

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 licensed child care centres and home child care to reduce the spread of COVID-19. The recommendations and guidance provided in this document are intended to be used to develop infection prevention and control (IPAC) policies and procedures. As each child care centre is different, it is ultimately the responsibility of every child care centre to review their own policies, procedures and site-specific circumstances, and assess their ability to operate while ensuring that the appropriate infection prevention and control (IPAC) measures are implemented and maintained.

The aim and purpose of this document is to assist child care operators and staff (including home care providers) with information related to the Ontario Government's reopening framework as well as Toronto Public Health requirements to reduce the spread of COVID-19 in the child care setting. It is important to know that breaches of some of these directions may constitute offences under provincial regulations or other public health legal requirements. While we aim to provide relevant and timely information, no guarantee can be given as to the accuracy or completeness of any information provided. This guidance is not intended to, nor does it provide legal advice and should not be relied upon or treated as legal advice. Users seeking legal advice should consult with a qualified legal professional.

The guidance in the document is based on the current rates of COVID-19 in Toronto. If rates of COVID-19 increase or decrease, the guidance may change. Updated information about COVID-19 can be found in Toronto Public Health's [COVID-19 Fact Sheet](#).

This document addresses and builds on guidance included in the [Ministry of Education Operational Guidance for Child Care Centres during the COVID-19 Outbreak](#), the [Ministry of Education COVID-19: Health, Safety and Operational Guidance for Schools \(2021-2022\)](#) and the [Ministry of Health COVID-19 Guidance: School Case, Contact, and Outbreak Management](#). 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 will take precedence.

Before and After School Programs are permitted to operate for the 2021-2022 school year. For guidance specific to Before and After School programs, please refer to the Ministry of Education [2021-2022 Before and After School Kindergarten to Grade 6: Policies and Guidelines for School Boards](#) document. EarlyON Child and Family Centres are permitted to operate with enhanced health and safety requirements in place. For guidance specific to EarlyON Child and Family Centres, please refer to Ministry of Education [Operational Guidance during COVID-19 Outbreak: EarlyON](#).

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

Before Re-Opening

Develop/update COVID-19 and 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 screening confirmation
 - Attendance reporting
 - Cohorting staff and children
 - Guests/volunteers in child care setting
 - Transportation of children (i.e. bussing)
 - Physical distancing
 - Hand hygiene and respiratory etiquette
 - Mask requirements
 - Isolation/exclusion of ill staff and children
 - Return to child care setting for symptomatic staff and children
 - Environmental cleaning and disinfection including cleaning and disinfection of toys, equipment and other shared materials
 - Food safety practices

Revised August 20, 2021

- Occupational health and safety (e.g. personal protective equipment, staff vaccination policy, and, attendance policy). For more information, refer to the Toronto Public Health (TPH) [Guidance for Employers on Preventing COVID-19 in the Workplace](#).
- Communication with families/guardians and other stakeholders
- Management of cases and outbreaks of COVID-19, with the guidance of Toronto Public Health (TPH) and the provincial Ministry of Health, including:
 - Management of symptomatic staff and children; including testing and those who choose not to be tested.
 - Management of cohorts exposed to a symptomatic/confirmed case of COVID-19 including differences for vaccinated and unvaccinated people.
 - Vaccination disclosure to quickly identify vaccinated and unvaccinated individuals.
- Toronto Public recommends that child care operators develop vaccination policies and other initiatives to increase COVID-19 vaccine confidence and uptake and achieve the highest vaccination rates. For more information refer to the [TPH Guidance on Vaccine Information for Employers](#).

Train staff and early childhood education students

- All child care staff/students must be aware of the [signs and symptoms of COVID-19](#).
- Train staff/students to ensure they are aware of and can implement the revised IPAC policies and procedures.
- Train staff/students on proper use of personal protective equipment (PPE). Refer to [Public Health Ontario](#) resources or [Public Services Health and Safety Association](#).
- All child care staff/students must review [training modules](#) developed by Toronto Children Services, in collaboration with Toronto Public Health (TPH), prior to opening. If a child care centre has already opened, these training modules must be reviewed as soon as possible.
- Operators must ensure training is completed as often as necessary (i.e. when IPAC requirements are updated/revised).
- Operators must keep an up-to-date record of staff/students 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).
- Encourage staff to download the [COVID Alert app](#) so they can be notified directly if they have been in close contact with someone who was contagious with COVID-19.

