

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 must be used to develop infection prevention and control (IPAC) policies and procedures. Operators must ensure that appropriate IPAC measures are implemented and maintained in order to provide safe and healthy child care services.

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

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

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

Before Re-Opening

Develop/update IPAC policies and procedures

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

Train staff 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.
- 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 an area near the main entrance of the child care centre/program area as a screening station for in-person screening.
 - The area should be clearly identifiable as the screening station.
 - Post signs in a visible location clearly explaining the screening process and the rules and conditions for entry (e.g. [Posters for Entrances](#)).
 - The area must allow for a minimum of two metres/six feet distance between staff conducting in-person screening and the individual being screened. Alternatively, a protective barrier (e.g. plexiglass) may be equipped around the screening station.
 - Use visual markers/cues spaced two metres/six feet apart (e.g. tape on the floor, pylons, signs) to assist children and parents/guardians to maintain a two metre/six foot distance from each other if waiting to be screened.
- Provide alcohol-based hand sanitizer (70%-90% alcohol) in rooms/program areas. 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:
 - [Physical Distancing](#)

- [Protect Yourself](#)
- [Information about COVID-19](#)
- [Wash your Hands](#)
- [Cover your Cough](#)
- [Poster for Entrances](#)
- 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.

During Active Operation

Daily screening prior to entry/drop-off

- 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.
- Discuss the expectations for screening and arrangements in advance with the child's parent/guardian and staff.
- Screening must be completed for every child, child care staff and visitor **prior to entry/arrival** to the child care setting.
 - Prior to receiving children into care each day, 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.
- Where possible daily screening may be completed and submitted electronically (e.g. over the telephone, via online form, survey, video conference or e-mail) prior to arrival at the child care centre/home.
- Screen all child attendees prior to entry as prescribed by Toronto Public Health.
 - Refer to the [Screening Poster for Child Care](#) and the [COVID-19 Decision Tool for Child Care \(child attendees\)](#) for further information.
- Screen all staff/early childhood education students and any other adult visitors prior to entry as outlined in the [Ministry of Health COVID-19 Screening Tool for Workplaces \(Businesses and Organizations\)](#).
 - Refer to the [COVID-19 Decision Tool for Child Care Staff](#).
- Child care operators/licensees who use in-person screening may use the [health-screening questionnaire for child care centres](#) and the [staff health-screening questionnaire](#).
 - Refer to the [COVID-19 Decision Tool for Child Care \(child attendees\)](#) for further information.

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- Make hand sanitizer (70-90% alcohol concentration) available at the screening stations for individuals for use prior to entry.
- Staff must escort children into the child care center/home after screening.
- 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.
- Refer to the section on before and after school programs for information about screening for children.

Enhance attendance reporting practices

- Maintain daily attendance records of all individuals entering the child care centre/home. This includes, but is not limited to, staff, student, children, maintenance workers, cleaning/environmental staff, food service workers and government agency employees (e.g. public health inspectors, program advisors, fire inspectors).
- Records should include the following information: name, company, contact information, date, 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.
- Child care operators should follow-up with all individuals to determine the reason for any unplanned absences, and if the absence is due to illness to note any symptoms (e.g. fever, sore throat, cough).
- Encourage parents/guardians of ill children and child care staff who are ill to seek COVID-19 testing at [assessment centres](#). They can also contact [Telehealth](#) at 1-866-797-0000 or their primary care provider to determine if further care and testing are required.
- Non-essential visitors must not be permitted to enter the child care centre/home.
- Monitor attendance records for patterns or trends (e.g. children and child care staff in the same group or cohort absent at the same time or over the course of a few days).
- Attendance records must be available on-site at all times. Keep attendance records on-site for a period of 12 months.

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 center 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.

