

COVID-19 Public Health Guidelines: Child Care Settings

Last Updated: March 8, 2021

Summary of Updates from Previous Version

- Single-symptom screening.
- Isolation requirement for household contacts of symptomatic individuals.
- Guidance for household contacts of asymptomatic high-risk contacts.
- Validation and proof of daily screening results is required for all child care centre staff, visitors and students completing post-secondary placements.
- Indoor and outdoor face covering requirements have been expanded to include all children in grade 1 and above.
- Younger children aged 2 to SK are encouraged to wear face coverings, but not required.
- Guidance on the use of gymnasiums for before and after school programs.
- Training for child care centre staff is to align with the current health, safety and operational measures and local public health unit direction.

The following recommendations are intended to help child care operators and staff, including home care providers and child care centres operating within schools, to reduce the spread of COVID-19. Child care centre operators must ensure that appropriate infection prevention and control (IPAC) measures are implemented and maintained in order to provide safe and healthy child care services. The recommendations and guidance provided in this document must be used, in addition to Halton Region's Child Care Resource Manual ([Part 1](#) and [Part 2](#)) and any guidance from the Ministry of Health and the Ministry of Education, to develop IPAC policies and procedures.

According to the [Ministry of Education's Operational Guidance During COVID-19 Outbreak: Child Care Re-Opening](#), as of September 1, child care settings may return to maximum group sizes as set out under the [Child Care and Early Years Act, 2014](#). Staff and student are not included in the maximum group size, but should be assigned to a specific group where possible.

Given the strict health and safety measures in place and the advice of local public health units, some child care licensees/providers may continue to operate at reduced capacity for a period of time.

Policies and procedures

- Develop or update policies and procedures to include measures that will reduce the spread of COVID-19. COVID-19-related policies and procedures must address the following topics:
 - screening
 - attendance reporting
 - grouping staff and children
 - physical distancing
 - hand hygiene and respiratory etiquette
 - food safety practices
 - enhanced environmental cleaning and disinfection

- requirements for the use of toys, equipment and other materials
- use of personal protective equipment
- isolation/exclusion of ill children and child care staff (including information on exemptions or exceptions)
- management of cases and outbreaks of COVID-19
- communication with families/guardians and other stakeholders
- occupational health and safety
- Provide training to staff on revised IPAC policies and procedures.
- Ensure all staff are aware of the [signs and symptoms](#) of COVID-19.

Screening

- Place signage at entrances informing individuals that they should only enter if they do not have COVID-19 symptoms.
- Families are to use the [COVID-19 school and child care screening tool](#) every day of the week, including weekends
- Each day, parents and guardians, on behalf of their children, are to attest to the results from the completed [COVID-19 school and child care screening tool](#) or [PDF form](#) **prior to entry/arrival** at the child care setting.
- Licensees and before and after school providers are to validate daily screening results for all child care centre staff, visitors and students completing post-secondary placements.
- All child care centre staff, visitors and students completing post-secondary placements are to provide daily confirmation or proof (in an accessible format) that they have completed and passed the [COVID-19 school and child care screening tool](#) or [PDF form](#) **prior to or upon entry/arrival** at the child care centre or home.
- Do not permit entry to those advised to stay home.
- If the individual wishing to enter the child care setting (child, staff, student, parent/guardian or essential visitor) has **not** completed a screen prior to arrival, they are required to be screened at the child care setting using the [COVID-19 school and child care screening tool](#) or [PDF form](#)
 - Designate an area near the main entrance to conduct screening.
 - Clearly identify the area as an in-person screening station and post signs in a visible location that explain the screening process and the conditions for entry.
 - Ensure that the area allows for a minimum of two metres (six feet) distance between staff performing screening and the individual being screened or provide a protective barrier (for example, plexiglass) around the screening station. If neither are possible, the screener should wear appropriate personal protective equipment including a medical mask and eye protection (for example, goggles or a face shield).
 - Use visual markers (for example, tape on the floor or pylons) to assist children and parents/guardians in maintaining a two metre (six foot) distance from each other while waiting to be screening.
 - Staff must escort children into the child care centre/home after screening. Parents/guardians should not go past the screening area or enter the child care setting unless there is a specific need to do so and the parent/guardian passes the screening.
- If a staff or child present with any new or worsening symptom of COVID-19, **even if it is only one symptom**, and that individual has not received a negative COVID-19 test result, or has not been cleared by a Health Care Provider, they must [self-isolate](#) for **10 days** from symptom onset and be feeling better, before they are permitted to enter the facility as per the [Class Order](#) issued by Halton Region's Medical Officer of Health.
- If a staff or child is an asymptomatic household contact (for example, parents and siblings) of

