



**CK Child Care
& Early Years**

Revised COVID-19 Protocols for Child Care / B&A Programs

Effective November, 2020

Updated November 19, 2020

This document is subject to change in accordance with direction from the Ministry and local health officials. Updates will be communicated with all childcare operators and posted to the child care portal.



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As of November, 2020

All programs will be required to continue following strict health and safety measures while operating at their full licensed capacity. Highlights of changes from the original protocol:

- [Self-screening](#) prior to arrival for children/staff/essential visitors
- **Removal of daily screening records**
- **Removal of the requirement to clean and disinfect outdoor play structures between groups (and increased focus on proper hand hygiene)**
- **Revised guidance with symptomatic staff/children**
- **Revised reporting/Serious Reporting protocols**

These protocols apply to the following:

Children attending child care, child care centre staff, post-secondary students, home child care providers, child care licensees/operators, and those ordinarily



1. COVID-19 Requirements

Child care plays a critical role our community, especially during the COVID-19 pandemic. It is important that providers and staff have the necessary resources to provide quality child care with enhanced health and safety measures. Some of the precautions to reduce the spread of COVID-19 will include pre-screening for everyone entering the premises, etc.), increased cleaning and disinfection and reduced group sizes. This document contains key components to support operators in reopening.

Public Health Policies and Procedures

Centres will be required to follow procedures as documented in their policies and procedures as well as Public Health's enhanced health and safety measures established for child care operations during the COVID-19 pandemic as listed in this document.

Mandatory Training

As part of the Ministry of Education's Child Care Reopening Guidelines, the Municipality of Chatham-Kent must ensure that training is provided to all child care staff/providers on health and safety measures prior to reopening.

Public Health Ontario and Chatham-Kent Public Health Services have developed videos and posters to assist with understanding our role in stopping the spread of COVID-19 in our community. Links to important information are provided below and all child care staff/providers must complete this training prior to reopening.

- ☐ 7 Steps of Hand Hygiene - <https://www.publichealthontario.ca/en/videos/7-steps-handhygiene>
- ☐ Putting on Gloves - <https://www.publichealthontario.ca/en/videos/ipac-gloves-on>
- ☐ Putting on Mask and Eye Protection - <https://www.publichealthontario.ca/en/videos/ipac-maskeyes-on>
- ☐ Taking off Mask and Eye Protection - <https://www.publichealthontario.ca/en/videos/ipac-maskeyes-off>
- ☐ Taking off a Gown and Gloves - <https://www.publichealthontario.ca/en/videos/ipac-gowngloves-off>
- ☐ Taking off Full Personal Protective Equipment - <https://www.publichealthontario.ca/en/videos/ipac-fullppe-off>
- ☐ Putting on Full Personal Protective Equipment - <https://www.publichealthontario.ca/en/videos/ipac-fullppe-on>
- ☐ How to properly Screen (Video) – <https://www.dropbox.com/s/etd1ld0ilv6biir/Screening2.mp4?dl=0>

Communication with Families

Communication with families regarding the enhancement of health and safety measures facilitates transparency of expectations. New policies should be shared with families for their information and to ensure they are aware of these expectations, including keeping



children home when they are sick, which are aimed at helping to keep all children and staff/providers safe and healthy.

Licensees must share with parents, the policies and procedures regarding health and safety protocols to COVID-19, including requirements and exceptions related to masks.

Operators are encouraged to find other ways to communicate with families that will ensure physical distancing including telephone or video conferencing instead of face to face meetings. Where possible, the use of in-person communication should be limited. Online billing and payment options are encouraged.

Operators must ensure that there is visible signage at the entrances and drop off areas to explain the pre-screening requirements and that non-essential visitors are not permitted at this time.

The Municipality of Chatham-Kent will distribute signage to assist in communicating enhanced screening and safety measures.

- [Cover your Coughs and Sneezes](#)
- [Passive Screening 'Stop' sign \(to be posted on entrance\)](#)
- [Physical Distancing Sign](#)
- [Please Sanitize your Hands](#)

Personal Protective Equipment (PPE)

The Ministry of Education will provide surgical masks and face shields for all child care operators in Chatham-Kent. All staff/post secondary students/SNR in a child care setting are required to wear a medical mask and eye protection (Face Shield or goggles). Other adults (e.g. electrician) are required to wear a mask (can be non-medical)/face covering). Children in grades 4 and above are required to use non-medical or cloth masks, and those in grade 3 or younger are encouraged, but not required to wear masks. Home-based child care providers must also operate with these health and safety measures in place.

Parent Fees / Prioritization

- In an effort to stabilize parent fees, the ministry encourages child care operators to set fees at the level they were at prior to the closure, where possible. Home child care providers are also encouraged to hold parent fees to the level they were at prior to the COVID-19 outbreak (March 2020), where possible.
- Additional considerations and recommendations on prioritization policies will be discussed on an ongoing basis through Operator Update teleconferences and one-on-one meetings with the CMSM.



Pick up and Drop Off Policy

Licensees should develop procedures that support physical distancing and separate groups of children as best as possible (i.e., children of one room enter door A and children of another room enter door B, or staggered entrance times).

As much as possible, parents should not enter the premises. All entrances should have alcohol-based hand rub with a concentration of 60-90%, available with signage demonstrating appropriate use e.g. "[How to Wash Your Hands](#)". Consider using signage/markings on the ground to direct families through the entry steps. Alcohol based hand rub should not be accessible or within the reach of children, and children should be supervised when using the hand rub.

Personal belongings (e.g., toys) should be minimized. Belongings should be labeled and kept in the child's cubby/designated area. You may want to consider a specific policy/protocol for stroller storage if this typically takes place inside the child care setting (for example, designating a space outside of the child care setting so that parents do not need to enter the building to leave the stroller).

Liability and Insurance

All requirements under the CCEYA must be met in addition to the enhanced health and safety measures outlined in this document and by local public health.

Licensees and child care providers may wish to consult with their legal counsel or insurance advisor about any other considerations for operating and providing child care during this period.



2. Before and After School Programs (K-GR.6)

With some exceptions, these protocols apply to child care centres, licenced home child care, and before and after school programs. **For easy reference, items referring explicitly to before and after school programs in other sections of this document will be marked in green.**

The following information is intended to provide clarification and best practices to operate before and after school programs with enhanced health and safety guidelines and/or restrictions in place for the 2020-2021 school year due to COVID-19.

All before and after school programs operated or contracted by the board should follow the health and safety requirements set out by the Ministry of Education for core-school program delivery as well as guidance provided by the school board and local public health unit.

Please refer to the Ministry of Education's documents for more information and guidance:

- <http://www.edu.gov.on.ca/childcare/child-care-guide-child-care.pdf>
- <http://www.edu.gov.on.ca/childcare/before-and-after-school-programs-guide.pdf>
- [How Does Learning Happen?](#)

As of September 2020, the Ministry of Education has provided direction that all before and after school programs may operate with pre-COVID-19 outbreak declaration ratios and maximum group size requirements.