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- 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.
 - Outdoor playgrounds and play spaces (dedicated to the child care) by different cohorts.
- Where different cohorts are using the same indoor area (e.g. gymnasium) child care staff must ensure that physical distancing is maintained between the cohorts and that the groups do not mix.
 - If physical distancing cannot be maintained, consider using temporary physical barriers to prevent mixing of groups. The height of the barrier should take into account the tallest user and should consider the user's breathing zone.
 - The breathing zone is defined as a pocket of air from which a person draws breath and generally extends 30 centimeters or 12 inches around (and above) the mid-point of a person's face.

Staffing

- Staffing should be sufficient to have multiple staff assigned to one room consistently over the course of the day, and not need to move to other rooms.
 - Child care 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).
- Child care staff should work at only one location. Operators should not reassign child care staff to different centres, if possible.
- Child care staff may be assigned to two cohorts/groups of children in a nursery program only when required to ensure operation/delivery (e.g. the same staff for the AM and PM nursery programs, ensuring cleaning and disinfecting between cohorts/groups).
- Child care staffing agencies that assign supply/replacement staff to support child care centres should schedule staff to work at a single designated child care centre, if possible.
 - Supply/replacement staff that are assigned to a child care centre will be considered part of the cohort they are assigned to.
 - Reassigning supply/replacement staff to a different cohort/group within the same child care centre should be avoided as best as possible to prevent mixing of cohorts.

Practice physical distancing

- Practice [physical distancing](#) (i.e. a two metres/six feet distance) between children, staff/students that are assigned to different cohorts as best as possible in common areas and shared spaces.
- 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.
- Physical distancing must not compromise supervision or a child's safety, emotional or psychological well-being.
- Recognizing that physical distancing is difficult with small children and infants, additional suggestions include:
 - 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](#).
 - Regularly remind children to keep "hands to yourself".
 - Reinforce "no sharing" policies and procedures. This includes the current practice of not sharing food, water bottles or other personal items.
 - Plan activities and games that increase spacing between children while promoting social interaction.
 - Avoid activities that involve shared objects or toys.
 - Avoid activities involving singing, shouting, or speaking loudly indoors.
- Increase the distance between cots/resting mats and cribs. If space is limited, place children toe-to-toe and/or head-to-toe to maximize distance.
- Limit the number and types of personal items that can be brought into the child care setting, and provide individual cubbies or bins for each child's belongings.
- Personal items must be clearly labelled with the child's name to prevent accidental sharing.

Practice good hand hygiene and respiratory etiquette

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

Modify food safety practices for snacks and meals

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

Enhance cleaning and disinfecting practices

- Clean and disinfect all high-touch surfaces and objects (e.g. doorknobs, light switches, toilet handles, sink faucets and tabletops) at least twice a day or when visibly dirty.
- High-touch surfaces (i.e. faucets, toilet handles) should be cleaned and disinfected in shared washrooms between cohorts.
- Review Public Health Ontario's [Cleaning and Disinfection for Public Settings fact sheet](#).
- Refer to [Health Canada's lists of hard surface disinfectants for use against coronavirus \(COVID-19\)](#) for information on disinfectants:
 - Disinfectants must have a Drug Identification Number (DIN). A DIN is an 8-digit number given by Health Canada that confirms it is approved for use in Canada.
 - Check the expiry dates of products and always follow the manufacturer's instructions.
- Chlorine bleach solutions may also be used for disinfection if appropriate for the surface.
- Prepare chlorine bleach solutions according to the instructions on the label or in a ratio of:
 - 1 teaspoon (5 mL) bleach per cup (250 mL) of water, or
 - 4 teaspoons (20 mL) bleach per litre (1000 mL) of water.
 - Ensure a minimum of two minutes contact time and allow to air dry.
 - Prepare fresh bleach solutions daily.
- Educate staff on how to use cleaning agents and disinfectants:
 - Required disinfectant contact times (i.e. amount of time that the product will need to remain wet on a surface to achieve disinfection).
 - Safety precautions and required personal protective equipment (PPE).
 - Directions for where and how to securely store cleaning and disinfectant supplies.

