

Ministry of Education

Operational Guidance During COVID-19 Outbreak

Child Care Re-Opening

Visitors	17
Space Set-Up and Physical Distancing	17
Equipment and Toy Usage and Restrictions.....	18
Program Statement/Activities	18
Outdoor Play.....	18
Interactions with Infants/Toddlers	19
Food Provision.....	19
Provision of Special Needs Resources (SNR) Services	20

INTRODUCTION AND PURPOSE

This guidance document is intended to support the following child care sector partners:

Consolidated Municipal Service Managers and District Social Service Administration Boards (CMSMs and DSSABs);
child care licensees and staff;
home child care agencies and providers; and,
district school boards.

The information found within this guidance document is meant to support partners in meeting requirements set out under the *Child Care and Early Years Act, 2014* (CCEYA) and to provide clarification on operating child care programs with enhanced health and safety guidelines and/or restrictions in place to re-open. This guidance document will be modified as applicable when these restrictions can be lifted and/or amended to reflect new advice at that time.

This guidance document has been designed for use in conjunction with the Child Care Centre Licensing Manual, the CCEYA and its regulations. **In the event of a conflict between this document and the Child Care Centre Licensing Manual, this document will prevail. Advice of the local public health unit must be followed, even in the event that it contradicts this guidance document.** Additionally, the Ministry of Health has provided guidance on the development of this document and has also created a

While the focus of this guidance document is on the new health, safety and operational measures that are required in order to safely re-open child care, please note that every effort should continue to be made to uphold the welcoming and caring environment that child care provides for children and families. More information regarding the early years pedagogy, including helpful resources can be found on the [ministry website](#).

The [Early Years Portal](#) contains a wealth of information to help licensees, staff and home child care providers understand the requirements of the CCEYA and its regulations.

You may wish to visit the [provincial COVID-19 website](#) regularly for current pandemic information,

LICENSING REQUIREMENTS

Licensing Processes and Renewals

Licences are required to be amended, if necessary, to ensure director approvals and conditions on the licence align with new restrictions.

To support the operational needs of licensees, the ministry will prioritize and expedite the review of requests to revise and amend licences.

Licensees are required to meet all the requirements set out in the *Child Care and Early Years Act, 2014* (CCEYA) and its regulations and to obtain all necessary municipal approvals to support licence revision requests.

Licensees must follow all current ministry and CSM/DSSAB policies and guidelines.

Licences that expire during the emergency period will be automatically extended by six months.

Renewal, revision and application fees are set at zero for the period of the emergency and during the 60 days after the end of the emergency period.

Inspections

Ministry staff will conduct in-person monitoring and licensing inspections of child care centres, home child care agencies, home child care premises and in-home services where necessary.

Ministry staff must:

- be screened prior to entering the premises following the protocol determined by the licensee (see screening section below);
- wear personal protective equipment; and,
- follow any other protocols requested by the licensee or home child care or in-home service provider.

Ministry staff will use technology (e.g., telephone, video conferencing) to complete virtual monitoring and licensing inspections where appropriate.

Maximum Cohort Size and Ratio

For the purposes of this document, a cohort is defined as a group of children and the staff members assigned to them, who stay together throughout the duration of the program for minimum 7 days.

Maximum cohort size for each room in a child care centre (including each family age group) will consist of no more than 10 individuals (“a cohort”), space permitting. This includes both staff and children.

Maximum capacity rules do not apply to Special Needs Resource staff on site (i.e., if they are not counted towards staff to child ratios they are not included in the maximum capacity rules).

For any play activity room that is currently licensed for a maximum group size of less than 10 children due to square footage requirements (e.g., infant room 1 is licensed for 6 children), licensees can only have the number of children listed on the licence and ensure the cohort does not exceed 10 (including staff).

Each cohort must stay together throughout the day and are not permitted to mix with other cohorts.

- Staff DAs can be transferred from one child care centre to another child care centre that is operated by the same licensee.
 - Licensees can also request a staff DA for multiple age groups.
- Certification in Standard First Aid Training, including Infant and Child CPR
- Staff that are included in ratios and all home child care providers are required to have valid certification in first aid training including infant and child CPR, unless exempted under the CCEYA or the certification has been extended by the Workplace Safety and Insurance Board (WSIB).
 - The WSIB has indicated that all certifications that expire after March 1, 2020 are automatically temporarily extended until September 30, 2020.
 - Licensees are encouraged to monitor the WSIB website for any updates on First Aid/CPR certificate extensions for any staff, home child care providers or in-home service providers whose certification would have expired after March 1, 2020.