Pick up and Drop Off Procedures for Before and After Programs

If the before and after school program is located off school premises and transportation is being provided by the school board, the school board should work with the provider to explore transportation considerations using relevant health and safety protocols, including the recently released *Guidance for Student Transportation*.

<https://www.pshsa.ca/resources/health-and-safety-guidance-during-covid-19-for-student-transportation-employer>



3. COVID-19 Operational Requirements:

1.	Entrance	Y	N	N/A
1.1	Passive Screening and Signage: There is signage at the entrance prompting staff, children parents/guardians, and anyone entering (e.g. essential visitors) to not enter if they have symptoms. There is also: ☐ Reminders to perform hand hygiene. ☐ Reminders to follow respiratory etiquette. ☐ Access to 60% - 90% alcohol-based hand rub (not accessible to children) ☐ Upon entry in the child care center, every person shall wash/disinfect their hands. ☐ Physical distancing (2m) in place through physical means or Plexiglas/other barrier. ☐ All adults who enter are to wear PPE if there is no physical barrier/distancing • Staff/Students on placement/SNR: Medical mask and eye protection (Face Shield or goggles) • Other (eg. electrician): Non-medical mask / face covering ☐ All visiting adults are to sign in. This sign-in log is to be kept at the Child Care Centre and made available if necessary for the purpose of contact tracing.			
1.2	Self-Screening: Everyone planning to enter beyond the drop-off/pick-up area is to self-screen (parents to screen their children) prior to arrival/drop-off. Anyone who fails their screen are not to enter the child care center. Active Screening: Active screening by way of temperature taking may be required if an entrant has not completed their screening prior to entry. Recording of this screening is not required. The runner may ask each parent if they've completed the screening when they drop off their children.			
1.3	Ongoing Monitoring: Staff are to monitor their group of children and themselves for symptoms and signs of COVID-19. If a child or staff member becomes sick while in program, they are isolated and family members contacted for immediate pick-up – refer to the Exclusion of Symptomatic Children/Staff Protocols. ☐ A written process for isolating sick children and staff ☐ A designated location for isolation: _____ ☐ A written process for cleaning and disinfecting items used by the sick individual ☐ Staff are aware of and adhere to the reporting requirements.			
1.4	Drop-Off and Pick-up Procedures: Procedures support physical distancing and separate groups as best as possible (eg. staggered entrance times). Parents/guardians do not go past the entrance, unless necessary. If necessary, they must wear a non-medical mask/face covering. ☐ Hand Sanitizers available at the entrance. Verify that wall dispensers have material ☐ Physical distancing of 2 meters (using signage/markings on the ground) ☐ Personal belongings minimized. If brought, are labeled and kept in the child's designated area			



2.	Maximum Capacity, Group Size and Ratio: Child care settings are permitted to operate using maximum group sizes (as set out under the CCEYA). Children are grouped by room and staff members are assigned to specific groups which stay together throughout the duration of the program for the week. Staff, Essential Visitors and post-secondary students are not included in the maximum group size, but should be assigned to a specific group where possible. Children are permitted to attend on a part time basis, and as with children attending full time, should be included in one group and should not mix with other groups. BEFORE AND AFTER SCHOOL PROGRAMS AND GROUPS The ministry recognizes that in order for before and after school programs to be operational and viable, it may not be possible to limit students in the before and after school program to their groups from the core day. The ministry recommends that, in circumstances where students from different school day classes must interact to participate in the before and after school program, boards make efforts to limit interactions between students from different classes to the greatest extent possible.	Y	N	N/A
2.1	☐ A separation between the child care groups is maintained ☐ Groups are not mixed, ratios are maintained as set out under the CCEYA. ☐ Children attending on a part time basis (e.g., half days, Mondays/Wednesdays) should be kept in the same group for that week. Best practices to limit interactions between students from different classes may include: Making best efforts to group the before and after school program class with the same core day class (e.g. determining core day classes based on whether the child is enrolled in the before and after school program); and Making use of large, well-ventilated spaces (e.g. gymnasium) or outdoor spaces as much as possible for the before and after school programs. Maintain up-to-date lists of students in each before and after school program cohort to facilitate timely follow-up should a confirmed case of COVID-19 be identified.			
3.	Use of Personal Protective Equipment (PPE) Child care centres and school age programs will be provided with masks and face shields.	Y	N	N/A
3.1	All staff in a child care setting are required to wear PPE. Staff/Students on placement/SNR: Medical mask and eye protection (Face Shield or goggles); other adults (eg. electrician): Non-medical mask / face covering); children in grades 4 and above are required to use non-medical or cloth masks, and those in grade 3 or younger are encouraged, but not required to wear masks. Home-based child care providers must also operate with these health and safety measures in place. ☐ Where masks are stored: _____ ☐ Staff have access to masks, face shields/goggles, and gloves ☐ Staff assess and monitor the rate of use ☐ Staff are trained on and can demonstrate proper donning and doffing of PPE. ☐ Any mask exceptions are to be clearly documented (what specific exception, where, when, for how long, through whom, who is overseeing it, etc.)			
3.2	Proper hand hygiene is preformed and promoted throughout the facility. ☐ Appropriate number of hand washing sinks/sanitizing stations available			



4.	Cleaning and Disinfection	Y	N	N/A
4.1	Frequently touched surfaces are cleaned and disinfected at least twice a day (e.g., washrooms (toilet fixtures, faucets), eating areas (tables, sinks, countertops), doorknobs, light switches, handles, desks, phones, keyboards, touch screens, push buttons, handrails, computers, photocopiers, sports equipment, water fountain knobs., etc.) School boards are required to ensure that the classroom is cleaned and disinfected after the core day program ends and the before and after school program begins. Providers may consider scheduling outdoor play during the time that the cleaning and disinfecting takes place. ☐ Designated/backup cleaning staff roster (Cleaning staff may also perform other duties) ☐ A cleaning and disinfection log is used to track and demonstrate cleaning schedules.			
4.2	Facility uses approved, non-expired cleaning products that have a DIN number and a manufacturer's recommended contact time of less than 5 minutes. Product used: _____			
4.3	Linens (infant blankets and single-use face/hand cloths) are laundered in between children. ☐ Linens are laundered after each use ☐ Cot covers are laundered weekly ☐ Clean linens stored in sanitary condition ☐ Laundry bin provided in each room ☐ Linens immediately placed into laundry bin after use			