Prepare the physical space

- Designate drop-off and pick-up locations outside, near the main area of child care centre/program area.
 - If this is not feasible for child care centres/home child care operators, arrange to use an area or space where physical distancing of two metres/six feet can be maintained.
- Designate and clearly mark specific, separate entrances and exits and only permit entry and exit through these doors.
- Designate an area near the main entrance of the child care centre/program area as a screening station for on-site 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 may be equipped around the screening station.
 - Staff conducting the screening should wear required PPE
 - 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.
 - Instruct children, parents, staff and others not to enter the child care centre if they are sick or they do not pass the screening process
- Provide alcohol-based hand sanitizer (70%-90% alcohol) in rooms/program areas/screening area. Dispensers should not be in locations that can be accessed by children.
- 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:
 - [Information about COVID-19](#)
 - [How the Virus can Spread](#)
 - [Physical Distancing](#)
 - [How to Protect Yourself](#)
 - [Wash your Hands](#)
 - [Cover your Cough](#)

- [COVID-19 Fact Sheet](#)
- [Wearing a Mask Dos and Don'ts](#)
- [COVID-19 Vaccine Flyer Screening Poster for Child Care Centres](#)
- [Screening Poster for Child Care Centres](#)
- [Screening Poster for Child Care Staff/Visitors](#)
- If possible, 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.
- Use visual markers/cues (e.g. tape on floors) to demarcate walkways, play areas to encourage children and staff to maintain physical distancing.
- Designate a room(s) in the child care centre as an isolation/wellness room for sick individuals. Child care centres with large populations can consider more than one room for this purpose. This room should only be used as an isolation/wellness room and not for other purposes. It should contain only minimal items and equipment so that cleaning and disinfecting is easy to perform after an ill individual leaves the room.
- Increase ventilation and air flow in areas/rooms, if possible and if it can be done safely.

During Active Operation

Stay home when you're sick

- Remind staff/early childhood education students 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 and [get tested](#).

Daily screening prior to entry/drop-off

- Discuss expectations for screening and arrangements in advance with the child's parent/guardian and staff.
- **Screen all children prior to entry**
 - Use the [screening questionnaire](#) or use the [provincial child care screening tool](#).
 - Updates to the screening tool are expected before the start of the school year.
 - Use the [COVID-19 Decision Tool for Child Care attendees](#).

- **Screen all staff and visitors prior to entry**
 - Use the [screening questionnaire](#) or the [provincial child care screening tool](#).
 - Updates to the screening tool are expected before the start of the school year.
Use the [COVID-19 Decision Tool for Child Care Staff](#)
- **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 prior to receiving children into care each day.
 - Do not receive children into care if anyone in the household does not pass screening or is self-isolating.
- Toronto Public Health continues to strongly recommend daily on-site confirmation of self-screening. Confirmation of self-screening should be in a form deemed appropriate to the operator.
 - The questions can be completed on a paper-based questionnaire (i.e. asked directly and answers recorded), electronically, or verbally.
 - Consider the use of smartphone applications, stickers or other innovative methods to indicate that individuals have completed their screening.
 - If completion of the questionnaire is done at home before arriving, it is important child care operators to ensure that it was completed.
 - It is recommended that child care centres validate daily self-screening for children, staff, and visitors each day. This is called active screening or screening confirmation. Checking the screening can occur outside before entry to the child care (see the section *Prepare the Physical Space*).
- Toronto Public Health continues to recommend that childcare centres consider measures to reduce the risk of congregating at drop-off/pick up locations, including:
 - Parents/guardians should 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.
 - Having designated staff members escort children into the child care centre/home after screening.

Enhance attendance reporting practices for staff, children and visitors

- 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,

Revised August 20, 2021

food service workers and government agency employees (e.g. public health inspectors, program advisors, fire inspectors).

- Records should include the following information: name, contact information, date and time of arrival/departure, reason for visit, rooms/areas visited and screening results.
- Records must be updated when a child, child care provider or staff or student is absent.
 - There should be comprehensive absence reporting of sick and well staff and children.
 - 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 with [COVID-19 like symptoms](#) to [seek COVID-19 testing](#) at [assessment centres](#) and/or to call [Telehealth](#) at 1-866-797-0000 or their primary care provider to determine if further care is required.
- 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).
- For the purpose of case and contact tracing, Toronto Public Health recommends attendance records be maintained for a period of 30 days and made available on-site for all areas in the child care centre used by staff and children.

