



COVID-19 Enhanced Health and Safety Protocols

Learning Happens (LH) Home Child Care Agency

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INTRODUCTION

This document outlines the enhanced health and safety measures that Learning Happens Home Child Care Agency (LHHCCA) and their affiliated Providers are required to implement to prevent and reduce the spread of COVID-19.

These protocols are based on:

- The Ontario Ministry of Health COVID-19 Guidance
- The Ontario Ministry of Education [Ministry's Operational Guidance for COVID Outbreak – Version 7 – August 2021](#)
- The Public Services Health and Safety Association Health and Safety Guidance for Employers of Child Care Centers
- Ontario Ministry of Education EarlyON Child and Family Centres Operational Guidance During COVID-19 Outbreak – Version 5 – August 2021
- Ministry of Education's COVID-19 Screening Tools for School and Child Care Settings
- The Public Services Health and Safety Association Health and Safety Guidance for Employers of Child Care Centres
- [Peel Region's COVID - 19 Enhanced Health and Safety Protocols for Early Years and Child Care Settings](#)
- <https://www.york.ca/wps/wcm/connect/yorkpublic/c0059b01-7285-479b-a00a-afc8589e0a38/A+Public+Health+Guide+for+Child+Care+Providers.pdf?MOD=AJPERES&CVID=m.NEVnA>
- https://health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/guidance_for_screening_vaccinated_individuals.pdf

Learning Happens Home Child Care Agency provides a key service to families and the economic community during the current emergency situation. Parent/guardians need a safe and high-quality educational setting for their children during care hours, and affiliated Providers must have a safe and secure working environment in which to provide their contracted services. These guidelines acknowledge the new normal to which the City and residents will need to adjust, but also ensure home child care is available to support families and children.

As additional health and safety measures are made available, this guide will be updated to reflect the latest practice and evidence.

General Requirements

There are no changes to the maximum group size for home child care, which allows for a maximum of 6 children, not including the Provider's own children who are 4 years or older.

What is COVID-19?

COVID-19 is a new strain of coronavirus that is part of a large family of viruses that can cause symptoms similar to the common cold but can advance, in some cases, to severe respiratory illness or even death.

How the virus spreads

COVID-19 typically spreads through:

- droplets from coughing and sneezing
- close prolonged personal contact with an infected person (e.g. being coughed or sneezed on or being within 2-metres for 15 minutes)
- touching an infected surface and then touching your mouth, nose or eyes

Common symptoms include:

- fever
- new or worsening cough
- difficulty breathing
- loss of sense of smell or taste

A range of symptoms may include*:

- **fever (37.8°C or higher) and/or chills**
- **cough or barking cough (croup)**
- **shortness of breath**
- **decrease or loss of taste or smell**
- **nausea, vomiting and/or diarrhea**

For more general information about COVID-19, visit <https://www.publichealthontario.ca/>

*The symptom list will be updated, as required, as per direction from Ministry of Health.
(updated November 25, 2020)

REVISED COHORT AND GROUPING RULES

Under *Ontario Regulation 137/15: General* and the *Child Care Early Years Act, 2014* the maximum number of children allowable in a licensed Home Child Care Premises is six children including a Provider's own children under aged four. This ratio will not change during the COVID emergency. The Agency will assess the available space in home child care program areas in relation to group sizes and programming activities to ensure that physical distancing can still be practiced as best as possible.

A 'Cohort' in home child care is considered to be one Provider, the client children, children of the Provider and any Residents of the home.

Additional information about Cohorts:

- Children must be assigned to a designated cohort or group and may not be moved between premises, unless absolutely necessary (backup care due to a COVID closure, etc.)
- An exception is also made for School Age children attending a regular school program and a Home Child Care Premises for before-and-after care. School Age children in grades four and above are required to wear a face mask while indoors during care hours, and children from Kindergarten to Grade 3 are strongly encouraged to do so as well
- Providers are encouraged to stagger drop-off and pick-up times to prevent parents/guardians from gathering or grouping together.
- Where possible, Providers should stagger snack times and lunch/mealtimes to limit the numbers of children at a table, unless the table and seating area allows proper physical distancing
- Where different Providers and their cohort groups are using an outdoor playground or play space, the Providers must ensure that physical distancing is maintained between the cohorts and that the groups do not mix.
- Keeping a physical barrier between different groups is recommended to prevent groups from mixing. Groups should not mix indoors or outdoors, and physical distancing should be maintained between different groups

REVISED USE OF PROTECTIVE EQUIPMENT (PPE)

Masking and eye protection for staff/LHCC providers/visitors

- Unless eating/drinking greater than or equal to 2 metres away from others:
 - Individuals are required to wear medical masks while inside the child care setting.
 - While in the presence of unmasked individuals, eye protection must be worn.
- Individuals are required to wear medical masks and eye protection outdoors if physical distancing cannot be maintained.
- Children are not required to wear masks outdoors

Given the impact of COVID-19, ensuring the safety of families and children is a dual responsibility to be shared between agencies and providers. LHHCCA strongly recommends Providers to have at least a 2-week supply of PPE on an ongoing basis. PPE kit that will be necessary for the home are as follows:

- Medical masks
- Face Shields
- Disposable gloves
- Hand sanitizer (60-90% alcohol concentration)
- Thermometer

Under the Safe Restart Agreement, the Ministry of Education will provide licensed Agencies with supplies of face shields and disposable face masks for distribution to all open licensed Home Child Care premises. LHHCCA undertakes to continually resupply affiliated Providers as needed, from this stockpile.

Expectations for Adults in Home Child Care

- **All Providers or authorized visitors must wear a medical mask and eye protection (e.g. face shield, goggles, or wrap-around safety glasses) while inside the licensed Home Child Care premises, at all times, during operating hours.**
- Residents in LHHCCA Premises should wear medical masks and eye protection when in a shared common space with children.
- Masks should be replaced when they become damp or visibly soiled.
- Face Shields are reusable, after cleaning and disinfecting.
- Providers can remove their mask and face shield when outdoors with client children, as long as they maintain a 2 metre (6 feet) physical distance from children.

- Proper Hand Hygiene must be followed with mask and shield use, and the correct procedure for donning and taking off PPE must be taught to all Providers.
- Additional information on the use of medical masks and eye protection is available in the Ministry of Education's Tip Sheet for Licensed Home Child Care at <https://www.college-ece.ca/en/Documents/hcca-mask-ppe-tip-sheet-en.pdf>

Expectations for Children in Home Child Care

- All children in grades 4 and above are required to wear a non-medical mask or face covering while inside the home child care premises, including hallways.
- All school-aged children from Kindergarten to grade 3 are encouraged but not required to wear a non-medical mask or face covering while inside the home child care premises, including hallways.
- Children under school age are NOT required to wear masks or face coverings at this time.
- Parent/guardians are responsible for providing appropriate quantities of masks to serve the needs of their child(ren) while in home child care.
- Children wearing masks will require a safe way to store soiled ones to take home for cleaning, if made of cloth.
- Wearing of masks is not required outdoors if children are maintaining a 2 metre (6 feet) physical distance from others.

Exceptions

- Accommodations will be made for Providers, Residents or children who need an exemption on wearing PPE. This requires a written request including the reason for exemption and/or any supporting documentation for the request.
- This may include medical conditions making it difficult to wear a mask or eye protection, or physical/behavioural needs that impede the ability to wear a mask or remove a mask without assistance. The age and stage of development of a child may also be considered.
- Parents should sign the Parent/Guardian COVID-19 Screening Agreement which indicates that they have understood and consented to the masking requirements of children in home child care.



HEALTH SCREEN AREA SET UP

Providers should designate an area near the main entrance of their homes to conduct the screening. If possible, the screening area should include a table that visually blocks the entrance to the home. For Providers who operate in apartments or condominiums, screening may be done in the hallway. Providers should also post signage in a visible area that explains the screening process and rules and conditions for entry.

Parent/guardians will be required to keep a 2 metre (6 feet) distance from the screening area. This should be indicated in some way (marks on ground, pylons, etc). Parent/guardians are not permitted into the home child care premises.

The child's personal belongings should be kept to a minimum and be carried in by the child, where possible.

A kit or basket should be placed in the screening area with the following materials:

- Thermometer intended for bodily use (Note: Ear thermometers should be used with single-use/disposable covers; other types of thermometers that make contact with the person, such as armpit thermometers, should be disinfected between uses)
- Hand sanitizer (60-90% alcohol concentration)
- Disposable gloves
- Masks
- Tissue
- Waste/garbage receptacle with liner (under or beside the table)
- Public health resources
- Materials to document children's temperature and responses to screening questions

****Please post the "Active Screening Signage" at the entrance where the provider will be receiving children***

VISITORS

No unauthorized visitors will be permitted on licensed home child care premises at this time. This includes parent/guardians of client children and any other previously approved casual visitor, student or volunteer. Use of phone or video interviews will be used to interact with families, where possible.