5.	Space Set-Up and Physical Distancing	Y	N	N/A
5.1	Physical distancing of 2m maintained between groups (including during outdoor play). ☐ No mixing of groups ☐ Scheduled times for each group in common areas (gyms, outdoor playgrounds)			
5.2	Physical distancing is promoted within groups ☐ Spreading children out ☐ Incorporating individual activities or activities that encourage more space between children			
5.3	A physical barrier is in place to ensure physical distancing between groups when using the same indoor space. This barrier must begin at the floor and reach min. 8 ft. high, and be as wide as the space allows.			
5.4	Physical distance is maintained between cots/resting mats/playpens or children are placed head to toe or toe to toe if space is limited.			
5.5	Shared spaces that cannot be cleaned and disinfected are not used. (Exception: outdoor sand boxes)			

6	Equipment and Toy Usage	Y	N	N/A
6.1	Toys and equipment are cleaned and disinfected at a minimum between groups (avoid toys/equipment that cannot be cleaned and disinfected). ☐ A schedule is set for cleaning and disinfecting			



	☐ Mouthed toys are cleaned and disinfected immediately after the child is finished using it. Mouthed toy bins are available in each room ☐ Each group has designated toys and equipment, if applicable			
6.2	Sensory materials are single use (available to the child for the activity) and labelled with the child's name, if applicable. (Exception: large outdoor sandboxes)			
6.3	Play structures are used one group at a time. ☐ Established schedule for each group ☐ Play structures are not required to be cleaned and disinfected between groups – please focus instead on proper hand hygiene before and after using shared play structures. ☐ Log documenting cleaning and disinfecting			

7	Interactions with Infants/Toddlers	Y	N	N/A
7.1	Avoid getting close to faces of children whenever possible (ie. activities that may result in droplet spread). Mask and eye protection must be worn at all times when within 6 feet of children.			
7.2	Staff are encouraged to continue supervising and holding bottles for infants not yet able to hold their own bottle to reduce the risk of choking.			

8	Food Provisions	Y	N	N/A
8.1	No self-serve or food sharing. Meals are served in individual portions, using utensils.			
8.2	Provision of food outside of the regular meals/snacks provided by the program is not permitted, except where required due to medical dietary needs (i.e. allergies, etc.). Food handling and serving practices must comply with the requirements stipulated by the CCEYA and the Ontario Food Premises Regulation (O. Reg. 493/18). https://www.earlyyears.edu.gov.on.ca/EYPortal/en/ChildCareLicensing/CCEYALicensingStandards/Nutrition/index.htm			
8.3	Hand hygiene is practiced by staff, food handler, and children. ☐ Staff wash hands prior to serving food ☐ Food handlers wash hands as needed during food preparation ☐ Children wash hands before meals and snacks			
8.4	Where possible, children practice physical distancing while eating. ☐ Adequate spacing in rooms for food service ☐ Common dining areas have separate areas for groups or staggered schedules			

9	Staffing	Y	N	N/A
9.1	Staff and students are provided training on health, safety, and other operational measures. ☐ Instruction on cleaning and disinfection ☐ How to safely conduct daily screening and keep daily attendance records ☐ Proper mask use ☐ Proper hand hygiene ☐ What to do if someone becomes sick			
9.2	☐ Staff Training records are available and up to date.			



9.3	If an individual (staff/student) is unable to obtain a VSC in a reasonable amount of time due to significant backlogs, they must ensure the individual has applied for a VSC and put in place additional measures as set out in their reference check policy.			
9.4	Staff and post-secondary students should work at only one location. Supervisors and/or designates should limit their movement between rooms, doing so when absolutely necessary. Interaction with multiple groups should be avoided as much as possible. Supply/replacement staff should be assigned to a specific group so as to limit staff interaction with multiple groups of children.			

10	Visitors	Y	N	N/A
10.1	No non-essential visitors at the program. No volunteers at the program. Students (Post Secondary only) on field placements are allowed and should be assigned to one specific licensed age group. Where the term 'staff' is used in this document, it is inclusive to the students on placement, who are subject to the same protocols.			
10.2	Ministry, public health officials and anyone entering the building are required to self-screen prior to entering the premises, wear the prescribed PPE, and follow any other protocols.			

12	Health and Safety protocols
12.1	Every licensee must ensure that there are written policies and procedures outlining the licensee's health and safety protocols. These policies and procedures must be consistent with any direction from CK Public Health of and include information on how the child care setting will operate to prevent and minimize the impact of COVID-19 in childcare settings, including, at a minimum, the following: • how cleaning and disinfecting the space, toys and equipment will be conducted; • how to report illness; • How physical distancing will be encouraged particularly between groups; • How meetings, parent orientation and training sessions are held • requirements on the use of medical masks and eye protection, and personal protective equipment (PPE), including information on exemptions or exceptions; • How shifts and break coverage is organized and how break rooms are set for social distancing • how attendance records will be organized and maintained in order to facilitate contact tracing; • a communication plan in the event of a case/outbreak; • parent drop off and pick up procedures.



4. Enhanced Environmental Cleaning & Disinfection

From what is currently understood about COVID-19, commonly used cleaners and disinfectants are effective against the virus that causes COVID-19. In order to prevent the spread of respiratory illnesses including COVID-19, licensed child care centres will be required to maintain their routine cleaning and disinfection schedules, and also provide enhanced cleaning and disinfection of high-touch surfaces, and mouthed objects and toys.

All products including cleaners and disinfectants must be out of reach of children, labelled and must have Safety Data Sheets (SDS) that are up to date and stored in WHMIS binder on site. Each classroom and washroom should have its own designated detergent and disinfectant. Ensure cleaning and disinfectant products are not expired, and follow manufacturer's instructions.

Cleaning: is done with soap and water removes dirt and grease that can hide and protect germs from disinfectants. Cleaning with soap and water will also substantially reduce the number of germs that may be on surfaces.

Disinfecting: after cleaning will kill most of the germs that were left behind. A routine housekeeping schedule is necessary to ensure these duties are completed (a checklist is useful).

Selection of Disinfectants

It is important to choose an approved disinfectant with a drug identification number (DIN). It must be appropriate for the surface it is being used on and the contact time (time the surface stays wet) must be achievable. Public Health recommends a product with a shorter contact time of between 1 and 5 minutes.

Record Keeping

The child care centre must produce a specific cleaning and disinfecting schedule for each group, washroom, kitchen, common areas, indoor/outdoor play areas, and other areas accessed by the program. A cleaning and disinfection log must be used to track and demonstrate cleaning schedules (indoor and outdoor).

The child care centre must designate staff to clean and disinfect. These individuals will be responsible for keeping cleaning and disinfecting records, which should include the date, time, product used, the name of the staff responsible, etc. These staff may also perform other duties.