Maintain Documentation

- Child care centres are required to maintain and have available the following documentation in case it is needed for case and contact tracing in accordance with all applicable legislation, including the [Municipal Freedom of Information and Protection of Privacy Act](#).
 - **Children:** Cohort list, attendance record and screening results/confirmation for each cohort. The cohort list should include each child's name, date of birth and contact information.
 - **Staff:** Staff list, attendance record, schedule, staff roles/movement, and screening results/confirmation. These lists should include the staff name, date of birth (if possible) and contact information. Include vaccination information if available.
 - **Visitors:** Record of visitors that include name, company, contact information, date, time in/out, areas visited and screening results/completion.
 - List of children in each bus cohort taking transportation and a seating chart.
 - Staggered lunch/recess schedule for each class cohort.
 - Staggered lunch break schedule for staff.

Revised August 20, 2021

- Ensure contact information is up-to-date for both children and staff. This includes emergency contact information of an individual who is able to pick up a student whenever needed.

Assign staff, early childhood education students, and children into cohorts.

- Refer to [Ontario Regulation 137/15: General](#) under the [Child Care Early Years Act, 2014](#) to determine the maximum number of children allowable in a cohort or group.
 - Child care centre operators should assess the available space in program areas in relation to group sizes and programming activities to ensure that physical distancing can still be practiced as best as possible.
 - 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, early childhood education students and children must be assigned to designated cohort or group to limit the mixing of staff and children so that if someone develops infection the number of exposures are able to be managed.
- Cohorts must be designated to a specific "home room" or area.
- Child care staff and early education students are not included in the maximum cohort size, however, they are still considered a member of their assigned cohort or group.
- Staff to child ratios must comply with the [Ontario Regulation 137/15](#) under the *Child Care Early Years Act*.
- Programming must be planned in a manner that limits 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.

Staffing

- The same child care staff (i.e., child care staff, provider, placement student) should remain with their assigned cohort for the duration of the child care program.

Revised August 20, 2021

- Staffing should be sufficient to have multiple staff assigned to one room/cohort consistently over the course of the day, and not need to move to other rooms.
- Child care operators/supervisors should arrange staffing assignments to limit the number of staff entering or working in different rooms/areas as best as possible (e.g. routine cover-offs should be supported by the same staff).
- Where different staff are required to supervise a cohort (e.g., during cover-offs for lunch or break) they should maintain physical distancing.
- Toronto Public Health continues to encourage reducing the movement of staff and placement students where possible to minimize the potential for transmission.

Practice physical distancing

- [Physical distancing](#) means keeping a distance of two metres/six feet from others.
- Physical distancing must not compromise supervision or a child's safety, emotional or psychological well-being.
- 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.
- Toronto Public Health strongly recommends physical distance between cohorts should be maintained outdoors, if feasible.
- Recognizing that physical distancing is difficult with small children and infants, additional suggestions include:
 - Limiting the number of visitors allowed in the child care centre
 - 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).
 - Refer to Toronto Public Health's [10 Ways To Greet From 6 Feet](#).
 - Plan activities and games that increase spacing between children while promoting social interaction.
 - Increase the distance between cots/resting mats and cribs. If space is limited, place children toe-to-toe and/or head-to-toe to maximize distance.

Use of masks and personal protective equipment (PPE)