Authorized visitors such as Agency staff, Ministry, Regional, Fire Department and/or Public Health Services employees may enter the premises once identified to the Provider by the Agency. Authorized visitors must:

- Wear full PPE (medical mask, eye protection) at all times while on the premises
- Submit to a full screening by the Provider at the door before entering
- Keep a 2 metre (6 feet) distance from any client children and/or home residents during the visit
- Limit their time on the premises to urgent issues only, such as mandated inspections, etc.

The Provider will complete the **Active Screening Form for Essential Visitors and Vendors** which includes listing the visitor's screening results, their full name, employer, employer address and telephone, and date / length of visit.

Use of Special Needs Resource support during COVID-19

The Agency may approve in-person visits from authorized resource professionals to support the needs of enrolled children during this time.

- The Agency shall use its discretion to determine whether the services being provided are essential and cannot be delayed.
- Where in-person visits are not advisable the Agency and Provider will work with the resource professional on alternate methods of service.
- Resource professionals must be screened before entry, have their personal information logged, and wear proper PPE, as per the above procedure.
- All client families from a premises must be informed if a resource professional from a service outside of the Agency will be attending in the home.

DROP OFF AND PICK UP PROCEDURES FOR FAMILIES AND PROVIDERS

To encourage physical distancing and to minimize contact between individuals, one family member at a time shall be responsible for the drop off and pick up for each child.

Following stringent infection prevention and control practices, the Provider will use the assigned screening area to receive and dismiss children (see the **Health Screen Area Set Up** section for more details).

- The home child care Provider will receive each child at the main entrance of the home child care premises, or in an area where physical distancing of two metres/six feet can be maintained.
- It is recommended that the family member calls the Provider in advance of arrival for drop off so the Provider is ready to receive the child, and in advance at the end of the day so the Provider can gather belongings and release the child from the screening area.
- The entrance to the Home Child Care Premises shall have hand sanitizer available for families' use. If in an enclosed space and physical distance of 2 meters cannot be maintained, parents/guardians are encouraged to use face coverings. For example, if a sleeping child is being passed to the Provider, the family member will wear a mask during the transfer.
- During a drop off, the Provider will greet each child and family, and health screen each child. Parents may not go past the screening area or into the premises. If the child does not pass the screening, they may not come in to the Provider's care space (follow guidelines on Screening, Exclusion and Re-entry).
- The Provider will receive and disinfect children's belongings at this time. Children's personal belongings (e.g., car seat, backpack, clothing, strollers, bottles, sippy cups, etc.) should be labeled and kept in a designated area.
- Parent/guardians are encouraged to leave designated clothing, sunscreen, hats, and other frequently used items at the home child care premises to avoid cross-contamination between the premises and the outside world.
- At pick up, the Provider will ensure that all the child's belongings are gathered and will return to the screening area to dismiss the child and pass them on to

the family member.

***REVISED* SCREENING, EXCLUSION AND RE-ENTRY PROTOCOLS**

The Agency must inform all Providers and parents/guardians whose children are placed in their care of the enhanced screening requirements.

- A sign should be affixed to the front door to notify guests about the active screening process. Hand sanitizer is recommended to be placed on a table at the front door (out of reach of young children), so that it is visible to every person entering the home.
- Once a person has passed the LHHCCA - COVID-19 on-site screening, s/he must complete hand hygiene either with the hand sanitizer or by handwashing.
- Providers living in apartment or condo buildings will ensure that screening procedures are conducted prior to entry in the Provider's unit.
- Unless necessary, a parent/guardian will not enter a Provider's home.
- Parents/guardians and guests will be requested to stay at least 2-meters away from any individuals in the home while the temperature screening is being conducted.
- Measures may be implemented to physically separate or impose a physical distance of at least 2-meters between persons. This could be done by using physical partitions, visual cues, or signage to limit close contact.
- The Provider should wear personal protective equipment (PPE) including a surgical/procedure mask and eye protection (goggles or face shield). Follow the guidance provided on how to properly put on and take off PPE.

Masking and eye protection for staff/LHCC providers/visitors

- Unless eating/drinking greater than or equal to 2 metres away from others:
 - Individuals are required to wear medical masks while inside the child care setting.
 - While in the presence of unmasked individuals, eye protection must be worn.
- Individuals are required to wear medical masks and eye protection outdoors if physical distancing cannot be maintained.
- Children are not required to wear masks outdoors.
- When taking a child's temperature, a forehead thermometer or a digital thermometer with a supply of single-use tips is recommended. The provider will ensure that if thermometers with single-use tips are used, they are discarded immediately after use on each person and into the waste container provided.

- Providers are strongly recommended to ensure parents/guardians confirm their understanding of, and consent for, all screening requirements, on the **Parent/Guardian COVID – 19 Screening Agreement for Child Care** form.
- A copy of this Agreement should be provided to parents/guardians for their records and as a guide for the daily active screening procedures they must complete.

Screening and exclusion procedure for child

NEW To ensure accurate screening, the order of preference for screening is: telephone screening, in-person screening outdoors and then electronic screening (e.g., via online form, survey, or e-mail).

- Parent/guardians are required to screen their child(ren) before coming to the home child care premises. The [COVID-19 school and child care screening tool](#) is available to support parents/guardians.
- If a child does not pass the screening at home, they should not come to child care. The parent/guardian can follow the procedures below for determining what the next steps will be.
- If a child remains home from child care, the parent/guardian must inform the Provider that the absence is due to illness. The Provider will inform the Agency.
-
- Once a child arrives at a home child care premises, the Provider will ask if the child passed the parental pre-screening and will record the results. If a pre-screening was not done, using the **Active Screening Form for Children**, the Provider will:
 - Take the child's temperature and record the results
 - Ask the parent/guardian Question 1 about symptoms
 - Ask the parent/guardian if:
 - The child or anyone they live with travelled outside of Canada in the last 14 days.
 - The child has been identified as a close contact of someone with who currently has a confirmed COVID case.
 - A public health authority or health professional has directed that the child should stay home or self-isolate.
 - The child has had close contact with anyone with COVID symptoms in the last 14 days who has NOT been tested or is awaiting test results, or does not have an alternative diagnosis
 - Anyone in the child's home is isolating as a close contact of someone with COVID-19.

REVISED: RESULTS OF SCREENING QUESTIONS

If the individual answered "YES" to any of the symptoms included under Question 1:

- Your child should stay home to isolate immediately and be tested for COVID-19 **even if they are fully vaccinated or have tested positive for COVID-19 in the last 90 days and have since been cleared.**
- Contact your child's health care provider if you are unsure if testing or another treatment is needed.
- **Note:** If the child received a COVID-19 vaccination in the last 48 hours and is only experiencing mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, then they would answer NO to this question. The child should wear a properly fitted mask for their entire time in the child care setting. Their mask may only be removed to consume food or drink and they must remain at least two metres away from others when their mask has been removed. If the symptoms worsen, continue past 48 hours, or if they develop other symptoms, they should leave child care immediately to self-isolate and seek COVID-19 testing.

If the individual answered "YES" to Question 2:

- Remain in isolation until the end of the 14-day quarantine after return to Canada. Test if any COVID-19 symptom develops.
- **Note:** Individuals who are exempt from the federal quarantine requirements include essential workers who travel across the Canada-US border regularly for work and fully vaccinated individuals who meet exemption requirements. These individuals would answer NO to this question.
- Unvaccinated children under 12 years of age and dependent children (due to a mental or physical condition) of fully vaccinated travellers will no longer have to complete a 14-day quarantine but must follow strict public health measures. This means they can move around with their parents but must avoid group settings – such as school or child care – during the first 14 days after their arrival.

If the individual answered "YES" to Question 3:

- Isolate for 10 days after last exposure to the COVID-19 case or as directed by Public Health. Follow Public Health's guidance for testing.
- Asymptomatic individuals who are fully vaccinated or have tested positive for COVID-19 in the last 90 days and have since been cleared do not need to self-isolate unless required by Peel Public Health. Testing for COVID-19 is still recommended for fully vaccinated individuals. Individuals who have previously tested positive should get tested only if symptoms of COVID-19 develop or if directed by Public Health to do so. **Note:** Individuals with immunocompromising conditions are still required to self-isolate and should get tested.
- Symptomatic individuals must self-isolate and should get tested for COVID-19 even if they are fully vaccinated or previously positive for COVID-19 in the last 90 days and have since been cleared.

Fully vaccinated: Individuals are considered fully vaccinated 14 days after receiving the last dose of a Health Canada approved COVID-19 vaccine (a second dose of a 2-dose vaccine, or a single dose of a 1-dose vaccine) or any combination of these vaccines.

Individuals are also considered fully vaccinated 14 days after receiving:

- one or two doses of a COVID-19 vaccine not approved by Health Canada, followed by one dose of a COVID-19 mRNA vaccine approved by Health Canada (e.g., Pfizer or Moderna); or
- three doses of any COVID-19 vaccine not approved by Health Canada.