Enhanced cleaning frequencies: Toys & Play Structures:



- Increase frequency of cleaning and disinfecting to daily (not weekly)
- Centres are encouraged to provide toys and equipment which are made of materials that can be cleaned and disinfected (e.g., avoid plush toys). Have designated toys and equipment for each room/group and clean as needed (or after each use). If shared, toys must be cleaned and disinfected at a minimum between groups.
- Any mouthed toys must be cleaned and disinfected immediately after each use. After disinfecting, the toy must be rinsed with potable water prior to returning to play.
- Soft fabric toys and items that cannot tolerate regular cleaning and disinfection must not be used.
- Indoor sensory play is discouraged unless items are single use and dedicated to one child (e.g. water table, etc.). Avoid indoor or outdoor water play.
- Outdoor play areas, including sand boxes, should only be used by one group of children at a time, while maintaining physical distance as much as possible between children, and focus on hand washing before and after play.
- Play structures are no longer required to be cleaned and disinfected between groups. Please focus instead on proper hand hygiene before and after using shared play structures.

Frequently touched areas:

- Frequently touched surfaces are cleaned and disinfected at least twice a day (e.g., washrooms (toilet fixtures, faucets), eating areas (tables, sinks, countertops), doorknobs, light switches, handles, desks, phones, keyboards, touch screens, push buttons, handrails, computers, photocopiers, sports equipment, water fountain knobs., etc.)
- Staff must adhere to diapering and toileting steps and ensure proper cleaning and disinfecting between diaper change or toileting processes.
- It is recommended that shared spaces (i.e., washrooms) or shared objects, should be cleaned in between each use and only one group at a time should access the shared space/equipment.

Other areas:

- Large equipment and shelving must be cleaned and disinfected every week
- Floors must be swept and mopped daily or more often if necessary.
- Carpeted floors to be vacuumed at least once per day
- Tables and chairs are to be cleaned and disinfected twice daily and between each group or more often if needed
- Tables and countertops used for food preparation and food service must be cleaned and disinfected before and after each use
- Highchairs must be cleaned and disinfected before and after serving food
- Washrooms are to be cleaned daily and between each group usage. In the event that it is not possible to clean the washroom(s) in between the use by each group of students, focus on proper hand hygiene before and after using the washroom is advised.



- Low touch surfaces must be cleaned and disinfected daily and between groups. These include window ledges, doors, sides of cabinets, furniture, etc.
- Potty chairs and diaper changing surface to be cleaned and disinfected after each use
- Cots and cribs must be cleaned and disinfected after each use, with bed linens being laundered between children
- Cots and cribs must be labelled and assigned/designated to a single child per use, must be cleaned and disinfected before being assigned to a child, crib mattresses must be cleaned and disinfected when soiled or wet and before being assigned to a child, high touch surfaces on cots and cribs must be disinfected after each use.
- The cleaning equipment itself requires careful and regular cleaning and disinfection to avoid inadvertent cross-transmission of microorganisms during subsequent use.
- Fabric furniture coverings and throw rugs to be laundered weekly, or more often as needed
- Any shared items must be disinfected between users (phones, binders, tablets, etc.)
- Any hard surfaces such as water bottles, containers, travel mugs, cell phones, lunch containers need to be cleaned and disinfected upon entry to child care (staff)
- Children's clothing and personal belongings that are required on a daily basis i.e. diapers, diaper cream, bottles, soothers, indoor and outdoor clothing and electronic devices can be included, provided they are labelled and can be disinfected easily
- Toothbrushes and pacifiers must be individually labelled and stored separately (not touching each other), they must not be shared among children. The plastic handle of the toothbrush and the pacifier must be washed in soap and water upon arrival to the centre
- For creams and lotions during diapering, never put hands directly into lotion and cream bottles, use a tissue or single-use gloves
- Upon arrival to the centre, wipe the cream/lotion container with a disinfecting wipe

Items that cannot be properly cleaned and disinfected must not be used by children in the facility.

All items used by a symptomatic individual should be cleaned and disinfected. If the items cannot be cleaned (e.g. books) should be removed and stored in a sealed container for a minimum of Seven days.

Existing practices should be reviewed to determine where enhancements might be required, including frequency and timing of cleaning and disinfection, areas to clean and/or disinfect, choice of cleaning products, and child safety, staffing, signage, and PPE use when cleaning. If you are considering making changes re: change of cleaning products, please connect with CK Public Health.



5. Screening/Illness/Reporting

Entrance Area

Each facility is to designate an entrance where children are dropped off/picked up, and visitors sign in. This area is to have;

- A table (if space permits) for the essential visitor sign-in form and for screening, if required (i.e. if a person entering has not completed a self-screen).
- Alcohol based hand rub containing 60 - 90% alcohol content. Anyone entering the facility must perform hand hygiene upon entering. (Staff to assist child with hand hygiene upon entering program).
- Where possible, signage should be posted for physical distancing, and instructing parents to keep children home if they have symptoms (fever, cough, difficulty breathing, etc.), and encouraging good respiratory etiquette and hand hygiene.
- Only one parent/guardian is permitted into the drop off/pick up area.
- Entry into the child care centre, past the screening entrance, must be limited only to staff/post secondary students, children, and essential visitors. Entry into the home, past the screening area, must be limited only to provider, residents, children, and essential visitors only.

Screening for Symptoms

- All individuals must self-screen every day before arrival at the child care setting.
 - Individuals who do not pass the screening are not permitted to attend the program and must stay home.
 - An ill individual who has a known alternative diagnosis provided by a health care provider may return to child care if they do not have a fever and their symptoms have been improving for at least 24 hours.
- [The COVID-19 school and child care screening tool](#) is available to support parents/guardians, staff/providers and essential visitors or those regularly in a home child care setting in meeting this requirement.
- Licensees may continue to provide a checklist to parents to perform daily screening of their children before arriving at the child care setting (i.e., something other than the provincial school and child care screening tool, such as another online form developed by municipal partners, a survey, or e-mail, or through a paper form) and are asked to align the criteria to the provincial tool.
- The Health Unit encourages everyone to accept the parent attestations for reasons of non-COVID-19 related symptoms (eg. runny nose due to allergies, having recently been outside, etc.) Also, they are not directing that child cares obtain medical notes in any situation. Verbal attestation from parent/guardian is sufficient.



- Self-assessment tools should be made available to staff to ensure awareness of possible symptoms of COVID-19.
- Signs should be posted at entrances to the child care setting to remind staff, parents/caregivers, and visitors of screening requirements.
- In the event that an individual is not screened prior to arriving at the child care setting, active (in-person) screening should be available when necessary. If an individual is screened at the child care setting, screeners should take appropriate precautions when screening and escorting children to the program, including maintaining a distance of at least 2 metres from those being screened, or being separated by a physical barrier (such as a Plexiglas barrier).
- A process should be in place to ensure those waiting in line are physically distanced from one another.
- Alcohol-based hand rub containing 60% to 90% alcohol content should be placed at all screening stations. Dispensers should not be in locations that can be accessed by young children.
- Home child care providers and residents of the home must also screen each day before children enter the home.
- Individuals who do not pass the screening are not permitted to attend the program and must stay home. Please see below for more details. A failed screen does not need to be reported to the local public health unit.
- You may wish to consult the [Province's COVID-19 website](#) for information and resources on COVID-19 symptoms, protections, and seeking health care.