a **symptomatic individual** who has not received a negative COVID-19 test result or has not been cleared by a Health Care Provider, they must quarantine for **14 days** from their last contact with the symptomatic individual and be symptom free, before they are permitted to enter the facility.

- 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.
- Refer to [Halton Region Public Health School and Child Care Protocol for Individuals with COVID-19 Symptoms](#) for more information when an individual (child or staff person) has COVID-19 symptoms.
- Do not report screening results to Halton Region Public Health.

Attendance records

- Child care centres must maintain daily records of anyone entering the facility and the approximate length of their stay (including, staff, students, children, maintenance workers, cleaning staff, food service workers and government agency employees such as public health inspectors). The records will be used to facilitate contact tracing if there is a confirmed COVID-19 case or outbreak. Ensure the daily records are available on the premise at all times.
 - Include the following information in the daily records:
 - name of person entering the facility
 - company
 - contact information
 - date
 - time of arrival/departure
 - screening completion/result
- Records must be updated when a child, student or staff is absent. Child care operators should follow-up with all individuals to determine the reason for any unplanned absences and if absence is due to illness, to note any symptoms (for example, fever, sore throat, cough).
- Monitor attendance records for patterns or trends (for example, children and staff in the same group who are absent at the same time or over the course of a few days).

Grouping and staffing

Grouping should be implemented in each child care centre to reduce virus transmission and facilitate contact tracing should there be a confirmed case of COVID-19. A group is defined as a group of children and the staff members assigned to them. 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. Students on field placement should be assigned to a specific age group.

- 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 group. (A group size/ratio chart is also available in the [Ministry of Education's Operational Guidance During COVID-19 Outbreak: Child Care Re-Opening](#) on page 8).
 - Child care staff and early education students are not included in the maximum group size, however, they are still considered a member of their assigned group.

- Child care centre operators should assess the available space in program areas in relation to the 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.
- Groups must be designated to a specific "home room" or area.
- Stagger scheduling to ensure that shared spaces are only used by one group at a time, for example:
 - set specific drop-off and pick-up times for each group
 - create a schedule for the use of washrooms, play and meal spaces
- If different groups must use the same indoor area (for example, gymnasium), ensure that physical distancing is maintained and that groups do not mix. Consider using temporary physical barriers to prevent the mixing of groups.
- Ensure that staffing is sufficient to have multiple staff assigned to one room over the course of the day without the need to move to another room.
- Permit staff to work in only ONE child care centre.
- Child care operators should arrange staffing assignments to limit the number of staff entering or working in different rooms/areas as best as possible (for example, routine cover-offs should be supported by the same staff).
 - Avoid having child care staff cover lunches and breaks for colleagues assigned to different 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.
 - Avoid assigning supply/replacement staff to different groups within the same child care centre in order to prevent the mixing of groups.

Physical distancing

- In shared outdoor and indoor common spaces groups must maintain a distance of at least two metres (six feet) between groups and any individuals outside of the group.
- Use markings on floors and walls to create visual cues for physical distancing.
- Make use of outdoor spaces to allow for physical distancing.
- Incorporate more individual activities and avoid activities that involve being close to others.
- Each group must have their own assigned indoor space, separated from all other groups by a physical barrier.
 - The physical barrier must begin at the floor and reach a minimum height of eight feet to ensure that it will always be 12 inches taller than the tallest person in the facility. It must be as wide as the space/room will allow.
- Use different areas of the room for activities and spread children out as much as possible, particularly at meal and dressing time.
- Designate drop-off and pick-up locations outside where a distance of two metres (six feet) between people can be maintained.
 - 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.
- Increase the distance between sleeping equipment (for example, cots and mats) or place

children head to toe, or toe to toe if space is limited.

