

COVID-19 Enhanced Health and Safety Protocols for Early Years and Child Care Settings

**Developed By:
Peel Public Health and Early Years and Child Care Services
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Highlights of Changes

Daily Screening for COVID-19 of Persons Entering Early Years and Child Care Settings Policy:

- To ensure accurate screening, the order of preference for screening is: telephone screening, on-site (in-person) screening outdoors and then electronic screening.
- The screening forms have been revised based on the Ministry of Education's updated [COVID-19 Screening Tools for School and Child Care Settings](#), including a revised symptom list.
- Asymptomatic 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 isolate if they had close contact with a person with COVID-19 unless required by Public Health. The Screening Outcomes section, including the chart **When a COVID-19 test is strongly recommended with a Screen POSITIVE and timeline for return**, has been revised.
- Service 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.
- Symptomatic individuals who have any digestive symptoms (like nausea/vomiting, diarrhea and stomach pain) and have tested negative for COVID-19 or received an alternative diagnosis may return to the child care setting after symptoms improve for at least 48 hours.
- Non-essential visitors should not be permitted to enter the EYCC setting. In child care settings, as much as possible, parents/guardians should not enter the premises unless absolutely necessary at the discretion of staff/LHCC provider.

General Sanitary Precautions and Physical Distancing Measures Policy:

- In child care centres, once Service Providers have a COVID-19 immunization disclosure policy in place, fully vaccinated staff may work with different groups of children. Staff who are not fully vaccinated should be assigned to one group/class. Fully vaccinated individuals are individuals who have completed a Health Canada approved COVID-19 vaccine series or received all recommended doses of a COVID-19 vaccine that has been listed for emergency use by the World Health Organization AND it has been 14 days or more since receiving the full vaccine series (i.e., second dose of a two-dose series or a single dose of a one-dose series).
- Staff meetings should be held virtually if possible. If not, it is recommended that in-person staff meetings be held outdoors.
- Unless eating/drinking greater than or equal to 2 metres away from others, staff/LHCC providers and essential visitors are required to wear medical masks while inside the EYCC setting. While in the presence of unmasked individuals, staff/LHCC providers and essential visitors also need to wear eye protection. The facility may need to be prepared to provide medical masks and eye protection to essential visitors.
- Staff/LHCC providers and essential visitors should wear medical masks and eye protection outdoors if physical distancing cannot be maintained.
- Parent/guardians/caregivers attending EarlyON centres are recommended to wear medical masks indoors, and outdoors if physical distancing cannot be maintained. EarlyON providers should offer medical masks to parents/guardians/caregivers.
- Children are not required to wear masks outdoors. Different groups of children should not mix. Physical distancing should be maintained between different groups.

- Keeping a physical barrier between different groups is recommended to prevent groups from mixing. Groups should not mix indoors or outdoors. Everyone should stay in their groups as much as possible.
- Singing outdoors is preferable to indoors as much as possible. Physical distancing should be maintained.
- High contact physical activities should take place in outdoor settings only. Masking is not required outdoors for high contact physical activities.
- Low contact activities are permitted indoors. For children in kindergarten and up, masking is encouraged but not required if a minimum of two metres distance can be maintained between groups and as much as possible within a group.
- Designated toys and equipment (e.g., balls, loose equipment) for each room or group of children is encouraged. Regular hand hygiene and respiratory etiquette should be practiced to reduce the risk of infection related to shared toys/equipment. Cleaning and disinfecting shared toys/equipment between each group's use is recommended.
- Additional guidance provided on ensuring proper and frequent hand hygiene.
- 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/household* use (i.e., available to the child/household* for the day) and labelled with child's/household's* name, if applicable.
- Family style meals are permitted to operate in child care settings provided that food handlers use adequate food handling and safety practices.
- Additional guidance provided on health and safety requirements for transportation.
- New section on field trips.
- New section on ventilation.

Outbreak Management for COVID-19 Related Symptoms:

- Service providers are to report positive or probable COVID-19 cases using the [incident reporting form](#). Children who are asymptomatic close contacts attending child care and are not getting tested should also be reported using the form.
- **Appendices 1.1 and 1.2** have been updated to include the new reporting process for service providers.

Part 2: Additional Information for Before and After School Programs:

- Guidance on shared spaces and washrooms have been revised.

Introduction

This document outlines the enhanced health and safety measures that Early Years and Child Care (EYCC) Service Providers, which include licensed child care centres, licensed home child care agencies and providers, and EarlyON Child and Family Centres (EarlyON Centres) are required to implement, and conduct staff training on, to prevent and reduce the spread of COVID-19.