Attendance Records

- In addition to attendance records for all children receiving child care, all child care licensees are responsible for maintaining daily records of anyone entering the child care facility/home.
- These records must include all individuals who enter the premises (e.g., staff, cleaners, people doing maintenance work, people providing supports for children with special needs, those delivering food).
 - Records are to be kept on the premises (centre or home) and along with name and contact information must include an approximate time of arrival and time of departure for each individual.
 - Records must be kept up-to-date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak (i.e., records can be made available to public health within 24 hours of a confirmed COVID-19 case or outbreak).

Monitoring and Responding to Reports of COVID-19 Symptoms

- All child care and early years sector partners, together with Ministry of Health and Public Health will work closely to monitor and respond to reports of COVID-19 symptoms.
- Anyone who is symptomatic, does not pass screening, or has been advised to self-isolate by the local public health unit must not be permitted to attend the program and should stay at home (this includes children, child care centre staff, students completing



post-secondary placements, home child care providers and those ordinarily resident/regularly at the home child care premises).

Reporting and Serious Occurrence Reporting

- Child care licensees have a duty to report suspected or confirmed cases of COVID-19 to CK Public Health under the [Health Protection and Promotion Act](#).
 - **Definition of Suspected for this purpose:** If there are any staff or children in the child care going for testing, or there are multiple children in a specific grouping that are ill.
 - **Reporting Method:** by email to Erin and Cara at erinc@chatham-kent.ca ; carar@chatham-kent.ca. (Feel free to call as well if there are details you feel you need to discuss). Include the following information:
 - **Number of people (No names or personal details required)**
 - **Staff or child(ren)**
 - **Reason for testing (general symptoms/reason)**
 - **If you have specific concerns.**
 - **Note:** Notifying Public Health with these reports may not trigger any specific reaction or response – it will be used as information to help them look at the community comprehensively to spot trends, etc.
- Where schools have become aware of a **confirmed case of COVID-19** (i.e., a positive COVID-19 test result) associated with the school, they are responsible for reporting such a case, to the local Public Health Unit and to the Ministry of Education through the daily reporting tool, as well as associated program closures as applicable.
- In addition, licensed before and after school programs operated by a child care licensee should refer to the [Operational Guidance During COVID-19 Outbreak: Child Care Re-Opening](#) regarding serious occurrence reporting requirements.
- Previously, licensees were also required to report all suspected cases of COVID-19 to the ministry. Currently, only where a child, staff, student, home child care provider, home child care visitor or a person who is ordinarily a resident /regularly present at a home child care premises has a confirmed case of COVID-19 (i.e., a positive COVID-19 test result), licensees must:
 - Report this as a serious occurrence to the ministry.
 - Report to the local public health unit and provide any materials (e.g., daily attendance records) to public health officials to support case management and contact tracing and other activities in accordance with all applicable legislation, including the [Municipal Freedom of Information and Protection of Privacy Act](#).



- Public health officials will determine any additional steps required, including but not limited to how to monitor for other possible infected staff/providers and children and the declaration of an outbreak and closure of rooms and/or entire child care settings.
 - If a closure is ordered by the local public health unit and the licensee has already submitted a serious occurrence for a confirmed case, the existing serious occurrence must be updated to reflect the closure.
- Should additional individuals at the child care program develop a confirmed case, licensees must either:
 - Revise the open serious occurrence report to include the additional cases; or,
 - Submit a new serious occurrence report if the first has been closed already.
- While licensees are no longer required to report a serious occurrence for suspected cases; if the local public health unit determines that a full or partial closure is required (i.e., program room, home premises or entire child care centre must remain closed for a period of time), a serious occurrence report must be submitted under the “Unplanned Disruption of Service” category. Please also note there are requirements of employers to let workers know if they may have been exposed in the workplace. Please see the [guide on developing a COVID-19 workplace safety plan](#) for more information.

Serious Occurrence posting:

Recommendation from Chatham-Kent Public Health:

Do not post the serious occurrence documents related to confirmed COVID-19 cases.

Please continue following all other serious occurrence procedures, and continue to post serious occurrences that are not related to COVID-19.

Outbreak Management

- An outbreak may be declared by CK Public Health unit when:
 - within a 14-day period, there are two or more laboratory-confirmed COVID-19 cases in children, staff/providers or other visitors with an epidemiological link (e.g., cases in the same room, cases that are part of the same before/after school care cohort) where at least one case could have reasonably acquired their infection in the child care setting.
- CK Public Health unit will work with the licensee to determine whether



epidemiological links exist between cases and whether transmission may have occurred in the child care setting.

- If CK Public Health declares an outbreak, they will determine what happens next. This could include closing particular child care rooms or cohorts or an entire child care setting.
 - The public health unit will help determine which groups of children and/or staff/providers need to be sent home or if a partial or full closure of the child care setting is required.
 - If the public health unit determines that partial or full closure of the child care setting is required, the licensee must revise their existing serious occurrence report for a confirmed COVID-19 case to include information about the closure.

If an outbreak is declared at the child care centre, the following measures must be taken:

- 1) Consult with and follow directions from Public Health. 519-351-1228 ext. 2103 or 519-350-3546
- 2) Notify the Municipality of Chatham-Kent, Child Care and Early Years Division

Declaring an Outbreak Over:

In consultation with Public Health, the outbreak can be declared over if no new cases have occurred in 14 days from the last day of attendance of the most recent COVID-19 positive staff/child

Surveillance:

Providers must monitor for an increase in above normal amount of illnesses among children. Ensure surveillance includes the following:

- Observe children for illness upon arrival
- Record symptoms of illness including any complaints of sore throat, headache or stomach ache
- Record date and time symptoms occur
- Record attendances and absences

Any increases in the number of ill children, must be reported to Chatham-Kent Public Health

Note: Any children returning from absence due to illness from COVID-19 or contact with a confirmed case must do so under the guidance of Chatham-Kent Public Health in conjunction with the provider of the child care centre.



Where an individual is suspected of having COVID-19 in the before and after school program setting:

- Establish a protocol to determine contaminated areas and carry out cleaning and disinfection, including timing, when to return to use, methods of cleaning, PPE to be used while cleaning, and waste disposal.
- Identify areas that may require cleaning plus disinfection (items used by the individual and all surfaces within 2 metres of the ill person) versus cleaning alone (such as a hallway or room where the individual has passed through).
- Use disposable cleaning equipment, such as disposable wipes, where possible
- Remove all items that cannot be cleaned (paper, books, etc.) and store them in a sealed container for a minimum of 7 days.