- Ensure cribs are two metres (six feet) apart or only use every other crib. Provide clear markings for cribs that should not be used.
- Rearrange or remove chairs and tables in child care and staff rooms to ensure that physical distancing can be maintained.
- Physical distancing must not compromise supervision or a child's safety, emotional or psychological well-being.

Hand hygiene & respiratory etiquette

- Handwashing with soap and warm water for at least 15 seconds is the preferred method for cleaning hands. Incorporate additional hand hygiene opportunities into the daily schedule.
- Ensure hand hygiene supplies are available and easily accessible.
- When there is no access to soap and water, alcohol based (60-90%) hand rub can be used if hands are not visibly soiled. Provide hand rub at entrances and exits, ensuring that dispensers are not within reach of children.
- Supervise children when they use alcohol-based hand rub and follow the manufacturer's directions.
- Support children to wash their hands frequently, including:
 - upon entering the premise
 - before and after touching or eating foods
 - after using the washroom
 - after returning from playing outside
 - after sneezing or coughing into hands
 - when visibly soiled
- Encourage children to cough or sneeze into their sleeve or cover their mouth and nose with a tissue.
- Throw tissues out immediately after use and wash hands.
- Avoid touching the eyes, nose and mouth with unwashed hands.

Enhanced cleaning and disinfection

- Clean and disinfect frequently touched surfaces including doorknobs, water fountain knobs, light switches, toilet handles, electronic devices and tabletops **at least twice a day** or when visibly dirty. Refer to [Public Health Ontario's Cleaning and Disinfection for Public Settings](#).
- Operators should assign or designate staff to conduct environmental cleaning and disinfecting throughout the day (centres must be cleaned on a daily basis).
 - Create a cleaning schedule and maintain a cleaning and disinfection log.
- Limit washroom access to only one group at a time. It is recommended that the facilities be cleaned in between each use, particularly if different groups will be using the same washroom.
- Use disinfectants that have a drug identification number (DIN) and are approved for use in Canada (common household bleach and isopropyl alcohol are the only exceptions).
 - Check expiry dates of disinfectant products and follow the manufacturer's instructions for use.
- Ensure all toys are made of material that can be easily cleaned and disinfected and remove those that cannot (for example, plush toys).

- Materials that are unable to withstand disinfection (for example, porous and fragile materials such as books, paper, and fabric/clothing) should be stored for a period of time in a dedicated area or room. The period can vary from a minimum of 24 hours to a maximum of 3 days.
- It is recommended to keep an inventory to determine items to be stored, moved, or removed altogether to reduce handling or the challenges associated with cleaning them (for example, porous or soft items such as stuffed toys, area rugs, fabric upholstered seating).
- Assign specific toys and play equipment to one group if possible. Consider using an identification system to prevent the sharing between groups (for example, colour coding).
 - If sharing between groups, toys must be cleaned and disinfected before and after use.
 - Toys must be washed and rinsed prior to disinfection, ensuring disinfectant contact times are achieved.
- Clean and disinfect indoor play equipment daily and when visibly dirty. Outdoor play structures are not required to be cleaned and disinfected unless the equipment is visibly soiled or dirty.
- Clean and disinfect sleeping equipment (for example, cots, mats and cribs) that are assigned to an individual child must be cleaned and disinfected weekly and as often as necessary (for example, 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 a manner that prevents contamination. Launder linens weekly and as often as necessary (for example, when soiled).
- Vacuum carpets daily and steam clean if soiled (for example, vomit or stool). On a daily basis, sweep floor mats and wet mop floors with a low-level disinfectant.
- Educate staff on the proper use of cleaning agents and disinfectants, including:
 - The required amount of time that the product will need to remain wet on a surface to achieve disinfection.
 - Required safety precautions and personal protective equipment (PPE) when using disinfectants.
 - Directions for where and how to safely and securely store cleaning and disinfectant supplies.
- If the child care centre is located in a shared space (for example, in a school) make arrangements with other users of the space to ensure enhanced cleaning and disinfecting practices can be maintained.

