

COVID-19: SMDHU GUIDANCE DOCUMENT FOR LICENSED CHILD CARE SETTINGS

This document provides guidance to reduce the risk of introducing and spreading COVID-19 in licensed child care settings and it should be used in conjunction with complete guidance provided in the [Ministry of Educations COVID-19 Operational Guidance During COVID-19 Outbreak Childcare Re-opening](#). This guidance is subject to change. Please visit the Simcoe Muskoka District Health Unit (SMDHU) website regularly for updates and additional guidance.

ACTIVE SCREENING

All individuals including children attending child care, staff, parents/guardians, and essential visitors must be screened each day before entering the child care setting, including daily temperature checks. Contact information such as date/time of visit, name, and phone number are required for all essential visitors.

- Deny entry to any person who meets the following criteria:
 - At least one sign or symptom of respiratory infection including:
 - fever (>37.8C)
 - new or worsening cough
 - shortness of breath
 - sore throat
 - difficulty swallowing
 - unexplained/prolonged headache
 - runny nose or nasal congestion (in absence of underlying reason for these symptoms such as seasonal allergies, post nasal drip, etc.)
 - cannot taste or smell; OR
 - At least one sign or symptom of gastroenteritis (vomiting and/or diarrhea):
 - Must include 2 or more episodes of vomiting and/or loose stool in a 24 hour period; OR
 - Specific to children, at least one sign or symptom of:
 - unexplained fatigue, muscle aches
 - altered mental status and inattention,
 - headaches,
 - croup,
 - pink eye
 - unexplained fast heartbeat
 - sluggishness or lack of appetite/difficulty feeding in infants; OR
 - Any person in the household of the child or staff member who has been in close physical contact* with someone who tested positive for COVID-19; OR
 - Anyone who has travelled outside of Canada in the last 14 days.
- *Note: Close physical contact means being less than 2 metres away from someone for over 15 minutes without appropriate PPE or living in the same home.
- [Signage](#) should be posted at the entry to the centre regarding screening.

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- Staff are required to take their temperature daily. Parents/guardians will need to check their children's temperature daily before coming to the child care setting. This will need to be recorded on the [screening form](#). Parents are only required to be actively screened if they are entering the child care centre. If they are only dropping off at the screening area, they do not need to be screened. Screening forms must be kept on the premises for 2 months from date of screening.
 - Screening should include questioning the parent/guardian and staff member if they have given their child or taken any fever-reducing medication in past 24 hours.
 - If temperatures are required to be recorded at the centre, staff should wear appropriate personal protective equipment (e.g. medical mask & eye protection) and thermometers must not be used between children/staff without single-use protective covers or disinfection between uses.
- Pick-up and drop-off of children should happen outside the child care setting as best able.
- Please direct children to clean their hands upon entry into the centre and/or room.

If sick – stay at home

- **All children and staff who are ill with any of the above noted symptoms need to be excluded immediately from the centre and are encouraged to be tested for COVID-19.** If results are returned as negative, children and staff are able to return to programming 24 hours after their symptoms resolve. Staff and parents/guardians should be encouraged to use the Ministry of Health [online self-assessment tool](#) to determine if their (or their child's) symptoms may be related to COVID-19.
- **Any rostered siblings of children who are ill are also required to be excluded until test results are known. This includes siblings enrolled at a different centre.**
- [Notification](#) to SMDHU is required for all individuals with symptoms. SMDHU will follow-up with the parent/guardian or staff and advise centre of next steps.

Communication with staff and parents/guardians

- Parents/guardian should be made aware of the centre's COVID-19 Plan and the importance of adhering to self-monitoring of COVID-19 symptoms including temperature taking and hand hygiene prior to bringing child to the centre.
- COVID-19 specific information should be available to staff and parents/guardians (e.g., COVID-19 fact sheets on hand hygiene, physical distancing, self-monitoring). See end of document for links to various resources.