These protocols are based on:

- The Ontario Ministry of Health COVID-19 Guidance: Emergency Child Care Centres v.2 – May 8, 2020
- The Ontario Ministry of Education [Operational Guidance for Child Care During COVID-19 Outbreak – Version 7 – August 2021](#)
- [The Ontario Ministry of Education Before and After School Programs Kindergarten – Grade 6: Policies and Guidelines for School Boards for the 2020-2021 School Year Version 4 – August 2021](#)
- [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 Public Health [resources](#). Translated resources are also [available](#).

This document outlines the three types of mandatory protocols for Early Years and Child Care settings:

- Daily Screening for COVID-19
- General Sanitary Precautions and Physical Distancing Measures
- Outbreak Management for COVID-19 Related Symptoms

Accompanying these protocols are the following forms/resources:

Parent/Guardian COVID-19 Screening Agreements:

- [Parent/Guardian COVID-19 Screening Agreement for Child Care](#)
- [Parent/Guardian/Caregiver COVID-19 Screening Agreement for Households Entering EarlyON Child and Family Centres](#)

Screening Forms:

- [COVID-19 Active Screening Form for Children](#)
- [COVID-19 Active Screening Form for Households Entering EarlyON Child and Family Centres](#)
- [COVID-19 Active Screening Form for Staff](#)
- [COVID-19 Active Screening Form for Licensed Home Child Care \(LHCC\) Providers and their Households](#)
- [COVID-19 Active Screening Form for Essential Visitors and Vendors](#)
- [Re-Entry Screening for Children in Child Care Settings](#)
- [Re-Entry Screening for Adults in Early Years and Child Care Settings](#)

Cleaning and Disinfection Resources:

- [Cleaning and Disinfection in Child Care Settings](#)
- [Disinfection Chart for Child Care Settings \(using bleach\)](#)
- [Disinfection Chart for EarlyON Child and Family Centres \(using bleach\)](#)

Resources for Parents/Guardians/Caregivers:

- [Parents/Guardians/Caregivers COVID-19 Information Booklet](#)

Child Care Service Provider Closure and Communication Process:

- [Guidance for Service Providers on Management of COVID-19 Cases in Child Care Settings](#)
- [Early Years and Child Care Service Provider Decision Process](#)
- [Child Care Staff Risk Assessment Tool](#)
- [Peel Public Health Early Years Child Care Contact Line List Template](#)
- [Person with COVID-19 in your Child Care Setting Exclusion Letter for Parents/Guardians of Children Under 12](#)
- [Person with COVID-19 in your Child Care Setting Exclusion Letter for Parents/Guardians of Children 12 and over](#)
- [What to do if your child is dismissed from child care](#)
- [How to care for someone in your household who is self-isolating fact sheet \(available in multiple languages\)](#)
- [Person with COVID-19 in your Child Care Setting Exclusion Letter for Staff](#)
- [Person with COVID-19 in your Child Care Setting Exclusion Letter for LHCC providers](#)
- [How to self-isolate fact sheet \(available in multiple languages\)](#)
- [Community Letter Template for Child Care/EarlyON Centres](#)
- [Return from Classroom/Grouping Closure Letter Template](#)

EarlyON Service Provider Forms, Resources and Guidance:

- Refer to Appendix 1.2.

Posters and Resources:

- Active Screening Posters
- Hand Washing and Use of Personal Protective Equipment Posters
- Peel Public Health Contact Information

Resources including posters for hand washing and mask use are available on Peel Public Health's [Child Care Provider website](#) and are also available [here](#). Additional information on measures to reduce the risk of COVID-19 in Early Years and Child Care settings is available on the Public Health Agency of Canada's [website](#).

Definitions

“**Agency**” refers to a licensed home child care agency.

“**Before and After School Programs (BASPs)**” refers to child care services that are intended for school-age children during the non-instructional (school) day. BASPs can be located in school-based, community-based or home child care settings.

“**Child Care Centre**” refers to an establishment offering licensed child care in a centre-based facility.

“**Child Care Setting**” refers to licensed child care centres or home child care sites (residences).

“**EarlyON Centre**” refers to a location delivering indoor and outdoor EarlyON Child and Family programs. Locations must have an address.

“**Early Years and Child Care (EYCC) Setting**” refers to all settings: child care centre, licensed home child care site and EarlyON Centre.

“**Licensed Home Child Care Provider (LHCC provider)**” refers to a person providing licensed child care in a private residence and who is contracted with a Home Child Care Agency.