Shared items and activities

- Designate toys and equipment for each room or group to limit sharing between groups.
- Suspend group sensory play activities.
 - If sensory materials (for example, playdough, water, sand, etc.) are offered, they should be provided for single use and labelled with child's name, if applicable.
- Avoid activities that involve shared objects or toys.
- Avoid singing, shouting, or speaking loudly indoors.
- Personal items must be clearly labelled with the child's name to prevent accidental sharing.

Food safety practices

- Ensure that children do not share food or serve themselves during communal meals.
- Serve meals in individual portions where possible and always use utensils if serving from communal meals.
- Ensure children do not share utensils or items (for example, condiments).
- Avoid involving children in the preparation or serving of food to others.

- Prohibit families and others from providing food outside of the established meal provision. Exceptions can be made where required (for example, expressed breast milk) with precautions in place for handling and serving the food.
- Ensure proper hand hygiene is practiced when staff are preparing food, and for all individuals before and after eating.
- Lunches and snacks can be provided by families for children as long as it is part of the regular meal provision for the program (for example, bagged lunches for school aged programs) and there are policies and procedures that address the handling of this food (for example, food is packed in a way that does not require handling by staff).

Personal protective equipment

- All adults in a child care setting (for example, child care staff, home child care providers, home child care visitors, and students) are required to wear medical masks and eye protection (for example, goggles or a face shield) while on the premises, including in hallways and staff rooms (unless eating, but time with masks off should be limited and physical distance should be maintained).
- All other adults (that is, parents/guardians and essential visitors) are required to wear a face covering or non-medical face mask while on the premises.
- All children in grades 1 and above are required to wear a non-medical, cloth mask or face covering while on the premises, including in hallways.
- All younger children (aged 2 to SK) are encouraged, but not required to wear a mask while on the premises, including in hallways.
 - When not in use a child's mask should be stored in a labelled, clean bag or container between uses.
- Masks are not recommended for children under the age of two.
- Parents/guardians are responsible for providing their school-aged children with masks.
 - Refer parents/guardians to the "[How to wear a mask](#)" poster and "[Use of Non-Medical Masks or Face Coverings in Schools](#)" fact sheet.
- The use of non-medical masks or face coverings is required outdoors for all children in grades 1 and above when a distance of at least 2 metres cannot be maintained between individuals.
- All younger children (aged 2 to SK) are also encouraged to do this, but it is not required.
- The use of medical masks and eye protection is required outdoors for all child care staff when a distance of at least 2 metres cannot be maintained.
- staff when a distance of at least 2 metres cannot be maintained.
- 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.
- For children, exceptions to wearing a mask could include situations where a child cannot tolerate wearing a mask or reasonable exemptions for medical conditions.
- For staff, removal of PPE (medical mask and eye protection) is only permitted when working alone in an office that is separate from other staff/students.
- Provide adequate personal protective equipment (PPE) for staff use when necessary. It is strongly recommended that child care operators maintain a one to two week supply of PPE at all times.
- Given the frequent and spontaneous need for close interactions with young children in a child care setting, it may be difficult to put on a mask and eye protection properly

(that is, without contamination) after having removed them.

- Utilize [Public Health Ontario resources](#) to train staff on the proper use of personal protective equipment.
- Require staff to wear gloves 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 (for example, 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 (that is, 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 (for example, 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 grouping requirements where operationally required (for example, combining groups 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 and full day groups whose child attendees do not attend a core-school program.
- Before and after school programs operating in shared spaces (for example, 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 (for example, classroom) is completed 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.
 - Gymnasiums should only be used for moderate activity where physical distancing measures and current masking protocols for children and staff can be followed.
 - Staff and children should maintain physical distancing if engaging in moderate to vigorous activity outdoors.
 - 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 holidays

- Operators should continue to maintain children within their regular cohorts (for example, 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 (for example, 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 (for example, 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 (for example, gyms), if possible.
 - Provide outdoor programming as much as possible.
- Licensees providing care during holidays must ensure that cohorts/groups (that is, child attendees, staff and early childhood education students) stay together for the duration of the program.