If the fully vaccinated individual is immunocompromised, they should continue to self-isolate after being exposed to a person who has COVID-19, even if they are fully vaccinated. If they have questions about their immunocompromised status, they should speak to their health care provider.

If the individual answered "YES" to Question 4:

- Isolate or stay home for the recommended period of time by Public Health, even if the individual has tested negative.

If the individual answered "YES" to Question 5:

- Isolate until the person with COVID-19 symptoms receives a negative test result or an alternative diagnosis by a health care provider.
- **Note:** If the person experiencing symptoms received a COVID-19 vaccination in the last 48 hours and is only experiencing mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, the child would answer NO to this question.
- Individuals who are fully vaccinated or have tested positive for COVID-19 in the last 90 days and have since been cleared are not required to stay at home while the symptomatic person awaits test results. **Note:** Individuals with immunocompromising conditions are still required to stay at home while the symptomatic person awaits test results.

If the individual answered “YES” to Question 6:

- Stay home for the duration of the household member’s isolation period unless your child is fully vaccinated or has tested positive for COVID-19 in the last 90 days and has since been cleared.
- **Note:** Children who live with household members who were fully vaccinated prior to an exposure to COVID-19 OR household members asked to test for COVID-19 but not isolate (i.e., routine employment testing) are not required to stay home. If the fully vaccinated household member has an immunocompromising condition, children are still required to stay home unless your children are fully vaccinated or have tested positive for COVID-19 in the last 90 days and have since been cleared.

If the individual answered “YES” to Question 7:

- Isolate and do not leave home except to get tested or for a medical emergency.
- Get tested for COVID-19 with a lab-based PCR test. For more information on where to get tested, visit: <https://peelregion.ca/coronavirus/testing/#locations>
- If the individual has since tested negative on a lab-based PCR test, the individual would answer NO to this question.

If the individual answers “NO” to all the screening questions, the child may enter care

- The Provider will keep a dated record of all Active Screening Forms completed and send a copy of each record to the Agency office, for use in possible contact tracing.
- These screening records must be kept for up to three years.

See the **Service Provider Decision Tool for Exclusions and Returns** for more information on handling the situation when a child has symptoms

Providers should follow-up with all individuals to determine the reason for any unplanned absences such as illness or close contact with a positive COVID-19 case. If the absence is due to illness, any symptoms (e.g., fever, sore throat, cough) should be noted. Agency will follow-up with providers to determine the reason for any unplanned absences as noted above.

Additional information on handling siblings

Siblings or children in same household without symptoms

- If a child answers YES to any of the screening questions, any siblings of the child (or any other resident children in their household) must be excluded from school or child care and stay home.

- If the child attendee has symptoms and has an alternative diagnosis, siblings do not need to self-isolate.
- If the child has symptoms and tests negative for COVID-19, the child and their siblings can return to child care.
- If the child has symptoms, does not go for testing and is NOT a close contact of a positive case, the child and their siblings must self-isolate for 10 days.
- If the child has symptoms, does not go for testing and IS a close contact of a positive case, the child must self-isolate for 10 days from when symptoms started. Their siblings should self-isolate for 14 days as this is how long it can take for symptoms to appear.
- If the child has symptoms and tests positive, the child must self-isolate for 10 days, and siblings must self-isolate for 14 days.

Screening for Before and After School children

- All children attending a school program are to be screened through the parent/guardian's procedure with the school. The Provider does not have to screening these children unless they have NOT had a formal screening on a day that they attend before-and-after care in a home child care program.
- Providers must perform a **full** screening of all school age children (who are regularly before-and-after school clients) on non-instructional days (PA days, breaks).

Managing child illness during care

If a child becomes ill during care hours at the premises, the Provider must immediately isolate the sick child and inform the parent/guardian of the need to pick up the child.

- The Provider will provide appropriate comfort the sick child
- 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).
- The Provider will remain physically distant and wear PPE, including a surgical/procedure mask (i.e. medical mask) and eye protection (e.g. face shield, safety glasses and goggles).
- Any symptoms will be noted on the Record of Illness form
- The Provider will inform the Agency that a child is going home sick and what the symptoms are.
- The designated room/space must have a handwashing sink or hand sanitizer (70-90% alcohol concentration) available.
- Tissues will be provided to the ill individual to help support respiratory etiquette.
- Outside doors and windows will be opened to increase air circulation in the area if it can be done so safely.
- With the assistance of the Home Visitor, the Provider will determine what steps the parent/guardian needs to take based on the symptoms and how the criteria in the Decision Tool above

(e.g. the child must self-isolate and get tested because they have a fever above 37.8 degrees celsius)

- The Provider will clean and disinfect the area immediately after the child with symptoms has been picked-up, identifying 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 of disposable cleaning equipment, such as disposable wipes, is recommended
- 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.
- Children, Provider and Residents 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:
- The Agency must inform parents/guardians of children who were exposed to the ill individual, and advise that they should monitor their child for symptoms.
- The Provider will follow up with the parent/guardian on the progress of the child's illness to determine when the child can return, based on the advice of Public Health when COVID testing is involved.

Procedure for Provider's own child's illness

If a home child care Provider's child has answered **YES** to question 1 (Physical Symptoms) from the screening tool:

- The home child care site must be closed
- The child should self-isolate and get tested for COVID-19 (See the **Service Provider Decision Tool for Exclusions and Returns** for detailed advice on next steps)
- Follow the steps above on how to clean and disinfect the space after a child is ill

If the child has symptoms from a pre-existing/alternate medical condition the home child care site may operate. The Provider will monitor the child for **new, or worsening** symptoms

Re-entry of children to childcare

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.

If an ill child **has** been exposed to someone with COVID -19 and has a **negative test result**:

- The child still must self-isolate until cleared by Public Health (close contacts need to isolate for 14 days).
- If the exposed child is not tested, they need to self-isolate for 10 days.

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.

Providers must complete the **COVID-19 Re-Entry Screening Form** with the parent/guardian to confirm the child is well and able to return to the child care setting. The child must have been free from symptoms for 24 hours and must pass all the screening questions on the form. This screening should take place by phone IN ADVANCE of the child being brought to the home. The provider will inform the Agency of the results of this screening to receive the all clear to let the child in again.

Screening of Providers and Residents

- The Provider will self-screen at home using the **COVID-19 Active Screening Form for LHCC Providers and Households** and will answer the screening questions in writing and complete the temperature check, to ensure s/he is well enough to care for children.
- The Provider will then screen household members or other individuals living in the home child care residence (if any) using the COVID-19 Active Screening Form for Households.
- These screening forms will be kept at the Provider's home, with copies going to the Agency office, to assist in contact tracing.
- Providers with a pre-existing medical condition that corresponds to a COVID-19 symptom (e.g. asthmatic cough, rash) should have this documented in their file. Only medical notes from physicians or nurse practitioners that indicate that the individual is free from the communicable disease are acceptable.
- If a Provider or Provider's household member answers YES to ANY of the questions on the active screening form, the Provider is required to not accept any children in his/her home and to report the screening results to their Agency immediately. The home will stay closed pending further developments (see below).

See the **Service Provider Decision Tool for Exclusions and Returns** for more information on the Region's guidelines when an adult in the home has symptoms

Handling illnesses or exposure of Providers and Residents

- If a Provider or Resident has ANY symptom of COVID-19 from the screening list, or answers “Yes” to Questions 2 – 6 on exposure to COVID-19, the home will immediately close **and the Provider or delegate will inform the Agency of the results of the screening.**
- The Home Visitor will inform all client families of the home closure and will recommend next steps for children exposed.
- COVID-19 testing will be required for any Provider or household member of the Provider experiencing new or worsening symptoms before reopening the home child care site.
- If Providers or their household members choose not to get COVID-19 testing, the home child care site must be closed for 14 days.

If there is exposure to COVID-19, the Agency should provide Public Health with the following:

- Who is symptomatic (Provider/household member) and age (if child)
- Type of symptoms
- Date and time of onset of symptoms
- Circumstances when symptoms began
- Were there any children attending home child care present?
- Did individual answer YES to any other screening questions?

Local Public Health will provide the following advice once test results are known:

- The Provider or household member must self-isolate for 14 days from the start of symptoms (unless tested negative for COVID-19).
- If tested positive for COVID-19, the ill individual will continue self-isolation for 14 days from the start of symptoms. Public Health will confirm when the Provider can return to work or when the ill household member can be released from self-isolation.
- If tested negative, the Provider or household member may re-open the home child care site 24 hours after symptoms resolve if they have not been in close contact with a confirmed or suspected case of COVID-19.
- If the Provider or household member has been identified as a close contact of a confirmed or suspected case of COVID-19, the home child care site should be closed for 14 days from the Provider or household member’s last contact with the confirmed or suspected COVID-19 case, regardless of their test result.