6. Exclusion of Symptomatic Children/Staff Protocols

When to Exclude:

A child/staff should be excluded when displaying any signs or symptoms of illness or if the child is unable to participate in regular programming because of illness.

Where an individual is suspected of having COVID-19 in the child care setting:

- Establish a protocol to determine contaminated areas and carry out cleaning and disinfection, including timing, when to return to use, methods of cleaning, PPE to be used while cleaning, and waste disposal.
- Identify areas that may require cleaning plus disinfection (items used by the individual and all surfaces within 2 metres of the ill person) versus cleaning alone (such as a hallway or room where the individual has passed through).
- Use disposable cleaning equipment, such as disposable wipes, where possible.

Individuals who are tested:

- Children/staff who test negative for COVID-19 must be excluded until 24 hours after symptom resolution. Children and staff who test negative no longer need to connect with Public Health to be cleared to go back to child care/school. They can simply return after being 24 hours symptom free
- Children/staff 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

Individuals who choose not to be tested:

- If staff or parents of ill children choose not to be tested against health care provider's recommendations they must be excluded for 14 days from the onset of symptoms.

Common symptoms of COVID-19 infection:

- Fever (temperature of 37.8C or greater) / New or worsening cough / Shortness of breath
- Sore throat / Difficulty swallowing / New olfactory (lack of smell) or taste disorders
- Nausea/vomiting, diarrhea, abdominal pain
- Runny nose or nasal congestion (except seasonal allergies, nasal drip, etc.)
- Unexplained fatigue/malaise/myalgia / Chills / Headache / Conjunctivitis
- Lethargy, difficulty feeding in infants
- Atypical symptoms are also listed in this document:

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_reference_doc_symptoms.pdf



- If an individual becomes ill while in the child care setting:
 - The ill individual must be immediately separated from others, in a separate room where possible (i.e., an isolation room). Parents/guardians must be contacted for pick-up of symptomatic children.
 - Symptomatic children who are separated from others must be supervised.
 - Anyone providing care to the ill individual should maintain as much physical distance as possible. If physical distancing is not possible (e.g., if a young child needs comfort) staff/providers should consider added PPE (i.e., gloves, gown).
 - The person caring for the individual should wear a medical mask and eye protection and be trained on proper use of PPE, including donning and doffing.
 - If tolerated, the ill individual should also wear a medical mask.
 - Hand hygiene and respiratory etiquette should be practiced while the ill individual is waiting to be picked up.
 - Cleaning of the area the separated individual was in and other areas of the child care setting where the ill individual was should be conducted as soon as reasonably possible after the ill individual leaves (see above in the Cleaning section).
 - For home-based programs: if a person who resides in the home develops COVID-19 symptoms, they should be isolated away from the children and infection prevention and control measures should be adhered to (e.g., daily cleaning, frequent cleaning/disinfecting of high touch surfaces, frequent hand washing).
- The ill individual and/or their parent or guardian be advised to use the [online self-assessment tool](#) and follow instructions which may include seeking medical advice or going for testing for COVID-19. Note that individuals do not require a medical note or proof of negative test to return back to the program.
- Communication protocols to update and inform necessary stakeholders within the child care community while maintaining confidentiality of the ill individual should be initiated (e.g., contact the school, home child care agency, service system manager and/or ministry through a Serious Occurrence Report as applicable).
- Regular child care operation can continue unless directed otherwise by the local public health unit.
- If a child develops symptoms and their self-screening indicates they should stay home but their sibling(s) do not have symptoms, the siblings do not need to isolate until the other child tests positive for COVID-19. However, check your local public health unit's website or call to see if those without symptoms should go to school/child care. Some public health units have different rules based on local risk.
- If a child is tested for COVID-19, follow the guidance of the local public health unit, health care provider and related direction for isolation and returning to the program. If there are other siblings or members of the household that attend school or child care, the local public health unit will provide any further direction on returning to school/child care.
- Persons who test positive may not return to the child care setting until they are cleared by the local public health unit. Note that individuals do not need to provide a medical note or proof of negative result to return to the program.



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- For home-based programs: if a person who resides in the home 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).

Surveillance:

- Children or staff who have been in contact with a suspected COVID-19 case should be monitored for symptoms and grouped together until laboratory tests, if any, have been completed or until directed by the CK public health unit. Avoid other high-risk settings and vulnerable persons during this time.

End of exclusion

- Ill children/staff, if not tested, must be excluded for 14 days from symptom onset
- Children/staff who test negative for COVID-19 must be excluded until 24 hours after symptom resolution.
- Children/staff 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.

7. Mandatory Staff Training

As part of the Ministry of Education's Child Care Reopening Guidelines, the Municipality of Chatham-Kent must ensure that training is provided to all child care staff/providers on health and safety measures prior to reopening.

The following videos are to assist staff with understanding our role in stopping the spread of COVID-19 in our community. Links to important information are provided below and all child care staff/providers must complete this training prior to reopening.

Topic	Link	Completed
7 Steps of Hand Hygiene	https://www.publichealthontario.ca/en/videos/7-steps-handhygiene	☐
Putting on Gloves	https://www.publichealthontario.ca/en/videos/ipac-gloves-on	☐
Putting on Mask and Eye Protection	https://www.publichealthontario.ca/en/videos/ipac-maskeyes-on	☐
Taking off Mask and Eye Protection	https://www.publichealthontario.ca/en/videos/ipac-maskeyes-off	☐
Taking off a Gown and Gloves	https://www.publichealthontario.ca/en/videos/ipac-gowngloves-off	☐
Taking off Full Personal Protective Equipment	https://www.publichealthontario.ca/en/videos/ipac-fullppe-off	☐
Putting on Full Personal Protective Equipment	https://www.publichealthontario.ca/en/videos/ipac-fullppe-on	☐
Video: Screening	https://www.dropbox.com/s/etd1ld0ilv6biir/Screening2.mp4?dl=0	☐

Staff that are included in ratios and all home child care providers are required to have valid certification in first aid training including infant and child CPR, unless exempted under the CCEYA or the certification has been extended by [the Workplace Safety and Insurance Board \(WSIB\)](#).

NOTE: The WSIB has indicated that all certifications that expire after March 1, 2020 are automatically temporarily extended until December 31, 2020.



Staff Safety

Under the [Occupational Health and Safety Act \(OHSA\)](#), employers must take every reasonable precaution to protect the health and safety of workers.

Please see the guide on developing a [COVID-19 workplace safety plan](#) to support you in fulfilling this obligation.

Protecting Yourself and Co-Workers

The virus typically spreads through coughing and sneezing, personal contact with an infected person, or touching an infected surface and then face – mouth, nose or eyes.

