

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

Last revised: July 16, 2021

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 Education's Operational Guidance During COVID-19 Outbreak](#) (revised June 2021) guideline and the [Ministry of Health's COVID 19 Guidance: School Outbreak Management](#) which also guides outbreaks in child care. Licensed home child care agencies and providers are expected to follow the same guidelines as licensed child care centres. For unlicensed home-based programs, the operator should contact the Simcoe Muskoka District Health Unit (SMDHU) immediately to advise on next steps if a person who resides/attends the home tests positive for COVID-19.

It is expected that individual licensed child care settings will apply the guidance outlined by the Ministry of Education as well as the supplemental information below to their own programs. Each child care centre should conduct a risk assessment which is a systematic approach to assessing the efficacy of control measures that are in place to mitigate the transmission of COVID-19 in your setting. Questions regarding the Ministry of Education document should be referred directly to the Ministry for clarification/direction.

ACTIVE SCREENING *REVISED

- All individuals including children attending centre-based or home-based child care, staff, parents/guardians, and essential visitors must be screened each day **before entering** the child care setting. **Screening does not need to occur at the centre as long as operators can validate the daily self-screening of children, staff and/or visitors.**
 - **NEW:** Home child care providers must actively screen **all other members of the household** as well.
- Parents (on behalf of children)/staff should complete the screening tool prior to coming to the centre. If a child or staff was not screened, please complete the screening tool for the [child](#) or [staff/visitor](#) prior to entry. Contact information such as date/time of visit, name, and phone number are required for all essential visitors. All relevant screening tools and resources documents may also be accessed through this [link](#).
- 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.
- **NEW: Daily temperature checks are no longer required.** If temperatures are still taken at the centre, staff should wear appropriate personal protective equipment (i.e., 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 childcare setting as best able.
- Direct children, staff, and visitors to clean their hands using soap and water or alcohol-based hand sanitizer containing 60-90% alcohol content upon entry into the centre and/or room.

IMMUNIZATION CONSIDERATIONS

Important Information for Centres:

- **Note:** The current Ministry of Health screening tools do not account for fully vaccinated individuals.
 - Staff, students, visitors, or older children who are fully vaccinated may be directed by the provincial screening tools to stay home if someone in their household has symptoms. Staff, students, visitors and older children who are **fully vaccinated do not need to be excluded** from child care settings as long as they do not have symptoms and/or have not been directly advised by local public health to self-isolate.
- Fully vaccinated means that the individual has received all doses in their COVID-19 vaccine series (i.e., both doses of a two-dose vaccine series, or one dose of a single-dose vaccine series) and more than 14 days have passed since receiving their last dose.

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- Operators need to be aware that individuals who recently received a COVID-19 vaccination may have mild symptoms that do not require exclusion. **Children and staff/visitors can go to child care but must wear a mask** if they received a COVID-19 vaccine in the previous 48 hours and are experiencing any or all of the following symptoms that are mild and **only began after vaccination**:
 - headache
 - fatigue (extreme tiredness)
 - muscle aches
 - joint pain
- Any other symptoms, including fever, that develop within 48 hours of a COVID-19 vaccine will require the individual to be excluded from the setting.
- If symptoms developed before the vaccine was given or if symptoms continue longer than 48 hours after vaccine was given the individual must also be excluded.

PASSIVE SCREENING

- All school-age licensed child care programs including students, staff and essential visitors of school-age licensed child care programs must self-screen each day before entering the school using the [student screening tool](#) or other tools as identified by the Ministry of Health or SMDHU and follow the guidance that the tool provides.
- **Note:** If school age programming is being offered within a licensed centre (regardless of if co-location within a school), active screening is still required.
- Students that are screened prior to the before-school program do not need to be re-screened for the core day program. Similarly, an individual that has been screened for the core day program does not need to be re-screened for the after-school program.
- Proof of screening completion is now required for all passive screening completed for before/after programs.
- [Signage](#) should be posted at the entrance to the centre regarding screening.

MANAGEMENT OF ILL CHILDREN

Licensed child care centres should adopt the guidance outlined below:

On occasion, a parent/guardian or staff may feel there is another explanation for the new symptom(s) requiring medical assessment rather than a COVID-19 test. In that case, they should contact their health care provider as usual. Some COVID-19 assessment centres will also do a medical assessment in addition to COVID-19 testing. If the health care provider makes an alternative diagnosis and determines that the condition is not COVID-19, they may indicate that the individual can return to the centre when it has been at least 24 hours since symptoms started improving.

Medical notes or proof of negative tests should not be required for staff or children to return to the centre. Use of the [attestation form](#) is up to individual centres (not a requirement).

Note: In the absence of testing or an alternative diagnosis, the child or staff must self-isolate for 10 days from symptom onset. Where there is sufficient concern that an individual may have COVID-19 (e.g., centre is informed by a parent/guardian that a child has been diagnosed with COVID-19) the centre should report this to SMDHU immediately. However, individual reports of children/staff ill with symptoms compatible with COVID-19 is no longer required.