The need to isolate close contacts while test results are pending will be assessed on a case by case basis. The Agency and Provider will follow the Ministry of Education’s notification procedures outlined in **Outbreak Management for COVID-Related Symptoms in Licensed Home Child Care.**

Procedure for asymptomatic close contacts

If the Agency becomes aware that a Provider or household member of the Provider is an asymptomatic close contact of a person with COVID-19, the following steps must be taken:

- The licensed home child care premises will be closed and exclusion letters will be distributed to the Provider, the household members and any parent/guardians with children attending the home.
- The asymptomatic close contact will be asked to get tested immediately.
- If the asymptomatic close contact's test is negative, they must continue to isolate for 14 days from the last day of their exposure and the home must remain closed until that time.
- If the asymptomatic close contact cannot effectively isolate away from the positive case in their household, they must extend their isolation for 14 days from the LAST day that the positive case is infectious (day 10 of the isolation period), which means that the asymptomatic close contact may be isolating for up to 24 days.

Screening procedure for fully vaccinated individuals

NEW See the Immunization Disclosure Policy and Antigen Testing and Attestation Policy

- A fully vaccinated individual is someone who has received their second dose of a two-dose COVID-19 vaccine series or their first dose of a one-dose series, 14 or more days ago
- See table below for actions for fully vaccinated individuals, based on symptom status and COVID exposure source:

Symptom Status	COVID-19 Exposure Source	Actions to Take
Asymptomatic	Had close contact with a positive case in the child care setting	<ul style="list-style-type: none"> • Get tested for COVID 19 at least 7 days after home closure date • Not required to self-isolate* unless advised by Public Health or has an immunocompromising condition • Household members are NOT required to stay at home

Asymptomatic	Had close contact with a positive case in their own household or outside of the child care setting	<ul style="list-style-type: none"> • Get tested for COVID 19 IMMEDIATELY and again 10 days after last close contact with person with COVID-19 • Not required to self-isolate* unless advised by Public Health or has an immunocompromising condition
Symptomatic	Has close contact with a positive case	<ul style="list-style-type: none"> • Self-isolate • Get tested for COVID-19 IMMEDIATELY • Discontinue isolation if: <ul style="list-style-type: none"> - Individual tests negative for COVID-19 AND - Symptoms improve after 24 hours AND - No fever present

*If Public Health has information indicating that the fully vaccinated individual was exposed to a positive case who has a particular variant of concern (VOC), self-isolation may still be required of the individual at the discretion of the Public Health authority. Vaccine effectiveness against certain VOC's is less well established.

If the fully vaccinated individual is advised to self-isolate, their household members should also stay home except for essential reasons (attending school, child care, work, buying groceries, dealing with medical issues).

If the fully vaccinated individual tests positive for COVID-19, then they must self-isolate and the Agency must follow Public Health guidance on when the home child care setting can be reopened.

REVISED Excluding children or adults for symptoms after vaccination

Similar to other vaccines, the COVID-19 vaccine can cause side effects although not everyone will experience them. Most side effects are mild to moderate in severity and may occur in the first day or two after receiving the vaccine. Side effects often get better on their own within several days of immunization. Common side effects include: pain, redness or swelling at the injection site, as well as tiredness, headache, muscle pain, chills, joint pain, and fever.

- It is possible that individuals may contract COVID-19 before or around the time of immunization and not be aware. Symptoms of COVID-19 may be similar to the side effects after receiving the vaccine. If a recently immunized child, Provider, or member of

a Provider's household has any concerns that they may be infected with COVID-19, **they should not attend child care and get tested.**

- In the 48 hours after a vaccination, if a child attending care, a Provider, or member of a Provider's household reports ANY of the following symptoms, they **must not enter the care space and must self-isolate**. The home child care premises may be closed upon the advice of Public Health:
 - Fever and/or chills
 - Cough or barking cough
 - Shortness of breath
 - Difficulty swallowing
 - Decrease or loss of smell or taste
 - Digestive issues like nausea/vomiting, diarrhea, stomach pain
 - Extreme tiredness

- In the 48 hours after a vaccination, if a child attending care, a Provider, or member of a Provider's household reports these milder symptoms they **MAY ATTEND** care or provide care on the premises, if their symptoms do not affect delivery of care.
 - Headache
 - Fatigue
 - Muscle Ache / Joint Pain

- Vaccinated individuals attending the care space should continue to have symptoms monitored and if any of the following situations arise, they should be excluded. This may cause the Home child care premises to be closed:
 - Symptoms begin to interfere with their ability to carry out usual activities
 - OR Symptoms that are worsening or not improving
 - OR Symptoms develop beyond the 3 symptoms listed above
 - OR Symptoms that last > 48 hours after they were immunized

- The Provider will remain in contact with the Agency regarding monitoring children or adults in the space with any symptoms post vaccination in order to take proper steps in mitigating exposure for all attendees and home residents.

Re-opening the premises

The Agency is responsible to confirm that they have met the following criteria to re-open the home:

- Other residents in the home should have **no** interaction with the children in the home.
- To the extent possible, the child care space should be kept separate from other areas of the home.
- Where there are common or shared spaces (e.g., washrooms, kitchen, hallway), other residents may only be permitted to pass through the space without any interaction while the children are present.
- Residents in the home must wear a mask and eye protection when passing through common areas where children are present.

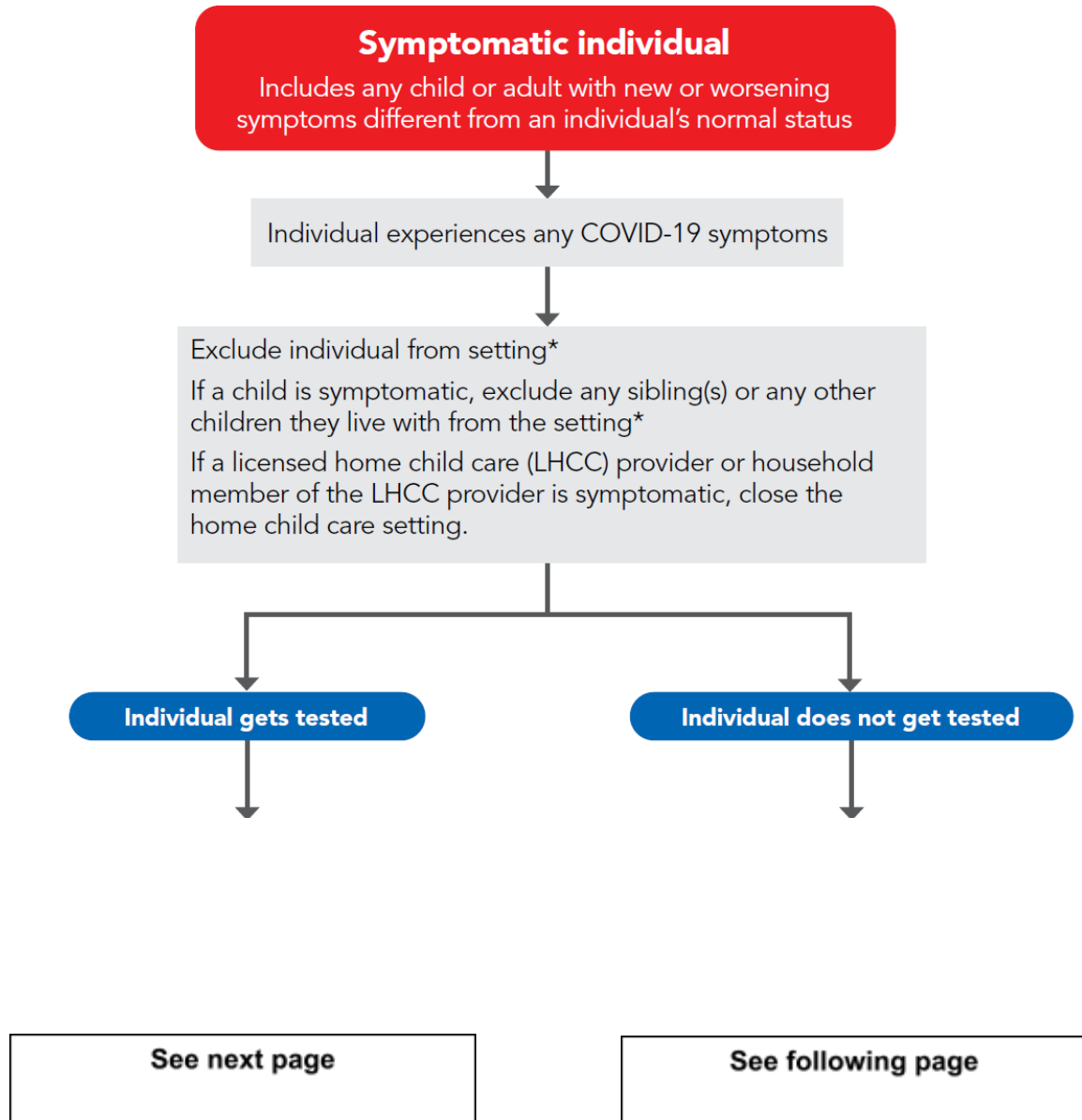
- If any other resident in the home travels outside of the country at any time, the home must suspend operations immediately upon their return. This requirement is in line with the Government of Canada travel advice, which states, individuals returning from outside of Canada must self-quarantine for 14 days separately from vulnerable people