- It is strongly recommended that operators assign or designate staff to conduct environmental cleaning and disinfecting throughout the day.
- 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).
- Maintain logs to track cleaning and disinfecting activities for each room/area, individual/play items and sleeping equipment such as cots and cribs.
- If the child care program is located in a shared space (e.g. a school) make arrangements with other users/stakeholders to ensure enhanced cleaning and disinfecting practices can be maintained (e.g. frequency of cleaning appropriate disinfecting agents are used).

Requirements for toys, play equipment and outdoor playgrounds

- Provide toys and play equipment that are made of materials that can be cleaned and disinfected.
- Do not use plush toys.
- Assign specific toys and play equipment to one cohort if possible:
 - Consider using identification systems to prevent the sharing of items between cohorts (e.g. colour coding, labelling).
- Toys must be cleaned and disinfected daily 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.
- Toys must be cleaned and disinfected between cohorts.
- 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.
- Indoor/outdoor play equipment must be cleaned and disinfected daily, between use by cohorts and as often as necessary (e.g. when visibly dirty, contaminated or if used by a symptomatic individual).
 - Alternatively, batch outdoor play equipment and rotate weekly.
- Indoor/outdoor play structures must only be used by one cohort at a time.

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- Shared outdoor spaces and playgrounds may be used if physical distancing can be maintained between groups and other individuals outside of the group at all times.
 - If it is difficult to maintain physical distancing, schedule activities in outdoor spaces at times when the area is not occupied by other cohorts/groups.
- Licensees, child care operators and home child care providers may consider using alternate outdoor arrangements (i.e. playgrounds) where there are challenges securing outdoor play space:
- Children must perform hand hygiene before and after using outdoor play structures.
 - Outdoor play structures are not required to be cleaned and disinfected unless the equipment is visibly soiled or dirty.
 - Refer to the [COVID-19 Guidance for Outdoor Playgrounds and Fitness Equipment](#).
- Suspend group sensory play activities.
- Items that cannot be readily cleaned and disinfected (e.g. books) should be batched. Batched items can be rotated on a weekly basis.
 - Items should be taken out of rotation after use, placed in a sealed container and/or set aside for seven days before reusing.
- Consider providing individualized bins or packs for art materials and supplies for each child. Label these bins to prevent accidental sharing.

Use of masks and personal protective equipment

- Child care operators/licensees must provide personal protective equipment (PPE) for use by staff when necessary.
 - It is strongly recommended that operators maintain a one to two week supply of PPE at all times.
- Child care staff, home child care providers, home child care visitors, and early childhood education students are required to wear a medical mask and eye protection (e.g. face shields, safety glasses and goggles) while inside in the child care premises, including in hallways and staff rooms (unless eating, but time with masks off should be limited and physical distance should be maintained).
 - The use of masks and eye protection is not required for staff/early childhood education students, home child care providers or children when outdoors if physical distancing can be maintained.
- All other adults (i.e. parents/guardians and visitors) are required to wear a face covering or non-medical face mask while inside the premises.
- Children in grades four and above are required to wear a non-medical mask or face covering while indoors at the child care setting or in hallways.

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- Although they are not required to, school-aged children (kindergarten to grade three) should be encouraged to wear a non-medical mask or face covering while indoors at the child care setting, including in hallways.
 - When not in use a child's non-medical mask or face covering may be stored in a clean paper bag.
- Masks are not recommended for children under the age of two.
- Masks should be replaced when they become damp or visibly soiled.
- 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).
- 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 surfaces (e.g. diaper change pads and surrounding counter tops).

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 if possible.
- 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.
- Before and after school programs operating in shared spaces (e.g. located in schools or community centres should:
 - Collaborate with stakeholders to ensure cleaning and disinfecting of high touch surfaces in the program areas and in shared spaces (e.g. classroom) is completed after the core day program ends and the before and after school program begins.

