

## COVID-19 Guidance for Child Care Settings

The following recommendations are intended to help child care operators and staff (including home care providers) working in both child care centres and home child care reduce the spread of COVID-19. The recommendations and guidance provided in this document must be used to develop infection prevention and control (IPAC) policies and procedures. Child care operators must ensure that appropriate IPAC measures are implemented and maintained in order to provide safe and healthy child care services.

This document must be used in addition to Toronto Public Health's [Infection Prevention and Control in Child Care Centres Requirements and Best Practices Document](#). In the event of any differences between the guidance in this document and the Toronto Public Health *Infection Prevention and Control in Child Care Requirements and Best Practices* document, the recommendations in this document must be used.

More information about COVID-19 can be found in the Toronto Public Health [COVID-19 Fact Sheet](#).

### Recommendations for Child Care Operators and Staff to Reduce the Spread of COVID-19:

#### Before Re-Opening

##### Develop/update IPAC policies and procedures

- Develop and/or update administrative and IPAC policies and procedures to include mitigation measures to help reduce the spread of COVID-19.
- COVID-19-related policies and procedures must address the following topics:
  - Screening and temperature checks
  - Attendance reporting
  - Cohorting staff and children
  - Physical distancing
  - Hand hygiene and respiratory etiquette
  - Food safety practices
  - Enhanced environmental cleaning and disinfection
  - Requirements for the use of toys, equipment and other materials
  - Use of personal protective equipment
  - Isolation/exclusion of ill children and child care staff
  - Management of cases and outbreaks of COVID-19
  - Communication with families/guardians and other stakeholders
  - Occupational health and safety.

### Train staff

- All child care staff must be aware of the [signs and symptoms of COVID-19](#).
- Train staff to ensure they are aware of and can implement the revised IPAC policies and procedures.
- Train staff on proper use of personal protective equipment (PPE). Refer to [Public Health Ontario](#) resources.
- All child care staff must review [training modules](#) developed by Toronto Children Services, in collaboration with Toronto Public Health, prior to opening. If a child care centre has already opened, these training modules must be reviewed as soon as possible.
- Operators must keep a record of staff that have reviewed these training modules, policies and procedures (i.e. ask staff to sign and acknowledge that they have reviewed applicable training modules and COVID-19 related policies and procedures).

### Prepare physical space

- Designate drop-off and pick-up locations outside, near the main area of child care centre.
  - If this is not feasible for home child care operators, arrange to use an area or space where physical distancing of two metres/six feet can be maintained.
- Designate an area outside near the main entrance as a screening station for in-person screening.
  - The area should be clearly identifiable as the screening station.
  - Post signs in a visible location clearly explaining the screening process and the rules and conditions for entry (e.g. [Posters for Entrances](#)).
  - The area must allow for a minimum of two metres/six feet distance between staff conducting in-person screening and the individual being screened. Alternatively, a protective barrier (e.g. plexiglass) may be equipped around the screening station.
  - Use visual markers/cues spaced two metres/six feet apart (e.g. tape on the floor, pylons, signs) to assist children and parents/guardians to maintain a two metre/six foot distance from each other if waiting to be screened.
- Download, print and post signs in a visible location at the designated screening station to raise awareness about health and safety measures that can help prevent the spread of COVID-19 such as:
  - [Physical Distancing](#)
  - [Protect Yourself](#)
  - [Information about COVID-19](#)
  - [Wash your Hands](#)
  - [Cover your Cough](#)
  - [Poster for Entrances](#)
- Increase space between seating and play areas so that children and staff can practice physical distancing (i.e. two metres/six feet):
  - Remove extra chairs, tables and furniture to increase space to allow children to spread out.
  - Place tape, signs or other visual markers on floors, tables, seats and in play areas.