Note: SMDHU also receives lab reports directly on all positive COVID-19 cases.

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ISOLATION AT THE CENTRE

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 area, while waiting to be picked up by a parent or guardian.

The following procedures should also be implemented:

- Provide the sick child with a medical mask (if tolerable and above the age of 2 years).
- Where possible, anyone who is providing care to the child should maintain a distance of at least 2 metres (6 feet) and wear the appropriate personal protective equipment (PPE) (i.e., medical mask and eye protection).
- If appropriate PPE is not worn, staff providing direct care for the ill child may need to be off for 14 days.
- Hand hygiene and respiratory etiquette should be practiced while the child is waiting to be picked up.
- Thermometers must not be used between children/staff without single-use protective covers and/or disinfection between uses.
- Once the child has been picked up, clean and disinfect the isolation room/area

CASE & OUTBREAK MANAGEMENT

Continue to record individual illnesses on the [surveillance line list](#).

- Management of an individual case/outbreak in a licensed child care setting will be based on an individual risk assessment by SMDHU at the time and informed by the [Ministry of Health's COVID 19 Guidance: School Outbreak Management](#).
- Control measures could include:
 - Identification and exclusion (if applicable) of contacts.
 - Exclusion of case's cohort (e.g., classroom) or multiple cohorts as needed for various lengths of time.
 - Recommendations for increasing environmental cleaning and further limiting of activities.
 - Recommendations for testing of contacts (staff and children), including those with no symptoms.
 - Enhanced surveillance recommendations.
- For the purposes of COVID-19, an outbreak will be declared based on the investigation and in consultation with our medical officer of health.

GROUPING (COHORTING) – CHILDREN AND STAFF

As of September 1, 2020, child care settings may return to maximum group sizes as per their license under the [Child Care and Early Years Act, 2014](#). Groups are still expected to stay together throughout the duration of the program. As such, the following procedures should be implemented:

- Staff and students should be assigned to a specific group.
- Staff and students should work at only one location.
- Each group should stay together and not mix with other groups.
- Staff assigned to a group should remain with that group at all times except for breaks.
- Staff in classrooms should not cover off lunches or breaks for staff in other classrooms.
- Groups required to share washrooms should be on a schedule to ensure only one group per time is in the washroom with cleaning and disinfection of washroom occurring after each group's use.
- Supervisors and/or designates should limit their movement between groups. Consider assigning supervisors to groups.
- Part-time attendance is permitted but children must be assigned to the same group and not mix with other groups.

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- There should be no mixing of groups when ratios are lower (e.g., before/after work day).
- Staff should also maintain physical distancing in staff rooms, offices etc.
- Groups may share a room, utilizing a floor-to-ceiling temporary barrier, only if there are separate entrances for each group.

MASKS AND FACE COVERINGS

The Ministry of Education has directed that all staff in a child care setting (including post-secondary students) are [required to wear medical masks](#) and eye protection (e.g., goggles, face shield) while inside the child care setting, including in hallways and staff rooms (unless eating). Reasonable exceptions to the requirement to wear masks are expected to be put in place by licensees. Proof of a medical exemption by a healthcare provider is not required. **Eye protection is not required to be worn outside unless providing care to a symptomatic child.**

All children in Grades 1 and above while inside a child care setting are required to wear a [face covering](#) (non-medical mask). 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 Ministry of Education also requires all staff and children in Grades 1 and above to wear their masks outside if 2 metres (6 feet) or more cannot be maintained.

The use of face coverings can be challenging for some children. 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.

ENVIRONMENTAL CLEANING & DISINFECTION

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. While the risk of COVID-19 transmission through touching surfaces is low, it does occur. It is important to continue to follow infection control measures to reduce the various ways in which COVID-19 is spread. This includes appropriate cleaning and disinfection, as well as proper hand hygiene, masking, physical distancing, respiratory etiquette, and immunization.

- 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 are to be cleaned and disinfected immediately as per normal processes.
- Use only disinfectants that have a Drug Identification Number (DIN) or Natural Product Number (NPN) and are registered with Health Canada for [use against COVID-19](#) and are not expired 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.
- Cots and cribs should be disinfected after each use. Linens must be laundered between children.

PROGRAMMING

- If possible, centres should try to designate toys and equipment for each cohort.
- Keep enough toys out to encourage individual play.

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- Review any planned field trips with your public health inspector.
- 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.
- Play structures on childcare property can only be used by one cohort at a time and facilitate hand hygiene for children before and after use.

PHYSICAL DISTANCING

Understandably, physical distancing is challenging in a child care setting. The following practices help support physical distancing:

- Cohorts must maintain at least 2 metres (6 feet) from each other.
- Spread children out into different areas. Incorporate more individual activities or activities that encourage more space between children.
- Stagger, or alternate, lunchtime and outdoor playtime.
- 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.

Please contact the Simcoe Muskoka District Health Unit's Health Connection line if you have any questions at 1-877-721-7520, Monday to Friday 8:30 a.m. to 4:30 p.m.

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