Here is some general guidance and helpful tips to help prevent the spread of germs:

- Wear PPE at all times when in the child care centre
- Maintain physical distancing of at least 2 metres (6 feet)
- Staff are to not work at more than one child care location, though they may work at another job outside of child care.
- Supervisors and/or designates should limit their movement between rooms, doing so when absolutely necessary
- Supply/replacement staff should be assigned to a specific group so as to limit staff interaction with multiple groups.
- Promote good hand washing and respiratory hygiene
- Minimize contact with people who are sick, and stay at home if you are sick
- Where possible, wear gloves when interacting with high-touch areas, using proper donning/doffing procedures.
- Change out of work clothing at the end of each shift and wash them. Do not store your street clothes and work clothing in the same space unless both are clean
- Limit the amount of face-to-face contact during work activities, and limit any casual interactions that normally occur at work.
- Lunchrooms and break rooms must be arranged to follow physical distancing practices. Consider staggered lunch and break times to reduce the number of employees gathering.



8. Recommendations for the use of PPE

- Licensees must include information on the use of PPE in their health and safety protocols that is consistent with the information in this section as well as any direction provided by their local public health unit.
- Masks should be replaced when they become damp or visibly soiled.
- All adults in a child care setting (i.e., child care staff, home child care providers, home child care visitors, and students) are required to wear medical masks and eye protection (i.e., face shield/goggles) while inside in the child care premises, including in hallways and staff rooms. Exception: when eating, however time with masks off should be limited and physical distance should be maintained.
- All other adults (i.e. Parents/guardians and visitors) are required to wear a face covering or non-medical mask while inside the premises
 - **Face covering definition:** any mask that is non-medical, reusable, home-made or store bought, or a neck scarf that is pulled over the nose and mouth.
- The use of masks is not required outdoors for adults or children if physical distancing of a least 2-metres can be maintained between individuals.
- Reasonable exceptions to the requirement to wear masks are expected to be put in place by providers. Exceptions to wearing masks indoors could include circumstances where a physical distance of at least 2 metres can be maintained between individuals, situations where a child cannot tolerate wearing a mask, reasonable exemptions for medical conditions, etc. Refer to the [Government of Ontario's Guidance on Face Coverings and Face Masks](#) for more information on who should not wear a mask.
- Service Providers should consider ways to support nutrition breaks/mask breaks in a safe manner (i.e., a space where staff/providers can maintain at least 2 metres to remove masks and eat).
- Licensees should document their requirements and exceptions related to masks.
 - **Note** that while a licensee may choose to set out in their policy that a doctor's note be acquired for an exception related to a medical condition, it is not a requirement of the ministry and is **discouraged as a general practice**.
- Child care licensees and home child care providers will be supplied face shields and medical masks, but will need to secure and sustain other necessary PPE and cleaning supplies that can support their current and ongoing operations.
- The [Ontario Together Portal has a Workplace PPE Supplier Directory](#) lists Ontario businesses that provide personal protective equipment and other supplies.



Expectations for Children

- All children in grades 4 and above are required to wear a non-medical or cloth mask while inside in the child care premises, including in hallways.
- All younger children (grade 3 and below) are encouraged but not required to wear a non-medical mask while inside a child care setting, including in hallways
- Masks are not recommended for children under the age of two.
- See information about the use of masks on the [provincial COVID-19 website](#) or the [Public Health Ontario factsheet on non-medical masks](#)). Parents/guardians are responsible for providing their school-aged child(ren) with a mask(s) or face covering each day and should be reminded that children will require a way to store their mask when not in use (i.e. eating)

How to properly use face coverings

When wearing a medical mask, you should wash your hands before putting on the mask and before and after removing the mask. Refer to [Public Health Ontario resources](#) for how to properly wear and take off masks and eye protection.

Perform and promote frequent, proper hand hygiene (including supervising or assisting participants with hand hygiene). 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.](#)

The use of medical masks and eye protection is for the safety of child care staff/providers and the children in their care. This is very important when working with young children who may not be wearing face coverings (i.e. under the age of two).

Keep in mind that it may be difficult to put on a mask and eye protection properly (i.e. without contamination) after having removed them, given the frequent and spontaneous need for close interactions with young children in a child care setting.

When wearing a face covering, you should:

- wash your hands immediately before putting it on and immediately after taking it off (practice good hand hygiene while you are wearing the face covering)
- make sure the face covering fits well around your nose and mouth
- avoid moving the mask around or adjusting it often
- avoid touching the covering while using it
- not share it with others
- Face coverings should be changed when they get slightly wet or dirty.

Remove or dispose of face coverings

When removing a face covering, you should:

- throw it out into a lined garbage bin
- wash your hands
- Do not leave any discarded face coverings in shopping carts or on the ground.



Cleaning

If the face covering **can be cleaned**, you should:

- put it directly into the washing machine or a bag that can be emptied into the washing machine
- wash with other items using a hot cycle with laundry detergent (no special soaps are needed), and dry thoroughly
- wash your hands after putting the face covering into the laundry
- All face coverings **that cannot be cleaned** should be thrown out and replaced as soon as they get slightly wet, dirty or crumpled.

For more information, please read the [Public Health Ontario \(PHO\) fact sheet](#).

Summary Dos and Don'ts

Do:

- wash your hands immediately before putting on and immediately after taking off a face covering or face mask
- practice good hand hygiene while you are wearing the face covering
- make sure the face covering fits well around your nose and mouth
- avoid moving the mask around or adjusting it often
- avoid touching the covering while using it
- change the face covering or face mask when it gets slightly wet or dirty

Do not:

- share face coverings or face masks with others
- place on children under the age of two years or on anyone unable to remove without assistance or who has trouble breathing
- use plastic or other non-breathable materials as a face covering or face mask

To support healthy and safe operation of child care programs, a supply of medical masks and eye protection (i.e., face shields) is being procured and delivered through the Ministry of Government and Consumer Services to licensed child care centres and home child care agencies on a monthly basis.

A back-up supply of non-medical or cloth masks will also be provided for school age children in child care in case they cannot bring one from home.

The Ontario Together Portal has a [Workplace PPE Supplier Directory](#) that lists Ontario businesses that provide PPE and other supplies.

Perform and promote frequent, proper hand hygiene (including supervising or assisting participants with hand hygiene). Hand washing using soap and water is recommended over alcohol-based hand rub when hands are visibly soiled and for children. Refer to [Public Health Ontario's How to Wash Your Hands fact sheet](#).



9. Hand Hygiene

Hand Hygiene is a general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using soap and running water or a hand sanitizer (at least 60% alcohol based). Hand washing with soap and running water must be performed when hands are visibly soiled. **Hand washing using soap and water, wherever possible, is recommended over alcohol-based hand rub.**

Perform and promote frequent, proper hand hygiene (including supervising or assisting participants with hand hygiene). Hand washing using soap and water is recommended over alcohol-based hand rub for children.