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ISOLATION OF ILL CHILDREN

Licensed child care settings already have existing policies for isolation and exclusion that can be utilized for the purposes of COVID-19. There should be 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.

Children and staff who start to show symptoms of COVID-19 must be promptly separated from others, ideally into a designated room, while waiting to be picked up by a parent or guardian. Note: All siblings of an ill child or children of an ill staff member but also be sent home immediately.

- Provide the sick child with a surgical/procedural mask if tolerable and above the age of 2.
- Where possible, anyone who is providing care to the child should maintain a distance of 2 metres.
 - If a 2-metre distance cannot be maintained from the ill child, staff should put on a medical mask and eye protection (e.g. face shield or goggles). Personal protective equipment (PPE) should be available for staff to put on prior to taking the child to the designated space.
- If appropriate PPE is not available, staff providing direct care for the ill child will need to be off for 14 days. If child tests negative then the staff member may return upon notice of negative result.
- 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 and proper hand hygiene.
- Thermometers must not be used between children/staff without single-use protective covers or disinfection between uses.
- Once the child has been removed from the classroom, all high touch surfaces and toys will need to be cleaned and disinfected and remaining children in the room should perform hand hygiene. Items that cannot be laundered or cleaned and disinfected (e.g. books, puzzles, paper) should be removed and stored in a sealed container for a minimum of 7 days. This is because COVID-19 can survive for multiple hours to days on various surfaces.
- Once the child and siblings (if applicable) has been picked up, clean and disinfect the isolation room/area.
- Parents should be encouraged to bring the child (and siblings if applicable) for testing at a local assessment centre. SMDHU will follow-up with the family and advise the centre on next steps including the exclusion of the child and, if applicable, their cohort.
- Record the illness on the [surveillance line list](#). **Individual reports of illness are required to be reported to SMDHU using the [Child Care COVID-19 reporting form](#).**

For home-based programs: if a person who resides in the home becomes symptomatic and/or tests positive for COVID-19, the operator should contact the SMDHU immediately to advise on next steps.

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OUTBREAK MANAGEMENT

For the purposes of COVID-19, one (1) confirmed COVID-19 case who attended/worked at centre during their period of communicability will equal a COVID-19 outbreak at the centre. When a COVID-19 outbreak is declared the following steps will occur in addition to [routine outbreak management](#) steps:

- All children and staff who were a part of the confirmed COVID-19 case's cohort will be deemed high risk contacts and required to be excluded from 14 days from the confirmed case's last interaction with them.
- Testing of the affected cohort, at a minimum, will be recommended. Parents/guardians and staff wishing not to undergo testing may have exclusion periods extended.
- Additional prevention measures including further modified programming and personal protective equipment usage may be considered by the SMDHU.

COHORTING – CHILDREN AND STAFF

A cohort is defined by the Ministry of Education as a group of children and the staff members assigned to them, who stay together throughout the duration of the program.

- Staff should work at only one location.
- The maximum cohort size for each cohort cannot be more than 15 children.
- Each cohort must stay together and are not permitted to mix with other cohorts.
- Staff assigned to a cohort should remain with that cohort at all times except for breaks.
- Staff should not be covering off lunches or breaks for staff in other cohorts/classrooms. There should be enough staffing to have multiple staff assigned to one cohort consistently over the day to support breaks/lunches.
- Cohorts required to share washrooms should be on a schedule to ensure only 1 cohort per time is in the washroom with cleaning and disinfection of washroom after each cohort's use.
- Supervisors and/or designates should limit their movement between cohorts. Consider assigning supervisors to cohorts.
- Consider a process for teachers assigned to the child's cohort to meet them at the entry and escort to their assigned room. Walkie-talkies may be useful.
- There should be no mixing of cohorts when ratios are lower (e.g. before/after work day).
- Food handlers should not be providing care to children, even for breaks/lunches.
- Staff should also maintain physical distancing in staff rooms, offices etc.
- Cohorts may share a room, utilizing a floor-to-ceiling temporary barrier, only if there are separate entrances for each cohort.