“**Service Providers**” refers to licensed child care centre-based providers, licensed home child care agencies and EarlyON Child and Family Centre service providers.

“**Staff**” refers to an individual who works in licensed child care centres or EarlyON Centres.

The use of **bold** and the following symbols have been used throughout this document to highlight guidance that is specific to one or two settings only.



EarlyON Child and Family Centres



Licensed Child Care Centres



Licensed Home Child Care

Important Health Care Information to Have on Hand

Contact a health care provider or Telehealth Ontario at 1-866-797-0000 if you or another individual are experiencing symptoms of COVID-19. If symptoms change or worsen, the individual may need to seek medical attention. If the individual has any severe symptoms, such as difficulty breathing or chest pain, call 911.

A child should go to a hospital right away if any of the following signs and symptoms are observed:

- Fast breathing or trouble breathing
- Bluish colour skin or lips
- Not drinking enough fluids
- Not waking up or interacting
- Being so irritable that the child does not want to be held
- Persistent fever for 3 days or more

Refer to Peel Public Health's website for information on symptoms, getting tested and self-isolation at <https://www.peelregion.ca/coronavirus/>.

Peel Public Health can be reached at 905-799-7700, Caledon 905-584-2216. The Peel Public Health Call Centre is open 8:30 a.m. to 4:30 p.m., Monday to Friday.

To report a positive or probable COVID-19 case or a child attending child care who is an asymptomatic close contact of a positive case and is not getting tested for COVID-19, use the incident reporting form on the [child care](#) or [EarlyON](#) web pages.

What is COVID-19?

COVID-19 is a new strain of coronavirus that are 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
- face-to-face close prolonged personal contact with an infected person within 2 meters for 15 minutes cumulatively
- touching an infected surface and then touching your mouth, nose or eyes

Common symptoms include:

- fever
- new or worsening cough
- shortness of breath

For more information on symptoms, refer to the [Ministry of Education's COVID-19 Screening Tools for School and Child Care Settings](#).

Part 1: Protocols for Early Years and Child Care Settings

Daily Screening for COVID-19 of Persons Entering Early Years and Child Care Settings

POLICY

Every person arriving at an Early Years and Child Care setting (EYCC setting) must be screened daily **PRIOR** to entering. Previously ill individuals and individuals who had close contact with a person with COVID-19 or COVID-19 symptoms need to complete an additional re-entry screening (if applicable).

Child care service 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. EarlyON service providers should follow-up with staff to determine the reason for any unplanned absences as noted above.

There should be no non-essential visitors permitted to enter the EYCC setting. Essential visitors who will be permitted may include professionals delivering supports for children with special needs, Ministry staff and other public officials such as the fire marshal, public health inspectors, etc. Essential visitors will be required to meet all daily screening requirements prior to entering the EYCC setting. In child care settings, as much as possible, parents/guardians should not enter the premises unless absolutely necessary at the discretion of staff/LHCC provider.

Students completing post-secondary educational placements will be permitted to enter the EYCC setting. Students will also be subject to the same health and safety protocols as other staff such as screening, use of personal protective equipment, and should also review the health and safety protocols.



EarlyON Centres will require families to reserve and/or register in advance of participating in programs and services. Families who reserve/register in advance will complete in-person sign-in when they attend the program. Exceptions to the pre-registration requirement are permitted provided that service providers conduct active screening on all individuals before they enter the EarlyON Centre or participate in outdoor programming, collect and maintain attendance records, and comply with gathering limit requirements in accordance with provincial rules, municipal by-laws, and any additional Public Health advice.

Additional [Guidance for staff entering the EarlyON Centre to provide virtual programming](#) has been provided for staff who need to enter the EarlyON Centre in-person to conduct virtual programming under exceptional circumstances.

PROCEDURES

Active Screening

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). Please note that a screening station will still be needed for individuals who are not able to complete screening before arrival. Physical distancing measures should still be in place.

Every person entering the EYCC setting should take their own temperature prior to arrival to verify whether they have a fever indicated by a temperature of 37.8°C or greater. On-site temperature checks at the EYCC setting as a part of screening are optional. Parents/guardians should check all household members for symptoms including taking the temperature of household members attending the EYCC setting prior to arrival.

Additional information on screening of children who attend before and after school programs is provided in **Part 2: Additional Information for Before and After School Programs**.

Parent/Guardian COVID-19 Screening Agreement

Service Providers should inform all parents/guardians whose children are placed in child care or who enrol in an EarlyON Centre program of the screening requirements prior to the family beginning the child care/EarlyON program.