## During Active Operation

### Conduct daily screening and temperature checks prior to entry/drop-off

- Remind staff and parents/guardians of children attending the child care centre/home that they must not attend the child care program when they are ill, and that they should report any [symptoms associated with COVID-19](#) to the child care operator.
- Actively screen and check the temperature (i.e. in-person, virtually or by reviewing an electronic submission) of children, child care staff and any other individual **prior to entry/arrival** to the child care centre/home child care setting.
- Where possible daily screening and temperature checks may be completed by the parent/guardian at home and submitted electronically (e.g. via online form, survey, or e-mail) prior to arrival at the child care centre/home.
  - In-person screening may not be feasible for home child care operators, screening and temperature checks may be conducted prior to arrival over the telephone or by using video conferencing. These arrangements may be made in advance with the child's parent/guardian.
  - Prior to receiving children into care, home child care operators must also conduct daily screening of other people residing in the home, regardless of whether they participate in home child care activities.
- Screen all children, child care staff and any other individuals prior to entry/arrival by asking about the following:
  - Do you/the child or *any member of your household* have any of the following symptoms: fever/feverish, new onset of cough, worsening chronic cough, shortness of breath, difficulty breathing, sore throat, difficulty swallowing, decrease or loss of sense of taste or smell, chills, headaches, unexplained fatigue/malaise/muscle aches, nausea/vomiting, diarrhea, abdominal pain, pink eye (conjunctivitis), runny nose/nasal congestion without other known cause?
  - Have you/the child tested positive for COVID-19 or had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?
  - Have you/the child travelled outside of Canada, including the United States, within the last 14 days?
- Record screening results daily.
  - Operators may use and/or adapt the [health screening questionnaire](#) as a screening tool, and to record individual screening results.
  - Keep all screening records available onsite. Records must be kept for 12 months.
- Make hand sanitizer (70-90% alcohol concentration) available at the screening stations for individuals who have answered NO to all questions for use prior to entry.
- Individuals who answer YES to any of the questions must not be permitted to enter the child care centre/home.
  - If any person living in a home of a home child care answers YES to any of the questions, the home cannot receive children into care.
  - Refer these individuals to visit our website to learn about [assessment centres and testing](#).

Revised July 31, 2020

- Staff must escort children into the child care center/home after screening. Parents/guardians must not go past the screening area or enter the child care centre/home unless there is a specific need to do so and the parent/guardian passes the screening.

### Enhance attendance reporting practices

- Maintain daily attendance records of all individuals entering the child care centre/home. This includes, but is not limited to, staff, children, maintenance workers, cleaning/environmental staff, food service workers and government agency employees (e.g. public health inspectors, fire inspectors).
- Records should include the following information: name, company, contact information, date, time of arrival/departure, reason for visit, rooms/areas visited, screening and temperature check results.
- Records must be updated when a child, child care provider or staff person is absent.
- Child care operators should follow-up with all individuals to determine the reason for any unplanned absences, and if the absence is due to illness to note any symptoms (e.g. fever, sore throat, cough).
- Encourage parents/guardians of ill children and child care staff who are ill to seek COVID-19 testing at [assessment centres](#). They can also contact [Telehealth](#) at 1-866-797-0000 or their primary care provider to determine if further care is required.
- Non-essential visitors must not be permitted to enter the child care centre/home.
- Monitor attendance records for patterns or trends (e.g. children and child care staff in the same group or cohort absent at the same time or over the course of a few days).
- Attendance records must be available on-site at all times.

### Assign staff and children into cohorts

- Child care staff and children must be assigned to designated cohorts or groups.
- Cohorts must be designated to a specific "home room" or area.
- The maximum cohort size for each room in the child care centre must consist of **no more than 15 children plus the appropriate number of staff**, if available space in the room/area permits.
  - There are no changes to the maximum group size for home child care, which allows for a maximum of six children, not including the home child care operator's own children aged four years or older.
- Child care staff are not included in the maximum cohort size, however, they are still considered part a cohort.
- Staff to child ratios must comply with the [Ontario Regulation 137/15](#) under the *Child Care Early Years Act*.
- Staffing should be sufficient to have multiple staff assigned to one room consistently over the course of the day, and not need to move to other rooms.
  - Child care staff should avoid covering off for colleagues assigned to different cohorts or working in different rooms/areas during lunches or breaks as best as possible.

Revised July 31, 2020

- If a child care staff must cover off for a colleague in a different cohort/room (e.g. as a result of an unplanned absence) they must do so in a manner that maintains physical distancing as best as possible, and they should use a non-medical [face mask or face covering](#).
- Child care staff should work at only one location. Operators should not reassign child care staff to different centres, if possible.
- Child care staffing agencies that assign supply/replacement staff to support child care centres should schedule staff to work at a single designated child care centre, if possible.
  - Supply/replacement staff that are assigned to a child care centre will be considered part of the cohort they are assigned to.
  - Reassigning supply/replacement staff to a different cohort/group within the same child care centre should be avoided as best as possible to prevent mixing of cohorts.
  - If supply/replacement staff are assigned to a different cohort/group within the same child care centre they should use a non-medical mask or face covering.
- Programming must be planned in a manner that prevents cohorts from mixing throughout the day and over the course of the child care program/session.
- Stagger/alternate scheduling for the following:
  - Shared washroom facilities. If washrooms are shared, only one cohort must access the washroom at a time.
  - Drop-off and pick-up times to prevent parents/guardians from gathering or grouping together.
  - Snack times and lunch/meal times.
  - Outdoor playgrounds and play spaces (dedicated to the child care) by different cohorts.
- Where different cohorts are using the same indoor area (e.g. gymnasium) child care staff must ensure that physical distancing is maintained between the cohorts and that the groups do not mix.
  - If physical distancing cannot be maintained, consider using temporary physical barriers to prevent mixing of groups. The height of the barrier should take into account the tallest user and should consider the users breathing zone.
  - The breathing zone is defined as a pocket of air from which a person draws breath and generally extends 30 centimeters or 12 inches around (and above) the mid-point of a person's face.