- Child care operators are required to include information regarding masking and the use of PPE in their health and safety policies and procedures.
- Child care operators/licensees must provide PPE for use by staff when necessary and follow guidance from the Ministry of Labour.
- Masks do not replace the need for physical distancing, hand washing, and staying home when sick.
 - It is strongly recommended that operators maintain a one to two week supply of PPE at all times.
- For child care staff, home child care providers, and early childhood education students' requirements for PPE, please refer to the [Ministry of Education Operational Guidance for Child Care Centres during the COVID-19 Outbreak](#).
- **Child care staff, home child care providers, home child care visitors, students on educational placement and all other visitors:**
 - Are required to wear a medical mask at all times when indoors (except when eating or if alone in a private space) unless exempt.
 - Adults are recommended to wear medical masks outdoors when physical distancing cannot be maintained.
 - Eye protection (e.g. face shield or goggles) is required for individuals working in close contact with children who are not wearing face protection (children younger than grade 1).
 - Staff should consult with their Occupational Health and Safety lead or [Ministry of Labour guidelines](#) on which PPE is required and when and how to wear PPE. This would include wearing a mask and other PPE if required at other times when physical distancing cannot be maintained, including, but not limited to:
 - Providing direct care (e.g. feeding, assisting a student with hand hygiene).
 - Consoling an upset child.
 - Assisting a student with changing.
 - Cleaning up bodily fluids with the risk of splashing.
 - Adults in contact with preschool children, children with disabilities or vocational education where it is necessary to be less than two metres/six feet from another person without a physical barrier must wear the appropriate PPE in these circumstances at all times.
 - A face shield does not provide equivalent protection to a mask. A mask should be worn, and then, a face shield or goggle on top of that. See [Ministry of Labour guidelines](#).

Revised August 20, 2021

- Train staff on the [proper use](#) of masks, and [how to safely put on and take off a mask](#).
- Staff must wear a surgical mask and eye protection (e.g. goggles, face shield) when:
 - Cleaning and disinfecting blood or bodily fluid spills if there is a risk of splashing or droplets.
 - Caring for a sick student or a student showing symptoms of illness.
- Gloves are not required for COVID-19 prevention as proper hand washing is sufficient. However, 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.
- **Children in grade one and above:**
 - Are required to wear a medical, non-medical or cloth mask or face covering while indoors at the child care setting or in hallways with reasonable exceptions for medical conditions.
 - Reasonable exceptions generally include such things as accommodations of certain health conditions or special needs.
 - Children are not required to wear masks outdoors but physical distancing should be encouraged between cohorts as much as possible.
 - The use of non-medical masks or face covering for children grades 1 and above will be required if taking public transportation to child care.
- **Children in kindergarten (i.e. junior and senior kindergarten):**
 - Are strongly recommended to wear a mask while indoors at the child care setting, including in hallways.
- **Children age two and above**
 - Children age two years and older will be strongly recommended to wear masks in indoor spaces if feasible and tolerated.
 - Children over the age of 2 will be required to use non-medical face masks if taking public transportation (e.g. TTC) to child care.
- **Children under the age of two**
 - Masks are not recommended for children under the age of two.
- When masks are not in use, a child's non-medical mask or face covering may be stored in a clean paper bag. Masks should be replaced when they become damp or visibly soiled.
- Teach children on the [proper use](#) of masks, and [how to safely put on and take off a mask](#).
 - Children are expected to bring their own mask to wear on transportation and at school.

Revised August 20, 2021

- Children should practice proper hand hygiene before taking off their mask and before putting it back on.
- The mask should be stored in a paper bag, envelope, or something that does not retain moisture if it will be worn again. If using plastic bags, they should only be used for short periods of time. Containers can also be used but they should be cleaned and disinfected after each use. During recess, students can place their masks in these items (ensure they are labelled) and then place it in a fanny pack for safe keeping, so they are able to carry it on their person. Bags/envelopes should be disposed after use. Fanny packs should be labelled with the child's name. If the mask is put directly into the fanny pack, without a paper bag, envelope etc., then the fanny pack will need to be laundered.
- Mask should be put on before going inside.
- Where necessary for faces to be seen for lip reading to support students who are deaf or hard of hearing, masks with clear sections may be appropriate for staff.
 - Child Care centres can continue to refer to [Public Health Agency of Canada \(PHAC\)](#) and [Public Health Ontario \(PHO\) \(PDF\)](#) for guidance on appropriate mask types and usage.
 - For information for approved masks please visit the following websites:
 - [Government of Canada \(Health Canada\)](#)
 - [Province of Ontario \(Ministry of Labour\)](#)
 - [Province of Ontario \(Ministry of Health\)](#)
- Child care operators/licensees should document exceptions related to wearing PPE:
 - Exceptions to wearing a mask and eye protection indoors may include medical conditions that make it difficult to wear a mask or eye protection (e.g. difficulty breathing, low vision); a cognitive condition or disability that prevents wearing a mask or eye protection; hearing impairments or when communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication; and when performing duties in which a staff member is separated from their cohort and other staff/students (e.g. working alone in an office or during meal preparation in the kitchen).
- Plan mask breaks during the day:
 - If children must take masks off when they are indoors, ideally they should be seated, not moving in hallways, and keeping two metres/six feet from others. If this is not possible, they should be seated with their cohort. Windows should be open, if possible, for circulation.