Service Providers are strongly recommended to provide parents/guardians with the [Parent/Guardian COVID-19 Screening Agreement for Child Care](#) for parents/guardians to confirm their understanding of, and consent for, all screening requirements.

EarlyON Service Providers should use the [Parent/Guardian/Caregiver COVID-19 Screening Agreement for Households Entering EarlyON Child and Family Centres](#). During the reservation/registration process, they should collect contact information, provide screening forms, and distribute health and safety policies and procedures, including information regarding program operations.

Screening Forms

Staff/LHCC providers should be trained on conducting the screening using the appropriate COVID-19 Active Screening Forms.

When assessing for symptoms, the focus should be on evaluating if they are **new, worsening, or different from an individual's baseline health status** (usual state). Symptoms should not be chronic or related to other known causes or conditions (e.g., runny nose from being outside in cold weather).

These screening forms are based on the Ministry of Education's [COVID-19 Screening Tools for School and Child Care Settings](#), and also include additional question(s) required by Peel Public Health. Every individual entering an EYCC setting in Peel region should also answer these additional question(s):

“Did you (your child) or anyone you (your child) live with* travel outside Canada in the last 14 days?”

*[Exemptions](#) to 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](#).

“Did you (your child) have close contact with anyone who had COVID-19 symptoms in the last 14 days?”**

**Anyone with COVID-19 symptoms who has not been tested for COVID-19, is awaiting test results, OR does not have an alternative diagnosis.

This additional screening question below should also be asked for children attending child care and EarlyON programs:

“Is anyone in your child(ren)’s home isolating as a "close contact" of someone who has COVID-19?”

Screening Forms by Setting



Licensed Child Care Centres

- [COVID-19 Active Screening Form for Children](#)
- [COVID-19 Active Screening Form for Staff](#)
- [COVID-19 Active Screening Form for Essential Visitors and Vendors](#)



Licensed Home Child Care

- [COVID-19 Active Screening Form for Children](#)
- [COVID-19 Active Screening Form for LHCC Providers and their Households](#)
- [COVID-19 Active Screening Form for Essential Visitors and Vendors](#)



EarlyON Child and Family Centres

- [COVID-19 Active Screening Form for Households Entering EarlyON Child and Family Centres](#)
- [COVID-19 Active Screening Form for Staff](#)
- [COVID-19 Active Screening Form for Essential Visitors and Vendors](#)

Screening Methods

To ensure accurate screening, the order of preference for screening is: telephone screening, on-site (in-person) screening outdoors and then electronic screening.

1. Screening by Phone:

Active screening questions may be asked over the phone.



Child Care Settings – Service Providers will provide families with a phone number to call so that the [COVID-19 Active Screening Form for Children](#) can be completed by screening staff/LHCC provider over the phone with the parent/guardian and documented by staff/LHCC provider.



EarlyON Centres – Service Providers will provide families with a phone number to call so that the [COVID-19 Active Screening Form for Households Entering EarlyON Child and Family Centres](#) can be completed and documented by screening staff over the phone with the parent/guardian/caregiver.



Child Care/EarlyON Centres – Supervisors/designated lead staff will complete the screening for staff and students using the [COVID-19 Active Screening Form for Staff](#).

2. On-Site Screening:

Service Providers are required to ensure that the following steps are completed:

- Identify/set up the screening area and assign staff (if applicable) to conduct the screening. Peel Public Health strongly recommends that screening take place **outside** the entrance.



LHCC Providers living in apartment or condo buildings are strongly recommended to conduct screening outside the building entrance prior to entering the building.

- Implement measures to impose 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.



Child Care Centres should develop procedures that support physical distancing and separate different groups of children as best as possible (i.e., children of one room enter door A and children of another room enter door B, or staggered entrance times).



Child Care/EarlyON Centres, entrance/exit should be control-accessed to ensure each person is screened before entering the centre.

- Screening should be conducted while maintaining a minimum 2 metre distance from the person being screened as much as possible or be separated by a physical barrier (such as a plexiglass barrier), and while wearing personal protective equipment (PPE) (See Disposable Gloves, Masks and Eye Protection under the **General Sanitary Precautions and Physical Distancing Measures Policy**). Providers should refer to these video resources on how to properly [put on](#) and [take off](#) PPE.
- All individuals need to follow requirements for masking and eye protection prior to entry. See Disposable Gloves, Masks and Eye Protection under the **General Sanitary Precautions and Physical Distancing Measures Policy**.
- Place posters or signage outside the entrance(s)/drop-off area(s) identifying the screening process.
- Ensure alcohol-based hand rub or hand sanitizer (60%-90% alcohol content) is available at all entrances, but inaccessible to young children.
- Once a person has passed screening, they should complete hand hygiene with the sanitizer or by hand washing with soap and water.