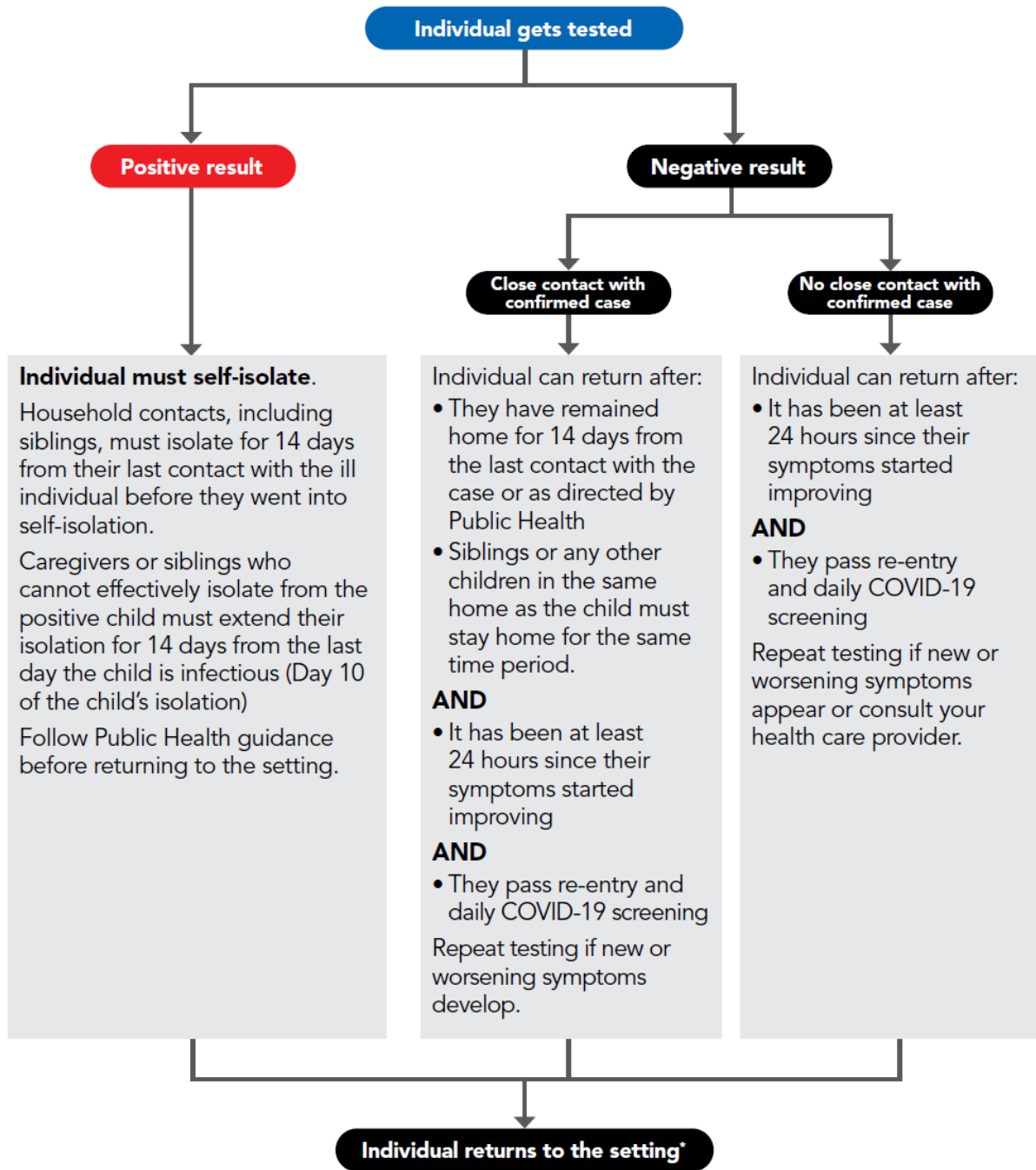
The Agency should use the questions contained on the **COVID-19 Re-Entry Screening Form** with the Provider and/or Resident(s) to confirm they are well and able to return to the child care setting. Affected adults must be free from symptoms for 24 hours and must pass all the screening questions on the form. This screening should take place by phone IN ADVANCE of the decision to open the home to ensure the safety of the Provider, the Resident(s) and any client children.

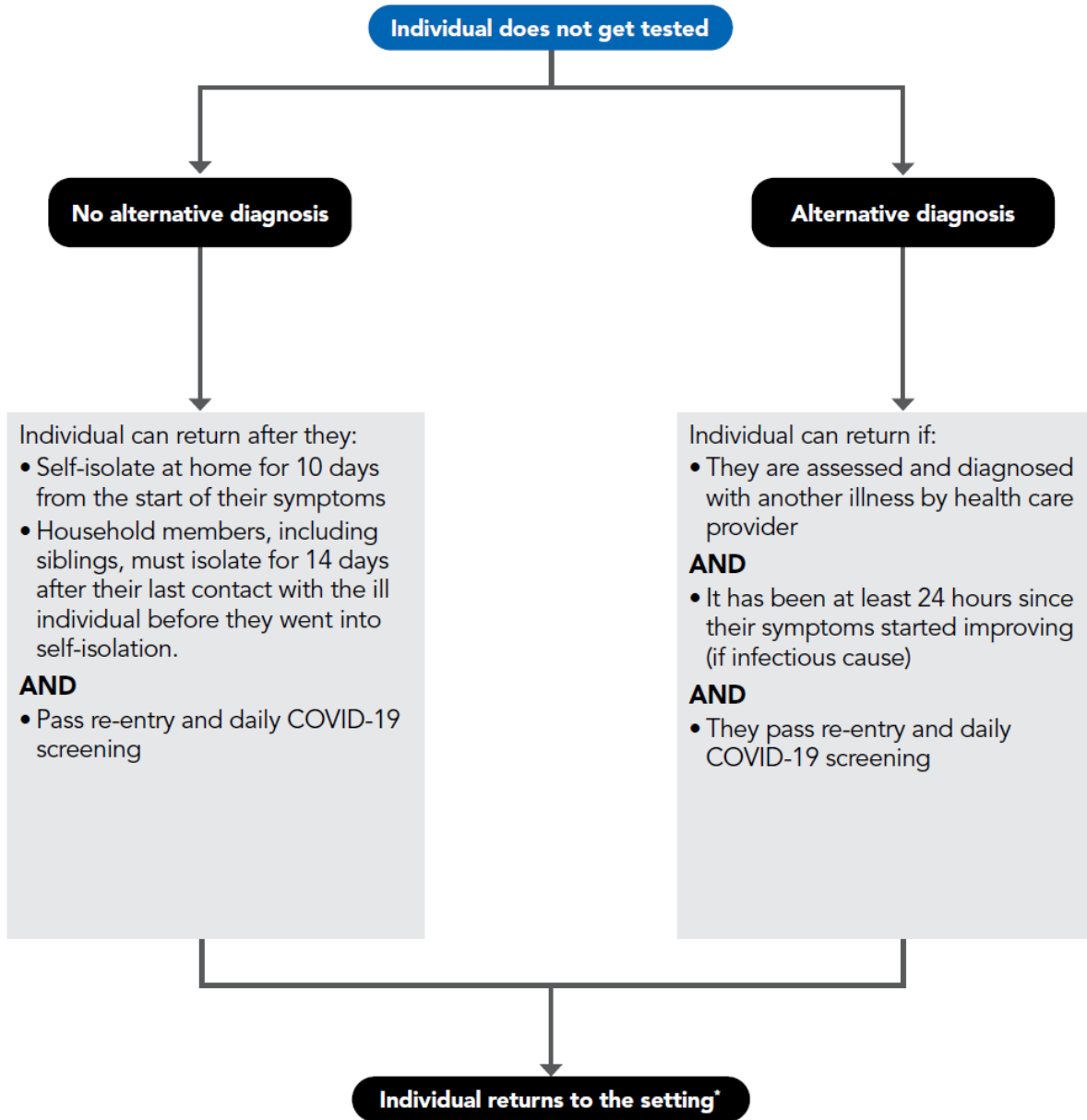
NEW Isolation requirements when there is a grouping closure

- Children and staff/LHCC provider that are part of a classroom/grouping closure must now **self-isolate for 10 days after closure** (rather than 14 days) (**effective immediately**).
- **Fully vaccinated individuals should get tested immediately rather than at 7 days after exposure.**
- If asymptomatic, fully vaccinated individuals are not required to self-isolate. They must self-monitor for symptoms, eat lunch alone and avoid public transit and carpooling if possible until the end of the monitoring period.
- If individuals who are not fully vaccinated were tested 0-6 days after classroom/grouping closure, they should get re-tested 7 days after class/group closure (**effective immediately**).
- All individuals in a child care setting who are not fully vaccinated and choose not to get tested should be **excluded from the child care setting for 20 days after their last exposure**. If a negative test is eventually obtained and testing occurs at 7 days after exposure or later, release from self-isolation can occur earlier than 20 days after exposure but no earlier than 10 days after exposure.
- The Exclusion Letters and the Guidance for Service Providers on the Management of COVID-19 Cases in Child Care Settings will be revised to reflect these changes.
- **Note:** Peel Public Health case managers are currently working with affected service providers on implementing the changes that are effective immediately.