Hand Hygiene Procedure

Hands carry and spread germs. Touching your eyes, nose, mouth, sneezing, or coughing into your hands may provide an opportunity for germs to get into your body or spread to others. Keeping your hands clean through good hygiene practice is one of the most important steps to avoid getting sick and spreading germs.

Ensure that employees and children are always practicing proper hand hygiene (including assisting children with hand hygiene) when hands are visibly dirty and/or after;

- Sneezing, coughing, or blowing your nose
- Using the washroom
- Handling garbage
- Handling raw foods
- Outdoor play
- Toileting/diapering routine
- Handling soiled laundry or dishes
- Handling soiled toys or other items
- Coming into contact with bodily fluids
- Coming into contact with any soiled/mouthed items
- Gardening
- *Also incorporate additional hand hygiene opportunities into the daily schedules

Hands should be cleaned using soap and water or hand sanitizer before and after:

- Preparing, handling, serving and eating food
- Handling animals
- Touching a cut or open sore



- Changing diapers
- Glove use
- Dispensing/handling expressed breast milk
- Before and after giving medication
- Communal sensory play activity

When hands are visibly soiled, follow these steps for cleaning hands:

- Wet hands and Apply soap
- Lather for at least 15 seconds. Rub between fingers, back of hands, fingertips, under nails
- Rinse well under running water
- Dry hands well with paper towel or hot air blower
- Turn taps off with paper towel, if available

When hands are not visibly soiled and a hand-washing station is not accessible, follow these steps for cleaning hands:

- Apply hand sanitizer (at least 60% alcohol-based)
- Rub hands together for at least 15 seconds
- Work sanitizer between fingers, back of hands, fingertips, and under nails
- Rub hands until dry

Hand Hygiene Monitoring

To ensure that employees are using proper hand hygiene methods, supervisors will review hand hygiene practices on a regular basis and provide feedback to employees as required.

Hand Sanitizing Information

When your hands are not visible dirty, an at least 60% alcohol based hand sanitizer can be used. Hand sanitizers can only be used on children who are over the age of two and must always be used under adult supervision. Adults must ensure that the product has completely evaporated from the child's hands before allowing the child to continue their activity. Parent consent is required to use hand sanitizer on children. If consent is not provided the child may not be permitted. Children under the age of 2 are not permitted to have hand sanitizer applied, instead perform hand washing frequently and gently.

Glove Use

Gloves shall 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. Nitrile gloves are single use only.



Gloves and Hand Hygiene

Hand hygiene shall be practiced before applying and after removing gloves. Gloves shall be removed and discarded after use.

To reduce hand irritation related to gloves:

- Wear gloves for as short as time as possible
- Ensure that hands are clean and dry before wearing gloves
- Ensure gloves are intact, clean and dry inside
- Gloves are single use only, and must be task specific such as nitrile gloves for diaper changes

Gloves when Cleaning/Disinfecting

Employees must wear thicker dishwashing-like gloves when immersing toys in diluted disinfectant when toy washing.

Covering Your Cough Procedure

Germs, such as influenza and cold viruses, are spread by coughing and/or sneezing. When you cough or sneeze on your hands, your hands carry and spread these germs.

Keep your distance (preferably more than 2 metres/6 feet) from people who are coughing or sneezing. Follow these steps to stop the spread of germs:

- If you have a tissue, cover your mouth and nose when you cough, sneeze or blow your nose
- Put used tissues in the garbage
- If you don't have a tissue, cough or sneeze into your sleeve, not in your hands
- Clean your hands with soap and water or hand sanitizer

Applying Lotion

If applying lotion, sunscreen, etc. to a child, gloves are not necessary. Staff will use proper hand hygiene before and after each application.



10. Space Set-Up and Physical Distancing

The ministry recognizes that physical distancing between children in a child care setting is difficult and encourages child care staff and providers to maintain a welcoming and caring environment for children.

When setting up the play space, physical distancing of at least 2 metres must be maintained between groups and should be encouraged, where possible, between children within the same group. Recognizing that physical distancing is difficult with small children and infants, additional suggestions include:

- Planning activities that do not involve shared objects or toys
- When possible, moving activities outside to allow for more space
- Singing only in alignment with the requirements set out in [*Reopening Ontario \(A Flexible Response to COVID-19\) Act, 2020*](#) (e.g., see the rules for areas in [stage 2](#) and [stage 3](#)).
- Spreading children out into different areas, particularly at meal and dressing time and staggering, or alternating lunchtime and outdoor playtime
- Stacking cots in a manner in which there is no contact with the sleeping surface of another cot
- Increase the distance between cots/resting mats/playpens or place the children head to toe or toe to toe if the space is limited.
- Incorporating more individual activities or activities that encourage more space between children
- Using visual cues to promote physical distancing.
- Where two groups are using the same indoor space (e.g. gym), each group must have their own assigned indoor space, separated from all other groups by a temporary physical barrier. Licensees must ensure that a physical barrier is in place to ensure that physical distancing of at least 2 meters between groups is maintained. The physical barrier must begin at the floor and reach a minimum height of 8 feet to ensure it will always be 12 inches taller than the tallest person in the facility. The purpose of the barrier is to reduce the spread of respiratory droplets and reinforce physical distancing requirements between groups.
- In shared outdoor space, groups must maintain a distance of at least 2 metres between groups and any other individuals outside of the group.



11. Provision of Special Needs Resources (SNR)

- Meeting the needs of children who require these services in a safe manner remains the priority. The Ministry of Education guidance document does not stipulate that SNR staff must limit their work to one site. Direction from local public health:
- SNR consultants who are strictly observing behaviour and can maintain 2 m physical distance during their visits can move between sites.
- Because DSWs provide direct care support without physical distancing, movement between sites must be limited. Schedules must be structured such that movement of each DSW is limited to **two sites**. All SNR staff must screen prior to entry into childcare, and they must wear medical masks and eye protection during visits.
- Movement of all SNR staff must be diligently documented.
- The ministry recognizes that children with special needs and their families continue to require additional supports and services in child care settings.
- The provision of in-person special needs services in child care settings should continue where appropriate. Should questions arise in respect of which service providers are permitted to enter the premises, please consult with CK Public Health.
- Please work with special needs service providers to explore alternative modes of service delivery where in-person delivery is not possible.
- All SNR staff must screen before entering the child care setting and must follow all health and safety measures that staff/providers follow, including having their attendance logged, practicing proper hand hygiene, wearing a medical mask and eye protection, and maintaining physical distancing as much as possible.
- Licensees and SNR service providers should work together to determine who will be responsible for ensuring SNR staff have appropriate PPE.
- Where SNR services are provided through external staff/service providers, licensees and home child care providers should inform all families of this fact, and record attendance for contact tracing purposes.