Revised August 20, 2021

- Children are not required to wear masks when outdoors for recess, so mask breaks can be taken at this time. However, when outdoors during recess physical distancing should be encouraged as much as possible.
- Masks should always be kept on when children are lining up outdoors to come in.

Support and encourage proper hand hygiene and respiratory etiquette

- Educate staff and children on proper hand hygiene and respiratory etiquette.
- [Wash your hands](#) with soap and water or use an alcohol-based hand sanitizer (70-90% alcohol concentration), provided hands are not visibly soiled. Remind staff and students to avoid touching their face, nose and mouth with unwashed hands.
- [Cover your cough](#) or sneeze with a tissue. Dispose of tissue immediately after use in a garbage receptacle with lined plastic bags.
- Provide additional hand sanitizer (70-90% alcohol concentration) stations (e.g. wall mounted hand sanitizer dispensers) near entrances, service counters and other high touch locations in supervised areas where children cannot access it independently. Monitor and refill as needed.
- Monitor supplies to ensure adequate amounts of liquid soap, paper towel, (air dryer if paper towels are not available), hand sanitizer, tissues and waste receptacles with lined plastic bags.
- 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.
- Staff must wash their hands or use alcohol-based hand sanitizer (70-90% alcohol concentration) before and after touching any child's personal belongings, or any shared items.

Modify food safety practices for snacks and meals

- Licensees and home child care providers should follow applicable [food safety legislation](#).
- Family style meals are permitted to operator provided that food handlers use adequate food handling and safety practices.
- Ensure proper hand hygiene is practiced when staff are preparing food, and for all individuals before and after eating.

Revised August 20, 2021

- Child care operators should consider ways to support nutrition/meal breaks in a safe manner. Where possible, children should practice physical distancing while eating.
- Since eating requires the removal of masks, additional measures should be considered to reduce the spread of COVID-19.
- Children may eat together:
 - Outdoors in their cohort, with distancing if possible with distancing as much as possible within a cohort, and distancing between cohorts.
 - Indoors with a minimum distance of two metres/six feet between cohorts and distancing as much as possible within a cohort.
 - It is recommended that within a cohort, efforts should be made to keep children two metres/six feet apart while eating, since masks are removed.
 - To optimize physical distancing, children can also sit in chairs around the classroom or every other child can take their mask off to eat their lunch, and once they are done put their masks on and allow the rest of the students to do so, if this allows for better physical distancing.
- Open windows and doors if possible, to allow for circulation. When possible have lunch outdoors.
- Encourage quiet lunches to reduce the potential for spreading respiratory droplets.
- If staff are having lunch in the staff room, they are to remain two metres/six feet away from all other staff. It is recommended that they do not congregate with anyone else. Extra chairs can be removed from the staff room and only keep what is possible to allow for a two metre/six foot distance. They are to unmask only while eating lunch and then immediately put their mask back on. Lunches should be brief and quiet as much as possible while eating. When possible, staff can eat lunch in a room alone, or outdoors or in an area where there are no children or other staff present.
- Ensure children have their own drinking bottle that is labeled, kept with them during the day and not shared and that they have their own individual meal or snack.
- Reinforce no food sharing policies.
- Nutrition/third party food programs and non-instructional food events such as pizza day are permitted to operate, provided that food is provided from an [inspected source](#) and that food handlers use adequate [food handling and safety practices](#).
- Offer a variety of nutritious foods that are minimally processed, pre-wrapped or ready-to-eat, including fresh fruit and vegetables, dairy products and whole grain products. Portion foods in the

food preparation area. If not feasible, food can be portioned with minimal food handling in the area where it will be served.