EarlyON Centres should also ensure the following measures are being taken to promote safe in-person sign-ins:

- Display signage that promotes hand hygiene, physical distancing, symptoms screening and usage of masks.
- Consider using signage/markings on the ground to direct families through the entry, where to wait, and how to exit.
- Encouraging one-way traffic flow throughout the space.
- Encourage hand hygiene by providing hand sanitizer containing 60%-90% alcohol content at the entrance with signage demonstrating appropriate use (see [How to Wash Your Hands](#))
- Conduct frequent cleaning and disinfection of high-touch surfaces.
- If storage for personal items is required (e.g., strollers, diaper bags, etc.), it is recommended that policies be developed to promote physical distancing when accessing the space as well as regular cleaning.



LHCC Providers may also complete the standard health check upon the child(ren)'s entry into the home child care site. The parent/guardian should remain outside of the home until this check is completed and the provider has advised the parent/guardian that the child may enter the home.

- **If a temperature was not taken in advance of arriving at the EYCC setting, on-site temperature checks may be conducted:**
 - The screening area should have a no touch thermometer or a digital thermometer with a supply of single use tips available. Follow the manufacturer's instructions for proper use.
 - A waste container should be available in the screening area to dispose of thermometer tips, which can be disposed of in the regular garbage afterward.
 - Disinfectant should also be available in the screening area to disinfect the thermometer in-between uses. Thermometers may be disinfected with 70% isopropyl or ethyl alcohol (i.e., alcohol prep wipes) and allowed to air dry before use or disinfected according to the manufacturer's instructions.
 - Service Providers will request that individuals taking their temperature apply hand sanitizer before and after using the thermometer and before and after disinfecting it.

3. Screening Done Electronically (e.g., via online form, e-mail, survey):

Service Providers may develop an electronic form, survey or e-mail based on the COVID-19 Active Screening Forms to be sent to staff/LHCC providers, students, parents/guardians/caregivers, and essential visitors/vendors to complete and submit prior to arrival. Service Providers should ensure the following criteria are met:

- The wording of the screening questions is not modified.
- Attendance records are retained in accordance with the [Child Care and Early Years Act \(2014\) regulatory requirements](#) for record keeping.
- Privacy and confidentiality of the screening results is maintained. See the **Confidentiality of Personal Health Information Collected for COVID-19 Screenings**.
- The screening results **must** be verified by the staff/LHCC provider prior to entry.
- Contact information for the person completing it, including date, is captured.

Screening staff/LHCC provider must verify that any individual who arrives at the EYCC setting and has answered **YES** to **ANY** of the screening questions will be directed to not enter and to return home immediately.

Service providers are encouraged to use the paper screening forms provided or adapted electronic versions that do not change the screening questions.

The Ministry's [COVID-19 Screening Tool for School and Child Care Settings](#) may be used by adults (staff, LHCC providers/LHCC household members, essential visitors/vendors) and parents/guardians screening their children if screening results are verified by Service Providers (e.g., seeing a screenshot). Parents/guardians/caregivers who attend EarlyON Centres can complete the online screening as a visitor and complete online screening for their children separately prior to entry. The additional Peel Public Health-required question(s) should be asked and verified by Service Providers daily.



Screening of Staff and Placement Students in Child Care/EarlyON Centres

The first staff to arrive at the child care/EarlyON Centre will self-screen at home using the [COVID-19 Active Screening Form for Staff](#) and will answer the screening questions and complete the temperature check, to ensure they are well enough to work. If the Ministry's [COVID-19 Screening Tool for School and Child Care Settings](#) is used, staff should also complete the Peel Public Health required questions from the **COVID-19 Active Screening Form for Staff** daily.

- Once the first staff has completed the self-screening, they will arrive at the setting and complete active screening or verify screening results for the second staff to arrive.
- Once screened, the second staff to arrive will confirm the screening results of the first staff.
- The Supervisor/designated lead staff will then complete active screening or verify the screening results for all staff and ensure that screening is completed across all staffing shifts.
- Any staff or students who arrive at the setting and answer **YES** to **ANY** of the questions on the active screening form will be directed by the Supervisor/designated lead staff not to enter the setting and to return home immediately. Refer to chart **When a COVID-19 test is required with a Screen POSITIVE and timeline for return** for further guidance.



