydrogen Peroxide (Virox 5, Oxivir TB)	Varies by product	Various forms	No
Quaternary ammonium or chlorine-based sprays/wipes (Clorox, Lysol)	Varies by product	Ready to Use spray/wipes	No

* This is a sample list of products. It is not intended to include all low-level disinfectants. Please refer to [Health Canada's list of approved disinfectants](#)

COVID-19 Child Care Cleaning and Disinfection Schedule

Areas	Do Not Use	After each use	Twice Daily and as needed	Daily and as needed	Weekly and as needed	Monthly and as needed	At least every 6 months
Play and Sleep Areas							
Individual water play, toys		X					
Individual sensory, sand*					X		
Individual nature based items*				X			
Infant toys (mouthed)		X					
Infant toys (not mouthed)				X			
Face cloths, bibs, high chairs		X					
Toddler/Preschool toys – disinfect				X			
Stuffed toys / Dress-up clothes	X						
Vinyl mats – clean/disinfect				X			
Bleach sanitizer – replace				X			
Garbage containers – empty				X			
Garbage containers – clean					X		
Linen/bedding (shared) – launder		X					
Linen/bedding (dedicated) – launder					X		
Cots – clean/disinfect		X					
Shelving – clean/disinfect						X	
Cushion covers – launder				X			
Floors – dry sweep, wet mop				X			
Floors – clean under rugs				X			
Carpets – vacuum				X			
Carpets – steam clean							X

Areas	Do Not Use	After each use	Twice Daily and as needed	Daily and as needed	Weekly and as needed	Monthly and as needed	At least every 6 months
Washrooms							
Potty chair/seats – disinfect		X					
Diaper change mats/table		X					
Counters, sinks, toilets			X				
Floors – sweep and sanitize				X			
High Touch Surfaces							
Light switches			X				
Door knobs/handles			X				
Tables			X				
Chairs			X				
Counters			X				
Cabinet/drawer handles			X				
Handrails			X				
Faucet taps			X				
Toilet levers			X				

* Nature based and sensory items must i) dedicated to each child and kept in a designated location OR, ii) if they cannot be dedicated to a single child, toys/items must be used for only one day and then be placed in a sealed and cleanable container for two weeks before being re-introduced to the cohort

This chart applies to:

- Nature based play items (e.g., sticks, rocks, leaves, pinecones, etc.)
- Unsealed or porous loose parts (e.g., unsealed wood, cardboard)
- Furniture or fixtures that cannot be cleaned and disinfected or laundered (e.g., unsealed, unlined wicker baskets, unsealed wooden stools)

Item	Classroom	Date IN to Classroom DAILY	Date OUT of Classroom	Dates to HOLD (2 weeks)	Initials