Service provider decision tool for exclusions and returns







*setting refers to Licensed Home Child Care Premises

REVISED GENERAL SANITARY PRECAUTIONS

While planning for day-to-day activities, please take the following into consideration:

Reduce the risk of transmission during activities:

Children in home child care need to remain 2 meters or 6 feet apart from other children. To help children practice physical distancing, children should not be permitted to share toys during play. It is also recommended that play materials be minimized to reduce the risk of transmitting viruses or germs. Toys need to be disinfected between use.

Toys that are difficult to sanitize and/or are communal in nature should be removed, such as:

- **Singing outdoors** is preferable to indoors as much as possible. Physical distancing should be maintained.
- If sensory materials (e.g., playdough, water, sand, etc.) are offered, emphasis should be placed on hand hygiene before and after the use of materials and ideally provided for single child use (i.e., available to the child for the day) and labelled with child's name, if applicable.
- Additional guidance on field trips include:
 - If transportation is provided, each bus should be assigned to one group. Avoid mixing groups on the same bus to get to a venue and during the trip.
 - Avoid venues with large crowds.
 - Outdoor field trips are preferred over indoor field trips.
- Plush or stuffed toys
- Porous toys (including anything where water can get inside)
- Multiuse water or sensory play materials (e.g., playdough, sand, pasta, etc. However, single-use sensory play materials are acceptable)
- Clothing for toys and any fabric
- Rugs, if possible (if rugs cannot be removed, they should be cleaned and vacuumed daily)
- Items that can be put inside a child's mouth (e.g., spoons or cups in a dramatic play area)
- Books with paper pages that cannot be disinfected
- No singing activities indoors

As cleaning and disinfecting is a high priority to ensure health and safety, providers may consider a number of different strategies to make cleaning and disinfection of toys less time consuming:

- Limit the number of toys available for play per child
- Create toy kits for each child (e.g., one bin in the morning and one in the afternoon for *each* child) that can be removed from play after use and cleaned later in the day

- Toys that have many pieces (i.e. LEGO) may be split into separate bins to facilitate individual play among children. After the play, toys should be returned to the bins, removed from the play area, and sanitized before being used again
- children can be assigned separate areas in which to play and provided with a select number of play materials
- Suspend sensory play activities
- Reinforce "no sharing" policies and procedures. This includes the current practice of not sharing food, water bottles, or personal items and belongings. Personal items should be clearly labelled with each child's name.
- Suspend activities that permit the mixing of children from different care groups
- Include individual activities to increase space between children
- Stagger mealtimes
- Use community playgrounds with caution; keep the Provider's cohort separate from other groups
- Supervise and ensure that children practice hand hygiene frequently while on community walks or in backyard
- Maintain a 2-meter distance between cots/playpens. If space is restricted place children head-to-toe or toe-to-toe.
- Use toys that are easily cleaned and disinfected, and increase the frequency of the cleaning schedule for these items
- Physical distancing may be difficult to maintain in a home child care setting, however, supervising smaller groups of children and offering increased outdoor play are strategies that support physical distancing

Remember to post all relevant public health posters to remind Residents and children about proper sanitary precautions, like hand washing, toileting, covering your cough, etc.

Hand Hygiene

Hands carry and spread germs. Touching your eyes, nose, mouth or sneezing or coughing into your hands provides an opportunity for germs to get into your body or spread to others.

Providers should perform and promote frequent, proper hand hygiene for themselves, their Residents, and client children.

Hand washing using soap and water is recommended over alcohol-based hand rub when hands are visibly soiled and for children. Refer to Public Health Ontario's [How to Wash Your Hands fact sheet](#).

The Provider will ensure an adequate supply of hand sanitizer (60-90% alcohol concentration) dispensers in supervised areas where children cannot access it independently.

The Provider will have sufficient amounts of hand hygiene supplies including

liquid soap, paper towel, hand sanitizer, tissues, and waste receptacles lined with plastic bags.

The Provider will monitor children's hand washing and ensure that proper hand hygiene is practiced often and when hands are visibly dirty and/or after the following:

- Sneezing, coughing, or blowing your nose
- Using the washroom
- Handling garbage
- Handling raw foods
- Outdoor play
- Toileting/diapering routine
- Handling soiled laundry or dishes
- Handling soiled toys or other items
- Coming into contact with bodily fluids
- Coming into contact with any soiled/mouthed items

Providers must wash their hands using soap and water or hand sanitizer before and after:

- Preparing, handling, serving and eating food
- Handling animals
- Touching a cut or open sore
- Changing diapers
- Glove use
- Dispensing/handling expressed breast milk
- Before and after giving medication

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

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

Hand sanitizer use

Hand sanitizer of 60-90% alcohol base can be used when hands are not visible dirty.

Hand sanitizers will only be used on children who are over the age of two and

must always be used under adult supervision.

Providers must ensure that the product has completely evaporated from the child's hands before allowing the child to continue their activity.

Parent consent is required to use hand sanitizer on children. If consent is not provided the child is not permitted to use hand sanitizer

Glove use

- Gloves shall be worn when it is anticipated that hands will come into contact with mucous membranes, broken skin, tissue, blood, bodily fluids, secretions, excretions, contaminated equipment or environmental surfaces. Gloves are single use only.
- Hand hygiene shall be practiced before applying and after removing gloves. Gloves shall be removed and discarded after use. To reduce hand irritation related to gloves:
 - Wear gloves for as short as time as possible
 - Ensure that hands are clean and dry before wearing gloves
 - Ensure gloves are intact, clean and dry inside
- Staff must wear gloves when immersing toys in diluted disinfectant when toy washing.

Covering coughs

Germs, such as COVID-19, influenza and cold viruses, are spread by coughing and/or sneezing. When you cough or sneeze on your hands, your hands carry and spread these germs. Providers will model and encourage children to cover their cough or sneeze with their elbow or a tissue.

Keep your distance (preferably more than 2 metres (6 feet) from people who are coughing or sneezing.

Follow these steps to stop the spread of germs:

- If you have a tissue, cover your mouth and nose when you cough, sneeze or blow your nose.
- Put used tissues in the garbage.
- If you don't have a tissue, cough or sneeze into your sleeve, not in your hands.
- Clean your hands with soap and water or hand sanitizer (60-90% alcohol-based) regularly and after using a tissue on yourself or others

Enhanced environmental cleaning and disinfecting

- Tables and countertops: surfaces used for food preparation and food service must be cleaned and disinfected before and after each use.
- Highchairs: must be cleaned and disinfected before and after serving food.
- Spills: must be cleaned and disinfected immediately.

- Handwash sinks: providers and children washroom areas must be cleaned and disinfected at least two times per day and as often as necessary (e.g., when visibly dirty or contaminated with body fluids).
- Floors: cleaning and disinfecting must be performed as required (i.e., when spills occur after children leave the home).
- Floor mats: cleaning and disinfecting must be performed throughout the day, and at minimum twice daily.
- Outdoor play equipment: must be disinfected before each group uses it, and additionally as required (e.g., when visibly dirty). Any outdoor play equipment that is used must be easy to clean and disinfect. It is recommended to limit the amount of outdoor play equipment in use.
- High-touch surfaces: any surfaces that are frequently touched (e.g., light switches, shelves, containers, handrails, doorknobs, sinks, toilets, etc.) should be cleaned at least twice a day and as often as necessary (e.g., when visibly dirty or contaminated with body fluids).
- Other shared items: items such as phones, iPads/tablets, attendance binders, etc. must be disinfected between users.
- Pacifiers must be individually labelled and stored separately (not touching each other), they must not be shared among children. The pacifier must be washed in soap and water upon arrival to the home.
- On a temporary basis, children's hygiene items such as toothpaste tubes should not be permitted in the home.
- For creams and lotions during diapering, never put hands directly into a lotion or cream bottles, use a tissue or single-use gloves. Upon arrival at the home, wipe the cream/lotion container with a disinfecting wipe.