Children or staff with COVID-19 symptoms

- Staff, home child care providers, parents/guardians and children should follow direction from the [COVID-19 school and child care screening tool](#) or the direction of Halton Region Public Health, if contacted.
- Child care operators should refer to Halton Region Public Health's [School and Child Care Protocol for Individuals with COVID-19 Symptoms](#) for guidance on steps to take when an individual develops COVID-19 symptoms. Additional information is provided within this section.
- Immediately isolate any child or staff who becomes ill with a symptom of COVID-19 from the rest of their group, in a designated room or space with hand washing supplies or alcohol-based (60-90%) hand rub and PPE (gloves, medical masks, eye protection and a gown). Instructions on proper use of PPE should be made available.
 - Symptomatic children separated from others must be supervised.
- Require staff who become ill at work to immediately go home.
- For ill children:
 - Notify parents/guardians or emergency contacts to pick up the ill child, and any household contacts (such as siblings), as soon as possible and supervise while waiting to be picked up.
 - Place a medical mask on children older than two years (if tolerated) and ensure proper use.
 - If the child appears sick or feverish, a temperature check is recommended. Use the least intrusive method (for example, non-contact thermometers) and ensure the person using the thermometer is wearing a surgical/procedure mask and eye protection. If using a single-use protective cover for thermometers properly dispose of the cover after each use, or clean and disinfect the thermometer before re-use.
 - Supervising staff must maintain physical distancing as best as possible and wear personal protective equipment as noted above.
 - Clean and disinfect the designated room or space immediately after the ill child goes

- home.
 - Open outside doors and windows to increase air circulation in the area if it can be done safely.
 - All items used by the ill child while waiting for pick up, should be cleaned and disinfected. Items that cannot be cleaned (for example, paper, books cardboard and puzzles) should be removed and stored in a sealed container for a minimum of 7 days.
 - Identify areas that may require cleaning plus disinfection (all surfaces within two metres of the ill person) versus cleaning alone (such as hallway or room where the individual had passed through).
 - Staff and children who were exposed to the ill individual must continue to be grouped together and monitored for signs and symptoms of illness until the ill individual receives their test result.
 - Child care staff/students must not be assigned to other groups or work in other child care settings.
 - Child care staff must ensure the mixing of children is prevented.
 - Supervisors must inform parents/guardians of children who were exposed to the ill individual, and advise that they should self-monitor for symptoms.
 - If the test result is positive for COVID-19, Halton Region Public Health will provide further direction to their close contacts on testing and self-isolation.
- All asymptomatic household contacts of a **symptomatic individual** must quarantine at home **without exemption, even for essential reasons** until the symptomatic individual receives a negative COVID-19 test result or is cleared by a Health Care Provider. If the symptomatic individual does not seek COVID-19 testing and does not receive an alternative diagnosis from a health care professional, they must isolate for **10 days** from symptom onset. All household contacts must quarantine for **14 days** from their last contact with the symptomatic individual.

Return to care for children with symptoms

- Child care operators should refer to Halton Region Public Health's [Return to School and Child Care Protocol for Individuals with COVID-19 Symptoms](#) for guidance on when an ill individual can return to the child care centre.
- Testing of asymptomatic persons should only be performed as per [provincial testing guidance](#).
 - Asymptomatic individuals awaiting results may not need to be excluded and should follow the advice of public health.
- Individuals with a laboratory confirmed positive COVID-19 test must:
 - Stay home and self-isolate for **10 days** as per public health direction.
 - Halton Region Public Health will contact all individuals who have tested positive for COVID-19 and will instruct them when it is safe to return to child care.
 - Clearance tests are not required for staff or children to return to the child care centre.
 - Require staff to report to their Occupational Health and Safety department prior to returning to work, if applicable.
- Ensure that staff and children that had a high-risk exposure to a person who has confirmed COVID-19 are excluded from the child care setting for **14 days** and that they:
 - [self-isolate](#) at home for 14 days and monitor for symptoms;
 - get tested as soon as symptoms develop or if no symptoms develop, it is recommended that the individual still seek testing on or after day 7 of isolation.
 - **Please note:** individuals who have been exposed to a confirmed case of COVID-19 in a child care centre are required to self-isolate for 14 days from the date of dismissal

even if their test result is negative.