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ROUTINE PRACTICES

Encouraging hand hygiene

Hand washing with soap and water is still the single most effective way to reduce the spread of illness.

- Make sure you are well-stocked with hand washing supplies at all times (i.e., soap, clean towels, paper towels and, if needed, 60% alcohol-based hand sanitizer).
- Children forget about proper hand washing so practice often and teach them to wash their hands properly in a fun and relaxed way. Signage should be available to demonstrate the steps of hand hygiene.
- When sinks for hand washing are not available, you may use alcohol-based hand rubs (ABHR) containing at least 60% alcohol. Know that this is not very effective when a child's hands are quite soiled. Read labels and use ABHR the same way you would wash with soap and water. Ensure to keep ABHR out of the reach of children.

Respiratory etiquette

Respiratory etiquette in child care settings includes covering the mouth and nose during coughing or sneezing with a tissue or a flexed elbow, and disposing of used tissues in a plastic-lined waste container, followed by hand hygiene. This should be reviewed with all children and staff regularly. Signage should be posted to remind children and staff.

The use of masks

Given that staff and children are required to stay within cohorts of maximum 15 children and are not permitted to mix with other cohorts, the use of [face coverings](#) (non-medical masks) is not required but does remain an option. Staff and children can choose to wear a face covering, particularly for activities where physical distancing is challenging.

If they wear a face covering, they need to be used [properly](#). The face covering must be washed daily, carried in a plastic re-sealable bag and brought back and forth to program on a daily basis. When the face covering becomes soiled it must be removed and replaced with a clean one. If the face covering cannot be cleaned, it will need to be thrown out and replaced as soon as it gets slightly wet, dirty or crumpled.

The use of -face coverings can be challenging for some children. Cloth face coverings should not be placed on:

- Babies or children younger than 2 years old;
- Anyone who has trouble breathing or is unconscious; and
- Anyone who is incapacitated or otherwise unable to remove the mask without help.

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Environmental Cleaning & Disinfection

We are just learning about how long the virus causing COVID-19 lives on surfaces, but early evidence suggests it can live on objects and surfaces from a few hours to days. Regular cleaning and disinfecting of objects and high-touch surfaces is important to help to prevent the transmission of viruses from contaminated objects and surfaces.

- Ensure all toys used at the centre are made of materials that can be cleaned and disinfected (e.g. avoid plush toys).
- Increase the frequency of cleaning and disinfecting objects, toys and frequently touched surfaces.
- Frequently touched surfaces are most likely to become contaminated, including doorknobs, light switches, toilet handles, glass on doors and tabletops, and must be disinfected at least twice a day.
- Mouthed toys should be cleaned and disinfected immediately as per normal processes.
- Only use disinfectants that have a Drug Identification Number (DIN) unless using bleach.
- If using bleach, [see chart](#) and follow the routine disinfection solution. For the purposes of COVID-19, a 1000 ppm bleach/water solution should be used.
- Checking expiry dates of products used and always following manufacturer's instructions.
- Cots and cribs should be disinfected after each use.
- Linens must be laundered between children.
- Stay on top of waste management. Empty your garbage containers often.
- Clean high-touch electronic devices (i.e., keyboards, tablets, and smartboards) with 70% alcohol (i.e., alcohol prep wipes) making sure your wipe has a contact time of at least 1 minute.

Programming

- If possible, centres should try to designate toys and equipment for each cohort.
- Keep enough toys out to encourage individual play.
- Do not use water or sensory tables.
- Any sensory/natural play items used must be new every day, provided for single use and dedicated per child. Please discard all items during or at end of day.
- Offer toys that can be easily cleaned (i.e., no dress-up clothes or stuffed animals).
- Play structures can only be used by one cohort at a time, should be cleaned and disinfected between uses and facilitate hand hygiene for children before and after use.

