

Ministry of Health

COVID-19 Guidance: Emergency Child Care Centres

Version 2 – May 8, 2020

Highlights of Changes:

- Revised Screening requirements (15, 16, 20 added)
- Revised Management of Children section (bullet to work with the local public health unit and bullets moved to testing section, where appropriate)
- New Testing requirements added

This guidance provides basic information only. It is not intended to take the place of medical advice, diagnosis, treatment, or legal advice.

In the event of any conflict between this guidance document and any orders or directives issued by the Minister of Health or the Chief Medical Officer of Health (CMOH), the order or directive prevails.

- Please check the [Ministry of Health \(MOH\) COVID-19 website](#) regularly for updates to this document, Reference Document for Symptoms, mental health resources, and other information.
- Please check the [Directives, Memorandums and Other Resources](#) page regularly for the most up to date directives.

In order to support health care and frontline workers during the COVID-19 pandemic, certain child care centres are exempt from the order to close all licensed child care centres, pursuant to the emergency declared in Ontario on March 17, 2020.

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

Requirements for Health and Safety

1. Ensure all current infection prevention and control practices are adhered to. This includes, but is not limited to:
 - Ensuring all toys used at the centre are made of material that can be cleaned and disinfected (i.e., avoid plush toys);
 - Increasing 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, and tabletops, and must be disinfected at least twice a day;
 - Only using disinfectants that have a Drug Identification Number (DIN). Low-level hospital grade disinfectants may be used;
 - Checking expiry dates of products used and always following the manufacturer's instructions;
 - Performing proper hand hygiene (including assisting children with hand hygiene); and,
 - Incorporating additional hand hygiene opportunities into the daily schedule.
2. Encourage more physical space between children by:
 - Spreading children out into different areas;
 - Staggering, or alternating lunchtime and outdoor playtime; and,
 - Incorporating more individual activities or activities that encourage more space between children.
3. Do not use water or sensory tables.
4. Do not use community playgrounds; however outdoor play at licensed child care sites is encouraged in small groups in order to encourage physical distancing.
5. Increase the distance between nap mats, if possible. If space is tight, place children head-to-toe or toe-to-toe. Cots and cribs should be disinfected after each use. Please refer to section 4 of the Ministry of Education's [Child Care Centre Licensing Manual](#) (September 2019) for more information.
6. Linens must be laundered between children.
7. Children must not share soothers, bottles, sippy cups, toothbrushes, facecloths, etc. Label these items with the child's name to discourage accidental sharing.

8. Reinforce “no food sharing” policies.
9. If meals or snacks are provided, ensure each child has their own individual meal or snack. Multi-use utensils must be sanitized.
10. 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.
11. When holding infants and toddlers, use blankets or cloths over child care providers clothing and change the blankets or cloths between children.
12. Avoid getting close to faces of all children, where possible.
13. Refer to Public Health Ontario's Information on [how to self-monitor](#).

Screening

14. All individuals, including children, parents/guardians and staff must be screened upon arrival. Deny entry to any person including the child of a parent/guardian who has any of the symptoms outlined in the 'COVID-19 Reference Document for Symptoms' on the Ministry of Health's COVID-19 [website](#). Children in particular should be monitored for atypical symptoms and signs of COVID-19.
15. 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., surgical/procedure mask; gown; gloves; eye protection (goggles or face shield)).
16. 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 centre should contact their local public health unit to report a child suspected to have COVID-19. The local public health unit 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.
17. Thermometers must not be used between children/staff without single-use protective covers or disinfecting between use.
18. Do not permit children who are ill to attend the child care centre.
19. 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.
20. For home-based child care: if a person who resides in the home becomes

symptomatic and/or tests positive for COVID-19, the home-based child care centre should not to operate until clearance is received from the local public health unit.

Management of Children with Suspected to have COVID-19

21. If a child begins to experience symptoms of COVID-19 while attending child care, it is recommended that:

- Symptomatic children 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 at least 2 metres.
- If a 2-metre distance cannot be maintained from the ill child, advice from the local public health unit will be necessary to prevent/limit virus transmission to those providing care.
- Contact the local public health unit to notify them of a potential case and seek advice regarding the information that should be shared with other parents/guardians of children in the child care centre.
- While contacting the public health unit, at a minimum the child and staff member should wear a surgical/procedure mask (if tolerated), and any other PPE appropriate for the circumstance.
- 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, along with proper disposal of the tissues.
- Environmental cleaning of the space the child was separated from should be conducted once the child has been picked up.
- Children with symptoms should be tested.
- 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). The local public health unit will provide any further direction on testing and isolation of these close contacts.
- Children or staff who have been exposed to a confirmed case of COVID-19 should be excluded from the child care setting for 14 days.

Testing for COVID-19

22. Symptomatic staff and children should be referred for testing. Testing of asymptomatic persons should only be performed as directed by the local public health unit as part of outbreak management. A list of symptoms, including atypical signs and symptoms, can be also be found in the 'COVID-19 Reference Document for Symptoms' on the Ministry of Health's COVID-19 [website](#).

- Those who test negative for COVID-19 must be excluded until 24 hours after symptom resolution.
- Those who test positive for COVID-19 must be excluded from child care centre for 14 days after the onset of symptoms and clearance has been received from the local public health unit.

23. Emergency 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 the local public health unit to ensure an outbreak number is provided.

24. Children or staff who have been in contact with a suspected COVID-19 case should be monitored for symptoms and cohorted (i.e., grouped together) until laboratory tests, if any, have been completed or until directed by the local public health unit.

25. 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 be excluded from work.

Occupational Health & Safety

26. Child care centres must have written measures and procedures for staff safety, including measures and procedures for infection prevention and control. Detailed guidelines for COVID-19 are available on the Ministry of Health's [COVID-19 website](#).

27. If a staff member is diagnosed with COVID-19, the staff member must remain off work for 14 days following symptom onset and has received clearance from the local public health unit.

28. The employer should consult with the local public health unit to determine when the staff member can return to work. Staff members should also report to their Employee Health/Occupational Health and Safety department prior to return to

work.

29. If the staff member's illness is determined to be work-related, in accordance with the [Occupational Health and Safety Act](#) (OHSA) and its regulations, the employer must provide a written notice within four days of being advised that a staff member 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 staff member with respect to an occupational illness, including an occupational infection, to the:

- Ministry of Labour, Training and Skills Development;
- Joint health and safety committee (or health and safety representative); and
- Trade union, if any.

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