Screening of LHCC Providers and Individuals Living in the Home Child Care Residence

- LHCC providers will self-screen at home using the [COVID-19 Active Screening Form for LHCC Providers and their Households](#) and will answer the screening questions in writing or electronically to ensure they are well enough to care for children. LHCC providers should take their own temperature to assess if fever is present, indicated by a temperature of 37.8°C or greater.
- LHCC providers will then screen household members or other individuals living in the home child care site (if any) using the **COVID-19 Active Screening Form for LHCC Providers and their Households**.
- If a LHCC provider or household member answers **YES** to **ANY** of the questions on the active screening form, the **LHCC provider is required to not accept any children into his/her home** and to report the screening results to their Agency immediately.

Note: Staff/students/LHCC providers who cared for a sick child would answer NO to the screening question regarding close contact with anyone with COVID-19 symptoms since they

would have worn PPE (surgical mask and eye protection) appropriately (mask over nose and mouth).

Screening of Essential Visitors/Guests and Vendors

- Any essential visitor/guest or third-party vendor (such as caterers or cleaning services) **MUST** also complete the daily active screening prior to entering the site using the [COVID-19 Active Screening Form for Essential Visitors and Vendors](#). Entry into the EYCC setting should only be permitted if there is a need to enter.
- Any third-party vendors (such as cleaning services) entering a child care/EarlyON Centre after-hours should self-screen prior to entering by completing the **COVID-19 Active Screening Form for Essential Visitors and Vendors**. Staff should advise third-party vendors of proper hand hygiene and cleaning and disinfection practices when using the thermometer, if temperature checks are a part of on-site screening.
- Essential visitors/guests or third-party vendors need to follow requirements for wearing PPE (see **When to Wear Personal Protective Equipment (PPE)** outlined in the **General Sanitary Precautions and Physical Distancing Measures Policy**).
- **For Child Care/EarlyON Centres located within a school:**
 - School Board staff will be held accountable to complete screening as directed by their School Board's protocol prior to reporting to work. They will not be required to complete further screening to enter the child care/EarlyON space. However, their entry should be limited as necessary. They will be expected to maintain physical distancing and wear medical masks (and eye protection if in the presence of unmasked individuals) when entering.
 - When entering the purpose-built child care/EarlyON space after hours, custodial staff will be held accountable to complete screening as directed by the School Board's protocol. No further after-hours screening will be required.



Re-Entering A Child Care/EarlyON Centre On the Same Day

- Individuals re-entering the child care/EarlyON Centre (leaving the property and coming back on the same day such as staff running an errand during lunch break) should be screened again **PRIOR** to re-entering the setting (self-screens are permitted). If staff are going to remain on the premises for a short break/lunch, then screening is not necessary.
- Children/families and staff who go out for a community walk/excursion do not need to be re-screened. Staff should self-monitor for symptoms and continue to monitor children/households*¹ for symptoms throughout the day/program.

*¹Within the context of EarlyON programming, a household is considered any parent/guardian/caregiver and child(ren) who attend the EarlyON program as a unit. This definition of household will apply when household is shown with an Asterisk – **household*** – throughout this document.

After-Hours Parent Tours of Child Care Settings

- Use of video and telephone interviews should be used to interact with families where possible, rather than in person.
- In-person parent tours should only be allowed after hours, provided that the precautions below are followed.
- Any parents/guardians entering a child care setting after-hours for parent tours must also complete the daily active screening process prior to entering the site using the [COVID-19 Active Screening Form for Essential Visitors and Vendors](#).
- All parents/guardians and children entering should wear a mask (except children if not tolerated or under the age of 2) and perform hand hygiene before entering and as often as necessary. Refer to **When to Wear Personal Protective Equipment (PPE)** outlined in the **General Sanitary Precautions and Physical Distancing Measures Policy** for more information.

Screening Outcomes

Screen POSITIVE:

Any individual who answers **YES** to **ANY** of the questions on the screening form should not be permitted to enter the EYCC setting. **This includes excluding any siblings of the child (or any other children living in the same household) from attending the EYCC setting.** If testing is strongly recommended for a symptomatic individual, the individual must self-isolate while waiting for test results as well as their household members. Household members who have no symptoms and 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 home unless they are immunocompromised. **If any LHCC providers or their household members answer YES to ANY question, they must close the home child care site.**

See the chart **When a COVID-19 test is strongly recommended with a Screen POSITIVE and timeline for return** for when the individual can return to the EYCC setting.