### Practice physical distancing

- Practice [physical distancing](#) (i.e. a two metre/six feet distance) as best as possible between children during activities while still permitting interaction and socializing to occur.
- Physical distancing must not compromise supervision or a child's safety, emotional or psychological well-being.
- Maintain physical distancing as best as possible between cohorts in common areas:
  - Use visual markers/cues spaced two metres/six feet apart (e.g. tape on the floor, pylons, signs) in common areas such as entrances and corridors.
- Encourage children to greet each other using non-physical gestures (e.g. wave or nod or a verbal "Hello") and to avoid close greetings (e.g. hugs, handshakes).

- Regularly remind children to keep "hands to yourself".
- Reinforce "no sharing" policies and procedures. This includes the current practice of not sharing food, water bottles or other personal items.
- Limit the number and types of personal items that can be brought into the child care setting, and provide individual cubbies or bins for each child's belongings.
- Personal items must be clearly labelled with the child's name to prevent accidental sharing.
- Plan activities and games that increase spacing between children while promoting social interaction.
- Avoid activities that involve shared objects or toys.
- Avoid activities involving singing, shouting, or speaking loudly indoors.
- Increase the distance between cots/resting mats and cribs. If space is limited, place children head-to-toe or toe-to-toe.

### **Practice good hand hygiene and respiratory etiquette**

- [Clean your hands](#) thoroughly with soap and water or use hand sanitizer (70-90% alcohol concentration) provided hands are not visibly soiled.
- Avoid touching your face, nose and mouth with unwashed hands.
- [Cover your cough](#) or sneeze with your elbow or a tissue. Immediately throw the tissue in the garbage and wash your hands.
- Provide additional hand sanitizer (70-90% alcohol concentration) stations (e.g. wall mounted hand sanitizer dispensers) in supervised areas where children cannot access it independently.
- Child care staff must ensure that proper hand hygiene is practiced often and when necessary (e.g. before and after eating, after using the bathroom, after covering a cough or sneeze). This includes supervising and/or assisting children with hand hygiene.
- Child care operators must monitor hand hygiene supplies to ensure adequate amounts of liquid soap, paper towel, hand sanitizer, tissues, and waste receptacles lined with plastic bags.

### **Modify food safety practices for snacks and meals**

- Child care operators must modify meal practices to ensure that there is no self-serving or sharing of food at meal times.
- Meals must be served in individual portions to the children.
- Utensils must be used to serve food.
- Do not provide shared utensils or items (e.g. serving spoons, condiments).
- Children must not be allowed to prepare nor provide food that will be shared with others.
- There must be no food provided by the family/outside of the regular meal provision of the program (except where required and special precautions for handling and serving the food are put into place, for example, expressed breast milk).
- Lunches and snacks can be provided by families for children as long as it is part of the regular meal provision for the program (e.g. bagged lunches for school aged programs), and there are policies and procedures that address the handling of this food (e.g. containers are sent home for

washing, sharing of food is prohibited, food packed in manner that does not require staff to handle it).

- Ensure proper hand hygiene is practiced when staff are preparing food, and for all individuals before and after eating.