Enhance cleaning and disinfecting practices

- Assign dedicated facility staff to complete environmental cleaning and disinfection duties.
- Ensure frequent cleaning and disinfecting of high-touch surfaces and shared objects (e.g. doorknobs, water fountain knobs, light switches, toilet and faucet handles, electronic devices, tabletops) at least twice a day and when visibly dirty. More frequent cleaning and disinfection may be necessary, depending on the frequency of use and extent of soilage.
 - Review [Public Health Ontario's Cleaning and Disinfection for Public Settings](#) fact sheet.
 - Refer to Health Canada's [list of hard surface disinfectants and hand sanitizers for use against coronavirus](#) (COVID-19) for approved products.
 - 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.
- Cots and cribs that are assigned to an individual child must be cleaned and disinfected weekly and as often as necessary (e.g. when soiled or after use by a symptomatic child).
- Blankets/sheets must be assigned to an individual child, stored separately to prevent accidental sharing and in manner that prevents contamination. Launder blankets/sheets weekly and as often as necessary (i.e. when soiled).

Revised August 20, 2021

- Maintain logs to track cleaning and disinfecting activities for each room/area, individual/play items and sleeping equipment such as cots and cribs.
- Clean and disinfect the area used by an individual suspect of having COVID-19. This includes all surfaces within two metres/six feet of the ill person.

Toys, activities, play equipment and outdoor playgrounds

- Children should practice hand hygiene before and after use of toys and equipment. The risk associated with transmission with shared objects is low therefore the focus should be on regular hand hygiene and respiratory etiquette to reduce the risk of infection related to shared equipment especially when the cleaning of shared objects is not feasible.
- Provide toys and play equipment that are made of materials that can be cleaned and disinfected (e.g., remove plush toys).
- Assign specific toys and play equipment to one cohort if possible.
- Toys and equipment (e.g., bicycles, balls) must be cleaned and disinfected daily, between cohorts and as often as necessary (e.g. when soiled, contaminated or if the toy has been used by a symptomatic individual).
- Toys that have been mouthed or become contaminated must be taken out of circulation (e.g. stored in a 'dirty toy' bin) after the child has finished using it, and cleaned and disinfected prior to being used by a different child.
- 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.
- Shared outdoor spaces and outdoor playground structures may be used.
 - Toronto Public Health strongly recommends physical distance between cohorts should be maintained outdoors, if feasible.
 - Licensees and home child care providers should find alternate outdoor arrangements (e.g., community walk) where there are challenges securing outdoor play space.

Revised August 20, 2021

- Toronto Public Health continues to recommend that child care operators/providers schedule/stagger the use of outdoor playground and play spaces.
- Outdoor playgrounds structures do not need to be cleaned or disinfected between uses unless the equipment is visibly soiled or dirty.
- Hand hygiene should be practiced before and after using playground equipment or outdoor play structures.
- Refer to the [*COVID-19 Guidance for Outdoor Playgrounds and Fitness Equipment*](#).
- If sensory materials (e.g., playdough, water, sand, etc.) are offered, emphasis should be placed on hand hygiene before and after use of materials.
 - Physical distancing should be maintained as much as possible during sensory play.
 - For general information regarding sensory play programming refer to the [*Infection Prevention and Control in Child Care Centres Requirements and Best Practices Document*](#)
 - Suspend group sensory play activities if an outbreak is declared at child care facility.
- Singing is permitted indoors. Masking and physical distancing is recommended for indoor singing programs.

Visitors and Students on Placements

- The number of visitors indoors must be limited to ability to maintain a physical distance of 2 metres.
- When possible, use of video and online interviews should be considered to interact with families.
- Toronto Public Health continues to recommend reducing the movement of staff, placement students, and visitors where possible to minimize the potential for transmission.

Physical Activities

- High contact physical activities
 - High contact physical activities are defined as activities where two metres or more can't be maintained.
 - High contact physical activities should take place in outdoor settings only.
 - Masking is not required outdoors for high contact physical activities.
- Low contact physical activities
 - Low contact physical activities are defined as activities where two metres or more can be maintained.

- Low contact physical activities are permitted indoors.
- Refer to the [Ministry of Education Operational Guidance for Child Care During COVID-19 Outbreak](#) for more information.