Note:

- If an individual 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 may still attend the EYCC setting. The individual should wear a properly fitted mask for their entire time at the EYCC 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 immediately to self-isolate and seek COVID-19 testing. Staff/LHCC providers can refer to the resource [Guidance for managing school and early years and child care staff/home child care providers with symptoms within 48 hours of COVID-19 vaccination](#) or to the [Ministry's Guidance for Employers Managing Workers with Symptoms within 48 Hours of COVID-19 Immunization](#) for more information.
- **Fully vaccinated** individuals are individuals who have completed a Health Canada approved COVID-19 vaccine series or received all recommended doses of a COVID-19 vaccine that has been listed for emergency use by the World Health Organization AND it has been 14 days or more since receiving the full vaccine series (i.e., second dose of a two-dose series or a single dose of a one-dose series). Immunocompromised individuals should

continue to follow all standard public health direction (e.g., self-isolate after being exposed to a person who has COVID-19), even if they are fully vaccinated.

- If an individual is tested for COVID-19 and receives an “indeterminate” or “inconclusive” test result, the person should continue to self-isolate and get re-tested for COVID-19.
- An exception that would allow for an individual to return to the EYCC setting even though they have failed screening is if an individual had COVID-19 in the past 90 days, recovered and was cleared from isolation by Public Health but has failed screening because they have been exposed to a COVID-19 case.

When a COVID-19 test is strongly recommended with a Screen POSITIVE and timeline for return:

Screen POSITIVE scenario	Is COVID-19 test strongly recommended?	When to return to EYCC setting
<p>Individual experiencing ANY COVID-19 symptoms that are new, worsening, or different from an individual’s normal (baseline) health status including:</p> <ul style="list-style-type: none"> • Fever and/or chills ($\geq 37.8^{\circ}\text{C}$ or 100°F) • Cough or barking cough (croup) • Shortness of breath • Decrease or loss of smell or taste • Nausea, vomiting and/or diarrhea (in children) • Extreme tiredness that is unusual (in adults) • Muscle aches/joint pain that is unusual or long lasting (in adults) <p>Note: If an individual received a COVID-19 vaccination in the last 48 hours and is experiencing symptoms, Refer to the resource Guidance for managing school and early years and child care staff/home child care providers with symptoms within 48 hours of COVID-19 vaccination or to the Ministry’s Guidance for Employers Managing Workers with Symptoms within 48 Hours of COVID-19</p>	<p>YES</p>	<p>If test is <u>negative</u> for COVID-19, symptoms have improved for at least 24 hours (48 hours for digestive issues like nausea/vomiting, diarrhea or stomach pain), and there is no fever, the individual can return upon passing the re-entry screening (if applicable) and daily active screening.</p> <p>If test is <u>negative</u> for COVID-19, symptoms have improved for at least 24 hours (48 hours for digestive issues like nausea/vomiting, diarrhea or stomach pain), and there is no fever, LHCC provider can reopen home child care site upon passing the re-entry screening and daily active screening.</p> <p>If test is <u>positive</u> for COVID-19, the individual will be required to continue self-isolation and Public Health will confirm when staff/child can return or when LHCC provider can reopen child care site.</p> <p>If the individual does not get tested for COVID-19:</p> <ul style="list-style-type: none"> • Exclude from the EYCC setting for 10 days from the start of symptoms or as directed by Public Health. • If the individual is an LHCC provider or household member, the home child care site will

Screen POSITIVE scenario	Is COVID-19 test strongly recommended?	When to return to EYCC setting
<p>Immunization for more information.</p>		<p>remain closed for 10 days or as directed by Public Health.</p> <ul style="list-style-type: none"> Household contacts (including any siblings) who are not fully vaccinated must self-isolate for 10 days from last close contact with symptomatic individual. Household contacts who were previously positive within the past 90 days and have since been cleared by Public Health are not required to self-isolate.
<p>Symptomatic individual with:</p> <p>A pre-existing or alternate medical condition (e.g., asthma, tonsillitis, recurrent ear infections, allergies)</p> <p>OR</p> <p>with an underlying cause of symptoms (e.g., runny nose from cold weather, transient vomiting from anxiety in children).</p>	<p>NO</p> <p>Individual with pre-existing or alternate medical condition to be assessed by a health care provider for clearance.</p> <p>Parent self-report of an alternate diagnosis made by their health care provider, or of an underlying cause, is sufficient proof. A medical note is not required for clearance.</p>	<p>Individual can return if symptoms are improving after 24 hours (if cause was infectious like a cold or flu or an alternate medical condition) or after 48 hours (for digestive issues like nausea/vomiting, diarrhea or stomach pain), not experiencing fever and is feeling well enough to participate.</p> <p>For LHCC providers and their household members, if clearance was provided by a health care provider, the home child care site can reopen.</p>
<p>Individual or household member has travelled outside Canada in the last 14 days.</p>	<p>YES (if symptoms develop in the 14-day isolation period)</p>	<p>Exclude from the EYCC setting for 14 days from the return of travel.</p> <p>Closure of home child care site for 14 days from the return of travel if LHCC provider or anyone in the household has travelled outside Canada in the last 14 days.</p> <p>Exemptions to 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.</p>