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- Consider posting a cleaning and disinfecting log to track and demonstrate cleaning schedules.
- Store items, materials and other resources separately to avoid accidental sharing.
- Refer to the Ministry of Education's [*Before and After School Programs Kindergarten-Grade 6: Policies and Guidelines for School Boards for the 2020-2021 School Year.*](#)
- 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).

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 as much as possible. 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.

Evaluating children who present symptoms during screening or while in care

- Symptoms (e.g. runny nose, congestion) may be evaluated by home child providers or child care staff (in consultation with their supervisor) to determine if isolation and exclusion is required. The following information may be considered when evaluating a child's symptoms:
 - Daily screening results.
 - Information provided by the parents/guardian about the child's baseline health and other known underlying conditions (e.g. allergies, anxiety, asthma).
 - Daily observations made by staff that care for the child (e.g. identifying a new or worsening cough, or differentiating between a runny nose that is persistent as opposed to one that subsides and is likely caused from returning inside from the cold).
 - Alternative assessments by a physician or a health care practitioner regarding symptoms (if available).

- Refer to the [COVID-19 Decision Tool for Child Care \(child attendees\)](#) for further information.

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).
- 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.
- 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 [COVID-19 Interim Decision Guide for Child Care Operators to Direct Cohorts to Self-Isolate](#).

Return to care for children with symptoms

- If an ill child who has **not** been exposed to someone with COVID-19 has a **negative test result**:
 - They may return to the setting 24 hours after their symptoms start improving, the child is well enough to participate in program activities and they pass screening.
- If an ill child who has **not** been exposed to someone with COVID-19 is **not tested**:
 - The parent/guardian should ensure that the symptomatic child self-isolates for **10 days** from the date their symptom(s) started, and contact a health care provider for further advice or assessment, including if the child needs a COVID-19 test or other treatment.
 - The child may return to child care setting after 10 days if they do not have a fever (without taking medication), their symptoms are improving for 24 hours and the individual is well enough to participate in program activities.
- Child care operators may allow symptomatic children that have not been tested to return to care based on an alternative assessment made by a physician or health care practitioner regarding symptoms or the determination that COVID-19 testing is not required.
 - Medical notes are not recommended or required by Toronto Public Health.
 - 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 is well and may return to school.

Individuals with a laboratory confirmed positive COVID-19 test

- Child care staff/students and children must stay home and self-isolate for **10 days** from the day their symptoms first appeared (or from the date of their positive laboratory test, if they did not have any symptoms).
- They may return to the child care setting after 10 days if they do not have fever (without use of medication) and their symptoms have been improving for 24 hours or longer.
- Child care staff and children **who are being managed by TPH** must follow TPH instructions to determine when to return to the child care centre/home:
 - Staff must also report to their occupational health and safety department prior to return to work when applicable.
 - Clearance tests are not required for staff or children to return to the child care centre.

Close contacts of someone with COVID-19

- Child care staff/students and children (i.e. contacts) exposed to a **confirmed case of COVID-19** must be excluded from the child care setting for **14 days** from the day of their last exposure:
 - These individuals must [self-isolate](#) at home and [monitor](#) for symptoms for the next 14 days.
 - Individuals who have been exposed to a confirmed case of COVID-19 should get [tested](#).

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- Staff and children who were exposed to a confirmed case of COVID-19 will need to continue to self-isolate for 14 days even if their test is negative.
- 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](#).

Report laboratory-confirmed cases of COVID-19 to Toronto Public Health

- 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](#).
- 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.

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.
- Toronto Public Health will provide further advice about information that should be shared with other staff, parents/guardians and other stakeholders (e.g. school boards) in the event there is a case or outbreak of COVID-19 in the setting.

Worker health and safety

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

More information

For more information, visit our website at www.toronto.ca/COVID19 or call us at 416-338-7600.

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