Before and after school programs

- Children that are received into care are only required to be screened once daily (i.e. screened in the morning). Children are not required to be screened again when returning to the after school program. This applies to children that only attend after school programming (e.g. parents/guardians may submit screening results to the child care centre in the morning prior to the child attending care in the afternoon).
- Child care centres operating before and after school care may adjust cohorting/grouping requirements where operationally required (e.g. combining groups/cohorts when walking children to school to ensure adequate supervision).
- School age children who attend different schools or from different classrooms may be accepted into care at a child care centre location. Child care centre supervisors should try to prioritize grouping based on their core-school program.
- Child care operators/supervisors should try to implement scheduling to prevent mixing between before and after school groups/cohorts and full day groups/cohorts whose child attendees do not attend a core-school program.
- If the child care program is located in a shared space (e.g. a child care sharing a space with a school classroom or a community centre) make arrangements with other users/stakeholders to ensure enhanced cleaning and disinfecting practices are maintained (e.g. frequency of cleaning appropriate disinfecting agents are used). For example:
 - Clean and disinfect high-touch surfaces in the program areas and in shared spaces (e.g. classroom) after the core day program ends and the before and after school program begins.
 - Consider posting a cleaning and disinfecting log to track and demonstrate cleaning schedules.
 - Store items, materials and other resources separately to avoid accidental sharing between different cohorts that use the space.
 - Consider labelling materials or storing in different locations.
- Child care centres operating before and after school programs within a school are encouraged to enhance communication with representatives from the school boards for the purposes of screening and attendance reporting. Consider the following strategies:

- Assigning a dedicated liaison person
- Maintain a communication or issues log
- Scheduling regular meetings (e.g. virtual meetings, telephone conferences).
- Refer to the Ministry of Education's [*Before and After School Programs Kindergarten-Grade 6: Policies and Guidelines for School Boards for the 2021-2022 School Year*](#).

Care during program activity days (PA days) and holiday programs

- Operators should continue to maintain children within their regular cohorts (e.g. before and after school programs) when providing care during program activity days.
- Mixing of groups or cohorts should be avoided. Licensees and child care operators may consider combining cohorts or groups on case by case basis when operationally required (e.g. due to low enrollment or staffing coverage).
- If cohorts are combined during PA days, licensees and child care operators should:
 - Notify parents/guardians that child care cohorts will be combined and explain the child care settings public health policies and procedures (e.g. mask use, physical distancing, respiratory etiquette, hand hygiene and screening practices).
 - Maintain physical distancing within the combined cohort.
 - Coordinate with school boards to access larger rooms/areas (e.g. gyms), if possible.
 - Provide outdoor programming as much as possible.
- Licensees providing care during holidays must ensure that cohorts/groups (i.e. child attendees, staff and early childhood education students) stay together for the duration of the program.

Isolate children and staff/early childhood education students that become ill

- It is recommended that child care staff/student, home child care providers, and children with symptoms of COVID-19 go to an [assessment centre](#) for testing as soon as possible, and to [self-isolate](#) at home until their result is available.
 - If a child/staff or early childhood education student becomes ill with symptoms associated with COVID-19 while in care, immediately separate them from the rest of their group in a designated room (or space in a home child care setting).
 - Siblings who live in the same household should be sent home as well if they are not fully vaccinated with a COVID-19 vaccine.

Revised August 20, 2021

- If there is more than one ill individual who presents with symptoms ideally they should be placed in separate designated rooms (if more than one room has been assigned for this purpose). If this is not possible, ensure the room is large enough and children are kept more than two metres/six feet apart.
- Refer to the Child care decision guide for [attendees](#) and [staff](#) to determine when children/staff are required to go for testing.
- **For ill staff:**
 - Staff who become ill with symptoms should be sent home immediately, and directed to [this webpage](#) to learn what to do next. They should not use public transportation.
- **For ill children:**
 - Provide supervision until they are picked-up.
 - Notify parents/guardians or emergency contacts to pick up the ill child as soon as possible.
 - Children older than two years should wear a medical 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 (i.e. medical mask) and eye protection (e.g. face shield, safety glasses and goggles).
 - Clean and disinfect the area immediately after the child with symptoms has been picked-up.
 - Establish a protocol to determine contaminated areas and carry out cleaning and disinfection when an individual is suspected of having COVID-19 in the child care setting:
 - 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 had passed through).
 - Use disposable cleaning equipment, such as disposable wipes, where possible.
 - 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.
- The designated room/space must have a handwashing sink or hand sanitizer (70-90% alcohol concentration) available.
- Provide tissues to the ill individual to help support respiratory etiquette.
- Open outside doors and windows to increase air circulation in the area if it can be done so safely.