- All household contacts of high risk contacts should stay at home for 14 days and only leave for **essential reasons**, such as attending school, child care or work, as long as everyone in the household remains asymptomatic. If a child is identified as a high risk contact, a parent/guardian may need to isolate with them.
- Advise staff and parents/guardians of children who have confirmed COVID-19, may have COVID-19 or are a close contact of a case, that they will be managed by Halton Region Public Health or Public Health Ontario and must follow public health instructions to determine when it is safe to return to the child care centre.
- 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.

Reporting cases

- Immediately report any of the following to Halton Region Public Health at 311 or 905-825-6000:
 - Diseases of public health significance, including COVID-19. (For a full listing of diseases of public health significance that must be reported, refer to the following [webpage](#)).
 - When the number of children or staff with gastrointestinal symptoms, such as diarrhea or vomiting, exceeds the usual number (baseline). (In general, a report of two or more unexpected cases of gastrointestinal illness within a 48 hour period should be reported).
 - For additional questions or concerns as needed.

Communicate with families/guardians and other stakeholders

- Develop and implement communication platforms to provide program information and protocols on health and safety measures (for example, screening practices, physical distancing, staying home if you're sick).
- Communication platforms may include the websites, email, or social media accounts.
- Use telephone or video conferencing when possible for meetings between child care staff and with parents/guardians.
- Post signs at all entrances instructing participants and their families not to enter if they are sick.
- Communicate with stakeholders such as building owners/property managers (for example, 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.
- Halton Region Public Health will provide further advice about information that should be shared with other staff, parents/guardians and other stakeholders (for example, school boards) in the event there is a case or outbreak of COVID-19 in the setting.

Outbreak Management

An outbreak may be declared by Halton Region Public Health 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 (for example, 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.

Halton Region Public Health 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 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. Public Health 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 Public Health 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.

Occupational health and safety

- Consolidated Municipal Service Managers (MSMs) and District Social Service Administration Boards (DSSABs) must ensure that training is aligned with local public health unit direction and is provided to all child care staff/providers on the current health, safety and other operational measures outlined in the [Ministry of Education's Operational Guidance During COVID-19 Outbreak: Child Care Re-Opening](#) document as well as any additional local requirements in place as close to re-opening as possible. New training is not required with each iteration of this guidance document but should be offered as often as necessary (for example, when IPAC requirements are updated/revised).
- Operators must keep an up-to-date record of staff that have been trained.
- Consult the Public Services Health and Safety Association's [Child Care Centre Employer Guideline](#) for information on other measures to consider for child care staff/providers. Note that there is also a [resource document for Child Care Providers](#).
- Every operator must ensure that there are written policies and procedures outlining health and safety protocols.
- Visit Ontario's [COVID-19 and workplace health and safety](#) webpage for information on employers' responsibilities and how to protect workers at work.
- Educate staff on [health and safety protections](#) at the workplace.
- 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.

References and resources

Centres for Disease Control and Prevention (2020). *Detailed Disinfection Guidance: Interim Recommendations for U.S. Households with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19)*. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html>

Government of Ontario. [Workplace PPE Supplier Directory](#)

Government of Canada. [Specifications for Eye Protection](#)

Halton Region Public Health. [Mental Health Resources and Supports](#).

Halton Region Public Health. [Recommendations for School Reopening 2020-2021](#).

Ontario Ministry of Education (November 2020). *Operational Guidance during COVID-19 Outbreak: Child Care Re-opening*. Retrieved from <http://www.edu.gov.on.ca/childcare/child-care-guide-child-care.pdf>

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Workplace Safety & Prevention Services. *Psychological Safety Resources for Leaders during COVID-19*. <https://d1ow5xpphy0w2p.cloudfront.net/common/Psychological-Safety-Resources-Info-Sheet.pdf?mtime=20200714151709&focal=none>

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