Vulnerable Sector Checks (VSCs)

- Licensees are required to obtain VSCs from staff and other persons who are interacting with children at a premises.
- A licensee is not required to obtain a new VSC from staff or persons interacting with children where the fifth anniversary of the staff or person's most recent VSC falls within the emergency period, until 60 days after the emergency period ends.

HEALTH AND SAFETY REQUIREMENTS

Working with Local Public Health

While the ministry is providing guidance on how to operate child care during



○

○

○

Testing Requirements

Please refer to the [provincial testing guidance](#) for updated information regarding the requirement for routine testing in a child care setting.

Please see the protocols when a child or staff/home child care provider becomes sick for information on testing in the event of a suspected case.

Protocols When a Child or Staff/Home Child Care Provider Demonstrates Symptoms of Illness or Becomes Sick

Staff/home child care providers, parents and guardians, and children must not attend the program if they are sick, even if symptoms resemble a mild cold.

- Symptoms to look for include but are not limited to: fever, cough, shortness of breath, sore throat, runny nose, nasal congestion, headache, and a general feeling of being unwell.
- Children in particular should be monitored for atypical symptoms and signs of COVID-19. For more information, please see the symptoms outlined in the 'COVID-19 Reference Document for Symptoms' on the Ministry of Health's COVID-19 [website](#).

If a child or child care staff/provider becomes sick while in the program, they should be isolated and family members contacted for pick-up.

If a separate room is not available, the sick person should be kept at a minimum of 2 meters from others.

The sick person should be provided with tissues and reminded of hand hygiene, respiratory etiquette, and proper disposal of tissues.

If the sick person is a child, a child care staff/provider should remain with the child until a parent/guardian arrives. If tolerated and above the age of 2, the child should wear a surgical/procedure mask. The child care staff/provider should wear a surgical/procedure mask and eye protection at all times and not interact with others. The child care staff/provider should also avoid contact with the child's respiratory secretions.

All items used by the sick person should be cleaned and disinfected. All items that cannot be cleaned (paper, books, cardboard puzzles) should be removed and stored in a sealed container

If the child care program is located in a shared setting (for example in a school), follow public health advice on notifying others using the space of the

Emergency child care, including associated provincial funding, will come to an end on June 26, 2020.

Access to Child Care Spaces and Prioritizing Families

When determining prioritization of limited child care spaces, CMSMs/DSSABs, licensees, and home child care agencies and providers may wish to consider the following:

- Returning children served through emergency child care to their original placement and continuity of service for these families;
- Care for families where parents must return to work and that work outside of the home;
- Families with special circumstances that would benefit from children returning to care, such as children with special needs; and
- Other local circumstances.

CMSMs/DSSABs, licensees, and home child care agencies and providers should also consider that some families they used to serve may no longer require care, or require a different level of care (i.e., part time child care). Assessing demand for care prior to re-opening, for example via conducting a survey, is recommended.

Fee Subsidy Eligibility and Assessment

CMSMs/DSSABs may need to consider changes to the way in which child care fee subsidy assessments for eligibility are conducted in order to incorporate virtual assessments and records where possible.

Licensed Child Care Programs in Schools

The ministry recognizes that there are additional considerations for licensed child care programs located in schools.

School boards are required to find safe ways to provide child care operators with sufficient time to enter their centres located in schools, in order to prepare their space and ensure they meet the operational guidelines provided by the ministry. School boards should familiarize themselves with this guide to optimally facilitate child care reopening in schools.

School boards, CMSMs/DSSABs and child care partners should work together collaboratively to ensure that full day licensed child care programs located in schools are able to re-open and that health and safety policies and requirements for child care programs and schools are complementary and aligned with the advice of local public health officials.

Staff Training

In collaboration with local public health, CMSMs/DSSABs must ensure that training is provided to all child care staff/providers on the health, safety and other operational measures outlined in this document plus any additional local requirements in place prior to re-opening.

You may wish to 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](#)

If play structures are to be used by more than one cohort, the structures can only be used by one cohort at a time and should be cleaned and disinfected before and after each use by each cohort.

Licensees and home child care providers are encouraged to have designated toys and equipment (e.g., balls, loose equipment) for each room or cohort. Where toys and equipment are shared, they should be cleaned and disinfected prior to being shared.

Licensees and home child care providers should find alternate outdoor arrangements (e.g. community walk), where there are challenges securing outdoor play space. Providers should follow physical distancing practices when possible.

Children should bring their own sunscreen where possible and it should not be shared.

- Staff may provide assistance to apply sunscreen to any child requiring it and should exercise proper hand hygiene when doing so (for example washing hands before and after application).

Interactions with Infants/Toddlers

○

- There should be no items shared (i.e., serving spoon or salt shaker).
There should 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 must be put in place).
Children should neither prepare nor provide food that will be shared with others.