Revised August 20, 2021

- Child care staff and children who have been exposed to an individual who **became ill with symptoms** must continue to be grouped together (i.e. cohorted), and monitored for signs and symptoms of illness:
 - Child care staff/students must not be assigned to other groups/cohorts or 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 must ensure that mixing of children is prevented.
 - Supervisors must inform parents/guardians of children who were exposed to the ill individual, and advise that they should [monitor](#) their child for symptoms.
- Refer to the [COVID-19 Interim Decision Guide for Child Care Operators to Direct Cohorts to Self-Isolate](#).

Return to care for children with symptoms

- For information regarding return to the child care setting for those with symptoms and/or exposure to COVID-19, please refer to the Toronto Public Health [COVID-19 Decision Tool for Child Care \(child attendees\)](#) and/or the Toronto Public Health [COVID-19 Decision Tool for Child Care Staff and Visitors](#)
- Parents can complete a [Return to Child Care Confirmation Form](#) to provide to the child care operator/home child care provider to confirm the child can return to child care
- Medical notes are not recommended or required by Toronto Public Health.

Individuals with a laboratory confirmed positive COVID-19 test

- Child care centre supervisors, home child care providers and EarlyON program operators must immediately report laboratory-confirmed cases in child attendees, child care staff, early childhood education students that attend the child care setting to TPH by completing the [Toronto Public Health COVID-19 Notification Form for Child Care Settings](#).
- Child care operators should refer to the [COVID-19 Interim Decision Guide for Child Care Operators to Direct Cohorts to Self-Isolate](#).
- Additional support can be accessed by calling TPH at **416-338-7600** during work hours (8:30 a.m. to 4:30 p.m., Monday to Friday) or **3-1-1** after hours or by emailing publichealth@toronto.ca.
- Individuals with a laboratory-confirmed COVID-19 test are instructed to follow public health measures regarding testing requirements and isolation. Child care staff and children who are being

managed by Toronto Public Health must follow instructions to determine when to return to the child care setting.

Close contacts of someone with COVID-19

- For information regarding return to the child care setting for those who are close contacts of someone with COVID-19, please refer to the Toronto Public Health [COVID-19 Decision Tool for Child Care \(child attendees\)](#) and/or the Toronto Public Health [COVID-19 Decision Tool for Child Care Staff and Visitors](#).
- Child care operators should dismiss a cases' cohort(s) (i.e. close contacts) for self-isolation while awaiting the results of the TPH investigation.
 - Refer to [COVID-19 Interim Decision Guide for Child Care Operators to Direct Cohorts to Self-Isolate](#).

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.
- Develop a communications strategy in partnership with affiliated schools to ensure a collaborative response to laboratory-confirmed cases of COVID-19 in children who are both child care attendees and students.
- 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.
- Child care operators should encourage parents/caregivers to speak with their employers about current exclusion/return-to-care requirements and possible work arrangements in the event that their child becomes ill and is isolated and/or excluded from care.

Revised August 20, 2021

- Toronto Public Health will provide further advice about information that should be shared with other staff, parents/guardians and other stakeholders in the event there is a case or outbreak of COVID-19 in the setting.
 - Toronto Public Health will advise if a class, cohort or a school should be closed for a period of time. Parents, students and staff will be notified immediately.

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](#).
- Go to the [Ministry of Labour, Training, Health and Safety](#) for more information.

More information

- For more information, visit our website at www.toronto.ca/COVID19 or call us at 416-338-7600.
- Child care-specific resources are available on our website: [COVID-19 Guidance: Child Care Centres](#)

Refer to Ministry of Education's [Operational Guidance for Child Care During COVID-19 Outbreak](#) for the following topics:

- **Transportation** (pg. 18)
 - The use of non-medical masks or face covering for children grades 1 and above will be required for cohort transportation (e.g. charter bus).
 - Children age two years and older will be strongly recommended to wear masks for cohort transportation (e.g. charter bus) if feasible and tolerated.
 - Encourage active forms of travel (e.g. walking, biking) or private transportation by parents and caregivers, where possible to ease crowding on public transportation.
 - Children over the age of 2 will be required to use non-medical face masks if taking public transportation (e.g. TTC) to child care.
- **Field Trips** (pg. 26)
- **Ventilation** (pg. 28)

Revised August 20, 2021

- For more information please refer to [COVID-19: Transmission, Aerosols and Ventilation](#) and [Heating, Ventilation and Air Conditioning \(HVAC\) Systems in Buildings and COVID-19](#).
- **Special Needs Resources (SNR) Services** (pg. 30)

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