REVISED Cleaning and disinfecting toys and play materials:

The number of toys and play materials should be limited. Toys should be cleaned and disinfected in between use or when visibly soiled. Otherwise, toys should be cleaned or removed from the play area if they cannot be immediately cleaned and disinfected. Toys and items such as electronic devices should be cleaned and disinfected before being passed on to another child.

Where possible, a dishwasher may be used:

- The normal rinse cycle may be used.
- Only use the dishwasher in the kitchen when it is not being used for any other purposes (i.e. washing dishes, food preparation, serving).
- Toys are placed evenly on the dishwashing racks and are an appropriate size to ensure they will not fall into the basin as this may create a fire risk.
- Toys are removed carefully once the wash cycle is complete as they may be hot or contain hot water.
- Toys are air-dried in a designated area that is separate from bathrooms or change tables and protected from sources of contamination.

- The kitchen is clean and tidy when you have completed toy washing.

For toys that require manual cleaning and disinfection, the three-sink method should be used with bins (if three sinks are not available):

1. First sink/bin: Wash in clean water and dish detergent.
2. Second sink/bin: Rinse with clean water.
3. Third sink/bin: Sanitize using 2 ml (approximately 1/2 teaspoon) of household bleach (5.25% chlorine) with 1 liter (4 cups) of water, leave for at least 45 seconds.
4. Air dry.

For large toys or equipment, take the following steps:

1. Clean with soap and water using a cloth.
2. Wipe with a clean wet cloth to rinse.
3. Disinfect by spraying the bleach and water mixture and let it sit for a 1-minute. Do not spray products to toys and surfaces when children or other adults are nearby.
4. A final rinse is required using a single-use wet paper towel.
5. Allow toys to air dry.

- Disinfectants should 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. Alternatively, chlorine bleach solutions may be used for disinfection. Check the expiry date of products you use, and always follow the manufacturer's instructions.
- Ensure high touch surfaces including washrooms, door knobs/handles, faucet handles are cleaned and disinfected a minimum of twice daily or more if needed. Emphasis should be placed on ensuring proper hand hygiene and respiratory etiquette.
- Designated toys and equipment for each room or group of children is encouraged and regular hand hygiene and respiratory etiquette should be practiced. Cleaning and disinfecting shared toys/equipment between each group's use is recommended.
-

Cleaning and disinfecting sleep equipment

- Cots and playpens must be labelled and assigned/designated to a single child per use.
- Cots and playpens must be cleaned and disinfected before being assigned to a child.
- High touch surfaces on cots and playpens must be disinfected at least twice per day and as often as necessary.
- Cots must be stored in a manner in which there is no contact with the sleeping surface of another cot.
- Bedding must be laundered daily on the "hot" setting, and when soiled or wet.

****It is a provider's responsibility to conduct cleaning and disinfecting practices every day and document this on the Agency's cleaning and disinfecting log. This documentation***

will be kept on the Premises for one year, and copies will be stored at the Agency office. These records may be used during outbreak investigations to check the Provider's practice of sanitary procedures.

PHYSICAL DISTANCING GUIDELINES

Physical distancing may be difficult to maintain in a home setting; however, additional steps should be taken to limit the number of people in close contact (i.e. within minimum 2 metres or 6 feet of each other). If possible, consider the following physical distancing measures:

- Staggering the children's arrival and departure times.
- Spread out the use of outdoor play equipment.
- Make sure that the children are distanced from each other during mealtime, play time, and nap time, as much as possible.
- Ideally, try to avoid activities involving direct contact between the children as much as possible (i.e. holding hands or cuddling each other), as well as toy sharing (i.e. rather than playing a table game in which all the children touch the tokens or dice, it should be one child in the group who handles the material). Incorporate more individual activities or activities that encourage more space between children.
- Have individual toy bins, labelled for each child, for the beginning of each day.
- Create individual sets of arts and craft materials for each child.
- Large rooms can be divided into multiple spaces. When dividing a room create a clear barrier with household items such as laundry baskets and ottomans to ensure a minimum 2-meter distance between the children.
- Incorporate outside time in daily activities and open windows (weather permitting). Outdoor play is encouraged.

Recognizing that physical distancing is difficult with small children and infants, additional suggestions include:

- Planning activities that do not involve shared objects or toys;
- When possible, moving activities outside to allow for more space; and avoiding yelling and singing activities indoors.
- 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.

Precautions for at-risk residents

Seniors 70 years of age or older, individuals with a weakened immune system and/or those with chronic disease (e.g. diabetes, cancer, heart, renal or chronic lung disease), have a higher risk of developing severe complications from COVID-19. Providers are strongly encouraged to take extreme caution for any such family members during a time of heightened risk of exposure to COVID-19. At-risk individuals should talk to their health care provider on precautions to take to prevent COVID-19 infection. Physical distancing measures are strongly recommended for any at-risk individuals in the home:

- Maintain a distance of at least 2-meters from other people and wear a mask that covers the nose and mouth when in the same room as other people.
- Stay in a separate room away from other people in the home as much as possible and use a separate bathroom if possible
- Ensure that common areas have good airflow (e.g. open windows)
- Have separate mealtimes or eat in a separate room to limit their contact with other people.
- Talk to the children about practicing physical distancing from at-risk individuals

FOOD SAFETY GUIDELINES

Before handling food and food packaging, Providers should wash their hands. The following food preparation guidelines have been recommended by Health Canada:

- Wash fruits and vegetables under running water.
- The use of soap, chlorine, or other chemicals to wash fruits and vegetables is not recommended.
- Cook food to recommended safe internal temperatures.
 - <https://www.canada.ca/en/health-canada/services/general-food-safety-tips/safe-internal-cooking-temperatures.html>
- Avoid cross-contamination of raw and ready-to-eat or cooked foods.
- Disinfect any surfaces that will come into contact with food.

The Provider 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, e.g., expressed breast milk).
- Ensure proper hand hygiene is practiced when staff are preparing food, and for all individuals before and after eating.
- Where possible, children should practice physical distancing while eating.

Cutting Surfaces and Tableware:

All children should be provided with their own designated cutlery, plates, dishes, cups, and other tableware items for each meal. After use, tableware and cutlery should be washed using a dishwasher or the three-sink method (using bins if needed). Air drying is the only acceptable method of drying, including for pots and pans used to prepare meals. The use of tea towels is not recommended. After cleaning tableware, cutlery, and food preparation materials, it is advised that providers wash their hands or use hand sanitizer.

All cutting of food must be done on a plastic cutting board and used for one (1) single task at a time.

Cutting boards must be routinely cleaned in hot water, sanitized and rinsed after each use. Care must be taken not to transfer contamination of one food to another.

Knives used to cut or slice food items should not be used for other foods or other items, until the knife has been adequately cleaned with hot water, sanitized, and rinsed.

PRECAUTIONARY MEASURES AROUND PETS AT HOME

The current spread of COVID-19 is a result of human-to-human transmission. There is no evidence to suggest that pets or other animals play a role in transmitting the disease to humans. Scientists are still trying to understand if and how it affects animals.

Pets can contribute to our overall happiness and well-being, especially in times of stress. If you are feeling well (no symptoms of COVID-19) and are not self-isolating because of COVID-19 illness, you can continue to take walks with your dog or spend time with your pet. This can contribute to keeping both you and your pet healthy.

As a precautionary measure, if you have COVID-19 symptoms or are self-isolating due to contact with a COVID-19 case, you should follow similar recommendations around animals, as you would around people in these circumstances:

- avoid close contact with animals during your illness
 - practice good handwashing and avoid coughing and sneezing on your animals
 - do not visit farms or have contact with livestock
- if possible, have another member of your household care for your animals
 - if this is not possible, always wash your hands before and after touching animals, their food and supplies and practice good cough and sneezing etiquette

- limit your animal's contact with other people and animals outside the household until your illness is resolved

These measures are recommended as a precaution and are basic practices to prevent transmission of diseases between humans and animals. If you have concerns, seek professional advice from your veterinarian or a public health professional who can help to answer your questions.

(Public Health Canada)

REPORTING REQUIREMENTS, RECORD KEEPING, AND OUTBREAK MANAGEMENT

Under the *Health Protection and Promotion Act* and the *CCEYA*, the Agency has a duty to ensure a report is made of any suspected or confirmed cases of COVID-19 to Public Health, the Ministry of Education, and WSIB and Ministry of Labour, for any Agency staff illness:

Public Health

Public Health does not need to be routinely notified when an individual does not pass active screening and is not permitted to attend child care, or when a child/staff/LHCC provider/household member becomes ill.

The scenarios where Public Health should be notified are when:

- The Provider or Agency become aware of a positive case of COVID-19 but has not been contacted by Public Health.
- When child care site experiences an unusual amount of adults and/or children who become sick at the premises including non-COVID related illnesses (see pg. 18 in the [Preventing and Managing Illnesses in Child Care Centres](#) guideline)

- When the home child care premises experiences an unusual occurrence such as a flood, fire, sewage back-up, etc.