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Physical Distancing

Understandably, physical distancing is challenging in a child care setting.

- Cohorts must maintain at least 2 metres from each other and 2 metre separation should be encouraged even within cohorts.
- Spread children out into different areas.
- Stagger, or alternate, lunchtime and outdoor playtime.
- Incorporate more individual activities or activities that encourage more space between children.
- Do not use community playgrounds at this time; however outdoor play at licensed child care sites is encouraged in small groups in order to encourage physical distancing.
- Use physical markers or visual cues to ensure cohorts remain separated.
- Increase the distance between nap mats, if possible. If space is tight, place children head-to-toe or toe-to-toe.

Use ideas that work for your setting

- Avoid close greetings like hugs or handshakes.
- Help children to learn about distancing by creating games. For example, put on some music and have children spread their arms side to side and spin around slowly trying not to touch their friends.
- Set up regular activities outside such as snack time, arts and craft time.
- Set up mini environments within your facility to reduce number of children in a group, for example set up 2 or 3 craft areas for colouring or doing crafts.
- Increase the space between children during activities such as snack and lunch by moving or separating tables and chairs so they are farther apart.
- Make use of all the space in your facility for napping to increase space between children.
- When children want to use the same area or do the same activity, redirect some children to another area.
- Reinforce and remind of the rule of “hands to yourself”.

Items From Home

- Sippy cups, bottles and pacifiers should be brought from home, labelled and left at centre with the centre taking responsibility for cleaning and disinfection.

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- No books or toys from home should be allowed into the centre at this time.
- Children must not share soothers, bottles, sippy cups, toothbrushes, facecloths, etc.

Food Service

- Centres are required to maintain compliance with [Ontario Regulation 493/17 Food Premises](#).
- Reinforce “no food or drink sharing” with children.
- If offering family-style meals, children are not to be serving the food.
- If meals or snacks are provided, ensure each child has their own individual meal or snack.
- Multi-use utensils must be sanitized.
- Children should not participate in food preparation or serving.

Provide Reassurance, Good Listening and Maintain Routines

Children hear and take in a lot of the talk that is going on around them, especially as they get older.

- Reassure children about their personal safety and health. Tell children that it is okay to be concerned and there is a lot we can do to stay safe and healthy. Make sure the information is suitable for their age level.
- Let them know they can ask questions. Answer questions honestly but make sure that the information is suitable for their age level.
- Maintain familiar activities and routines, as possible, as it can reinforce the sense of security of children. At the same time, build in physical distancing strategies into your play and activities.

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 child care worker has symptoms consistent with COVID-19, the child care worker should consider testing. SMDHU will follow-up with the staff member and advise the centre on next steps including the exclusion of the employee and, if applicable, their cohort. If COVID-19 testing is done and is negative, they can return to work 24 hours after their symptoms have resolved. The SMDHU will need to approve the return to work for any child care worker suspected or confirmed to have COVID-19.
- Child care workers should report to their Employee Health/Occupational Health and Safety department prior to return to work.

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- If the care provider's illness is determined to be work-related:
- In accordance with the Occupational Health and Safety Act and its regulations, an employer must provide a written notice within four days of being advised that a worker has an occupational illness, including an occupationally-acquired infection, or if a claim has been made to the Workplace Safety and Insurance Board (WSIB) by or on behalf of the worker with respect to an occupational illness, including an occupational infection, to the:
 - Ministry of Labour;
 - Joint health and safety committee (or health and safety representative); and
 - Trade union, if any.
- Any instances of occupationally acquired infection shall be reported to WSIB within 72 hours of receiving notification of said illness.

Please contact the Simcoe Muskoka District Health Unit if you have any questions at 1-877-721-7520 ext. 8809,

Monday to Friday 8:30 a.m. to 4:30 p.m.

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