### Enhance cleaning and disinfecting practices

- Review Public Health Ontario's [Cleaning and Disinfection for Public Settings fact sheet](#).
- Refer to [Health Canada's lists of hard surface disinfectants for use against coronavirus \(COVID-19\)](#) for information on disinfectants:
  - Disinfectants must have a Drug Identification Number (DIN). A DIN is an 8-digit number given by Health Canada that confirms it is approved for use in Canada.
  - Check the expiry dates of products and always follow the manufacturer's instructions.
- Chlorine bleach solutions may also be used for disinfection if appropriate for the surface.
- Prepare chlorine bleach solutions according to the instructions on the label or in a ratio of:
  - 1 teaspoon (5 mL) bleach per cup (250 mL) of water, or
  - 4 teaspoons (20 mL) bleach per litre (1000 mL) of water.
  - Ensure a minimum of two minutes contact time and allow to air dry.
  - Prepare fresh bleach solutions daily.
- Educate staff on how to use cleaning agents and disinfectants:
  - Required disinfectant contact times (i.e. amount of time that the product will need to remain wet on a surface to achieve disinfection).
  - Safety precautions and required personal protective equipment (PPE).
  - Directions for where and how to securely store cleaning and disinfectant supplies.
- It is strongly recommended that operators assign or designate staff to conduct environmental cleaning and disinfecting throughout the day.
- Clean and disinfect all high-touch surfaces and objects (e.g. doorknobs, light switches, toilet handles, sink faucets and tabletops) at least twice a day or when visibly dirty.
- For cohorts that include younger children (i.e. toddlers), high-touch surfaces (i.e. faucets, toilet handles) must be cleaned and disinfected in shared washrooms between cohorts.
- Clean and disinfect individual items that may be handled by more than one individual such as electronic devices, toys and balls between users.
- Cots and cribs must be cleaned and disinfected after each use.
- Blankets/sheets must be laundered daily.
- Maintain logs to track cleaning and disinfecting activities for each room/area, individual/play items and sleeping equipment such as cots and cribs.
- If the child care program is located in a shared space (e.g. a school) make arrangements with other users/stakeholders to ensure enhanced cleaning and disinfecting practices can be maintained (i.e. frequency of cleaning appropriate disinfecting agents are used).

## Requirements for toys, equipment/other materials and outdoor play

- Provide toys and equipment that are made of materials that can be cleaned and disinfected.
- Do not use plush toys.
- Assign specific toys and play structures to one cohort if possible:
  - Consider using identification systems to prevent the sharing of items between cohorts (e.g. colour coding).
- Large play structures must only be used by one cohort at a time.
- Play equipment and large play structures (e.g. indoor play structures, playhouses, climbers) must be cleaned and disinfected between cohorts.
- For outdoor playgrounds, refer to [Toronto Public Health's COVID-19 Guidance for Outdoor Playgrounds and Fitness Equipment](#).
- Toys must be cleaned and disinfected between users.
- Mouthed toys must be separated, cleaned and disinfected immediately after the child has finished using it.
- Clean and disinfect toys in a three compartment sink. Toys must be washed and rinsed prior to disinfection. Using two sinks is acceptable if washing and rinsing are done in the first sink.
- Alternatively, toys can be cleaned and disinfected in a mechanical dishwasher provided that the rinse cycle reaches a minimum of 82 degrees Celsius. Only use the dishwasher in the kitchen when it is not being used for any other purposes (i.e. washing dishes, food preparation).
- Ensure required disinfectant contact times are achieved or alternatively allow toys to air dry.
- Dry toys in a designated area that is separate from bathrooms, change tables and protected from sources of contamination.
- Suspend group sensory play activities.
- Items that cannot be readily cleaned and disinfected (e.g. books) should be batched. Batched items can be rotated on a weekly basis.
- Items should be taken out of rotation after use, placed in a sealed container and set aside for seven days before reusing.
- Consider providing individualized bins or packs for art materials and supplies for each child. Label these bins to prevent accidental sharing.

## Use personal protective equipment

- Child care operators must provide personal protective equipment (PPE) for use by staff when necessary.
- It is strongly recommended that operators maintain a one to two week supply of PPE at all times.
- Staff must wear a surgical/procedure mask and eye protection (e.g. goggles, face shield):
  - In the screening area, when screening or escorting children to child care area.
  - When cleaning and disinfecting blood or bodily fluid spills if there is a risk of splashing or droplets.
  - When caring for a sick child or a child showing symptoms of illness.

- Staff must wear a mask (medical or non-medical) or face covering at other times when physical distancing cannot be maintained, including, but not limited to:
  - Providing direct care (e.g. feeding, assisting a child with hand hygiene, diapering).
  - Consoling an upset child.
  - Assisting a child with dressing or changing clothes.
- Gloves must be worn when it is anticipated that hands will come into contact with mucous membranes, broken skin, tissue, blood, bodily fluids, secretions, excretions, contaminated equipment or environmental surfaces.
- Use blankets over clothing if holding or carrying infants or toddlers. Change the blankets or cloths between children.