When a positive COVID-19 case is uncovered:

The Agency will e-mail a report to Public Health and follow the directions outlined in the [Enhanced Health and Safety Protocols for Licensed Child Care COVID-19 Guidelines](#) on what information to include in the e-mail. The mailbox is regularly monitored from 8:30am to 4:30pm, Monday to Friday, and monitored for urgent emails on weekends.

- Testing labs report positive COVID-19 cases to local public health units. Public Health is mandated to call cases and close contacts within 24 hours of notification.
- Public Health provides direction to cases and close contacts on self-isolation and testing.
- Public Health identifies close contacts by interviewing cases and investigating potential close contacts that the case had 48 hours prior to symptom onset up until the time of self-isolation.
- If the positive case attended a child care setting, Public Health would notify the child care service provider and provide direction.

For reporting unusual occurrences and other Public Health-related questions:

In home child care premises, when there is an unusual amount of people who become sick at the home including non-COVID related illnesses or when there is an unusual occurrence such as a flood, fire, or sewage back-up, the Agency will notify Public Health, indicating that they are a licensed home child care provider/Agency.

Serious Occurrence Reporting (Ministry of Education)

[Ontario Regulation 137/15](#) under the *Child Care and Early Years Act, 2014*, sets out the direction for reporting serious occurrences. This has been updated with specific direction for suspected or confirmed cases of COVID-19.

In accordance with the [Ministry's Operational Guidance for COVID Outbreak](#) document, child care licensees are required to submit serious occurrences for a confirmed case of COVID-19. under the category “**confirmed case of COVID-19**” when one of the following individuals has a **confirmed** case of COVID-19 (i.e. a positive COVID-19 test result):

- i a **child who receives child care** at a home child care premises or child care centre;
- ii (ii) a home child care **provider**;

- iii (iii) a person who is **ordinarily a resident of a home child care premises** (e.g. the home provider's child, the home provider's spouse, etc.; for complete definition please refer to the Home Child Care Licensing Manual);
- iv (iv) a person who is **regularly at a home child care premises** (e.g. the home provider's friend who visits the premises once a week, etc.; for complete definition please refer to the Home Child Care Licensing Manual);
- v (v) a **home child care visitor**;
- vi (vi) a **staff** member at a child care centre;
- vii (vii) a **student** at a home child care premises or child care centre.

While Service Providers are no longer required to report a serious occurrence for suspected cases; if the local public health unit determines a full or partial closure is required, a serious occurrence report must be submitted under the "Unplanned Disruption of Service" category.

Additional Circumstances:

- Where a premises closes due to COVID-19, the Agency must report this to the Ministry as a serious occurrence.
- Licensees are required to post the serious occurrence notification form as required under the CCEYA, unless the local public health unit advises otherwise.
- Public Health direction related to communication with parents/guardians regarding a positive case of COVID-19 in a child care setting is separate to the reporting of a serious occurrence to the Ministry.

The Agency will refer to the [Ministry's Operational Guidance for COVID Outbreak](#) regarding all serious occurrence reporting requirements.

Ministry of Labour, WSIB Reporting for Agency Staff

The Ontario Health and Safety Act (OHSA) requires an employer to provide a written notice to the Ministry of Labour, Training and Skills Development within four days of being advised that a staff member has an occupational illness (including COVID-19) from exposure in the workplace or if a claim has been made to the Workplace Safety and Insurance Board (WSIB) by or on behalf of the staff member with respect to an occupational illness.

The following information must be contained in the report to the Ministry of Labour:

- The name, address and type of business of the employer;
- The nature and the circumstances of the occurrence and the illness sustained; and
- A description of any equipment involved.

If an Agency staff member acquires illness from work, a report shall be made by the staff member's Supervisor to WSIB within 72 hours of receiving notification of the illness. The report to WSIB shall be made by submitting the [WSIB form](#) and following the instructions on the form.

Record-keeping

Daily attendance and screening records for ALL children receiving child care (including privately placed children) must be kept by the Provider, with copies filed at the Agency office. The Provider will also maintain screening records for themselves and any Residents. The Provider will keep daily COVID cleaning logs and ensure copies are sent to the Agency office.

The Provider will compile attendance records of all approved visitors attending the Home Child Care Premises. This includes, but is not limited to, Agency staff, students, children, maintenance workers, and government agency employees (e.g. public health inspectors, program advisors, fire inspectors). The Agency will also maintain a copy of these records. The visitor log will include name, company, contact information, date, time of arrival/departure, reason for visit, areas visited and screening results.

All children's, Provider's, Resident's and visitor records must be kept up-to-date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak (i.e., records can be made available to public health within 24 hours of a confirmed COVID-19 case or outbreak), and be maintained for 12 months.

The Agency will monitor attendance and screening records for patterns and trends (e.g. children in the same group or cohort absent at the same time or over the course of a few days, or multiple Resident's illnesses).

Outbreak Management

An outbreak may be declared by Public Health when, within a 14-day period, there are two or more laboratory-confirmed COVID-19 cases in children, Providers, Residents or other visitors with an epidemiological link (e.g., cases in the same family, cases that are part of the same cohort in the premises) where at least one case could have reasonably acquired their infection in the child care setting.

- Public Health will work with the Agency to determine whether epidemiological links exist between cases and whether transmission may have occurred in the child care setting.
- If an outbreak is declared, the public health authority will determine what happens next. This could include closing the home child care premises.
- If a home is closed due to a confirmed COVID-19 outbreak, the Agency will follow the reporting steps for a serious occurrence.

Please see the section on **Screening, Exclusion and Re-entry Protocols**, and the section on **Serious Occurrence Reporting** for detailed steps on outbreak management

COMMUNICATION WITH PROVIDERS AND PARENT/GUARDIANS

The Agency will provide ongoing communication and information to all Agency staff member, affiliated Providers, parent/guardians and other stakeholders on the current COVID-19 Guidelines and procedures, as well as at any time there are significant updates.

- Meetings between parent/guardians and Agency staff and/or Providers should take place via telephone or video conferencing, as much as possible.
- Posters, signs, fact sheets or other official guidelines or information will be provided to Agency staff members, Providers and parent/guardians, and will be posted in each home child care premises. The Agency will look for ways to inform families through email, online video meetings and the website.
- If a positive case or COVID outbreak occurs, the Agency is required to keep affected parent/guardians and the Provider and Residents fully informed on guidance from Public Health regarding testing requirements, home closures, isolation times, Premises reopening, etc. The agency will follow the guidelines laid out in the region's [Enhanced Health and Safety Protocols for Licensed Child Care COVID-19 Guidelines](#) specifically the communication process in **Appendix 1.12**

- The identity of affected families and/or the Provider will be kept confidential from other clients and Providers.
- Providers will be given updated versions of this COVID-19 guidance document as they are released, and access to it will be given to all Agency clients.
- Providers are strongly recommended to ensure parents/guardians confirm their understanding of, and consent for, all screening requirements, including masking rules, on the COVID-19 Parent/Guardian Agreement.
- A copy of this Agreement should be provided to parents/guardians for their records and as a guide for the daily active screening procedures they must complete.
- All client families from enrolled in a Home Child Care Premises must be informed if a resource professional from a service outside of the Agency will be attending in the home.
- Any changes to the Wait List Policy due to COVID restrictions on capacity will be communicated to Providers and parent/guardians.
- Parent/guardians are encouraged 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.
- Public Health will provide further advice about information that should be shared with Agency staff, Providers and Residents, parents/guardians and other stakeholders (e.g. school boards) in the event there is a case or outbreak of COVID-19 in the setting.

GROUP EVENTS, MEETINGS AND HOME VISITS DURING COVID – 19

The Agency is required to limit in-person meetings and visits as much as possible during the COVID – 19 crisis and to follow specific Public Health restrictions regarding indoor capacities as they are laid down.

Group Events, Meetings and Training

The Agency has postponed any group meetings for Providers and/or parent/guardians until further notice. Agency staff and Home Visitors will conduct any such meetings or training sessions through a video conferencing platform. Individual training may also be provided through archived video sessions and Youtube seminars.

Home Visits

Home Visitors will continue to monitor and advise affiliated Providers through visits under the City the requirements of the *Child Care and Early Years Act, 2014* to ensure that a high standard of child care is being delivered in all Home Child Care Premises.

Unless it is absolutely essential to physically visit a home, Home Visitors will liaise with Providers via phone, email and video conferencing. If a physical visit is necessary, Home Visitors will follow the precautions and documentation outlined in the Visitors section of these guidelines.

I confirm and agree that I have read, understand, and will comply with the above guidelines.

Name:

Signature: _____

Home Child Care Consultant Signature: _____

Date: _____