### Isolate children and staff that become ill

- It is recommended that child care staff and children with symptoms of COVID-19 attend an [assessment centre](#) for testing as soon as possible, and to [self-isolate](#) at home until their result is available.
- If a child becomes ill with symptoms while in care, immediately separate them from the rest of their group in a designated room (or space in a home child care setting), and supervise the child until they are picked-up.
- Notify parents/guardians or emergency contacts to pick up the ill child as soon as possible.
- The designated room/space must have a handwashing sink or hand sanitizer (70-90% alcohol concentration) available.
- Provide tissues to the ill child to help support respiratory etiquette.
- Open outside doors and windows to increase air circulation in the area if it can be done so safely.
- Children older than two years should wear a mask (if tolerated) and they are able to use it properly (e.g. donning and doffing carefully, avoiding touching while on).
- Child care staff supervising the ill child should maintain physical distancing as best as possible, and wear PPE, including a surgical/procedure mask and eye protection.
- Clean and disinfect the area immediately after the child with symptoms has been picked-up. Items that cannot be cleaned and disinfected (e.g. paper, books, cardboard puzzles) should be removed from the program and stored in a sealed container for a minimum of seven days.
- If the ill child/staff is tested for COVID-19 and their test result is **negative**, they can return to the centre after being symptom free for 24 hours and they pass the screening.
- Child care staff and children who were exposed to an individual who **became ill with symptoms** (i.e. suspected COVID-19 case) must continue to be grouped together (i.e. cohorted), and monitored for signs and symptoms of illness:
  - Supervisors must inform parents/guardians of children who were exposed to the ill child, and advise that they should [monitor](#) their child for symptoms.
  - Child care staff must not work in other child care settings. They must also be advised to avoid being in contact with vulnerable person or settings where there are vulnerable people.

- Child care staff and children exposed to a **confirmed case of COVID-19** must be excluded from the child care setting for 14 days:
  - These individuals must [self-isolate](#) at home and [monitor](#) for symptoms for the next 14 days.
  - Individuals who have been exposed to a confirmed case of COVID-19 should get [tested](#) as soon as any symptoms develop.
  - If asymptomatic, individuals who have been exposed are also encouraged to get tested any time within 14 days of the potential exposure. They will need to continue to self-isolate for 14 days even if the test is negative.
- Child care staff and children who are being managed by Toronto Public Health (TPH) (e.g. confirmed or probable cases of COVID-19, close contacts of cases) must follow TPH instructions to determine when to return to the child care centre/home:
  - Staff must also report to their occupational health and safety department prior to return to work when applicable.
  - Clearance tests are not required for staff or children to return to the child care centre.

### Report cases and outbreaks to Toronto Public Health

- Child care centres must immediately report the following to TPH at **416-392-7411** during work hours (8:30am to 4:30pm, Monday to Friday) or **3-1-1** after hours:
  - Clusters of suspected cases (e.g. two or more children or staff with COVID-19 symptoms within a 48-hour period).
  - Cases of COVID-19 among staff or child attendees that are laboratory-confirmed or probable (i.e. symptoms occurring among a staff or child who has been exposed to a person with confirmed COVID-19).

### Communicate with families/guardians and other stakeholders

- Develop and implement communication platforms to provide program information and protocols on health and safety measures (e.g. screening practices, physical distancing, staying home if you're sick). Communication platforms may include the websites, email, or social media accounts.
- Use telephone or video conferencing when possible for meetings between child care staff and with parents/guardians.
- Post signs at all entrances instructing participants and their families not to enter if they are sick.
- Communicate with stakeholders such as building owners/property managers (e.g. child care programs that operate in shared spaces in schools or apartment buildings) on a routine basis to provide updates about policies and procedures and to align any gaps or concerns regarding IPAC practices.
- Toronto Public Health will provide further advice about information that should be shared with other staff and parents/guardians in the event there is a case or outbreak of COVID-19 in the setting.

### Worker health and safety

- Employers must provide written measures and procedures for staff safety, including for IPAC.
- The provincial government has general information on [COVID-19 and workplace health and safety](#) on employers' responsibilities and how to protect workers at work.
- Workers can also get information about [health and safety protections](#) at the workplace.
- Additional health and safety guidance for employers of child care centres is available from the Public Services Health & Safety Association [website](#).

### More information

For more information, visit our website at [www.toronto.ca/COVID19](http://www.toronto.ca/COVID19) or call us at 416-338-7600.

### References

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