Screen POSITIVE scenario	Is COVID-19 test strongly recommended?	When to return to EYCC setting
<p>Individual is a close contact of a confirmed case of COVID-19.</p>	<p>YES (as per Public Health's recommendation)</p>	<p>Exclude from the EYCC setting for 10 days after their last exposure, regardless of a negative test or as per Public Health's recommendation.</p> <p>Asymptomatic individuals who are fully vaccinated or had COVID-19 in the past 90 days, recovered and was cleared from isolation by Public Health are not required to self-isolate but should eat lunch alone and not take public transit or carpool. Testing for COVID-19 is still recommended.</p> <p>Note: Self-isolation may still be required of the individual at the discretion of Peel Public Health.</p> <p>Note: Individuals with immunocompromising conditions are still required to self-isolate and should get tested.</p> <p>Symptomatic individuals who are fully vaccinated or had COVID-19 in the past 90 days, recovered and was cleared from isolation by Public Health must self-isolate and should get tested for COVID-19.</p>
<p>Individual is a close contact of a person with COVID-19 symptoms* in the last 10 days.</p> <p>*This person with COVID-19 symptoms has not been tested, is awaiting COVID-19 test results, OR does not have an alternative diagnosis.</p>	<p>YES (if symptoms develop)</p>	<p>Exclude from the EYCC setting for 10 days after their last exposure unless the symptomatic person tests negative or has an alternative diagnosis by a health care provider.</p> <p>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 individual can still attend the EYCC setting.</p> <p>Asymptomatic staff/LHCC providers/household members of</p>

Screen POSITIVE scenario	Is COVID-19 test strongly recommended?	When to return to EYCC setting
		<p>LHCC providers who are fully vaccinated or had COVID-19 in the past 90 days, recovered and was cleared from isolation by Public Health are not required to stay at home while the symptomatic person awaits test results.</p> <p>Note: Individuals with immunocompromising conditions are still required to stay at home while the symptomatic person awaits test results.</p>
Individual has been directed by a health care provider or Public Health to isolate.	Follow the advice provided by Public Health.	Follow the advice provided by Public Health.
Child has a household member who is isolating as a close contact of someone with COVID-19.	NO (unless the household member tests positive for COVID-19)	<p>Exclude child from EYCC setting for the duration of the household member's isolation period.</p> <p>Children 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 home unless they are immunocompromised.</p> <p>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.</p>
Individual has tested positive on a rapid antigen test or a home-based self-testing kit in the past 10 days	YES	Exclude from the EYCC setting for 10 days unless the individual tests negative on a lab-based PCR test.

Where an individual does not pass screening and is not permitted to attend the EYCC setting, this does not need to automatically be reported to Peel Public Health. See section called **When to Report to Peel Public Health** for details.

Screen NEGATIVE:

- If screened negative (**NO** to **ALL** questions), individuals should sanitize their hands before entering the EYCC setting.



Child Care Settings – Once the parent/guardian and child(ren) have all passed active screening, the child(ren) will be escorted into the child care setting by staff/LHCC provider. Parents/guardians are discouraged from entering unless absolutely necessary at the discretion of staff/LHCC provider. Pick-up and drop-off of child(ren) should happen outside the child care setting unless it is determined that there is a need for a parent/guardian to enter.

- Considerations for stroller storage should be made if this typically takes place inside the child care setting (e.g., designating a space outside like a storage shed so that parents do not need to enter the building to leave the stroller).



EarlyON Centres – Parents/guardians/caregivers and child(ren) will be directed by staff to sign in for program attendance.

When to Report to Peel Public Health

- There is a positive case of COVID-19, but the Service Provider has not been contacted by Public Health.
- When there is a probable case of COVID-19 (a symptomatic child or staff/LHCC provider/household member of LHCC provider who is a close contact of a positive case).
- When there is a child attending child care who is an asymptomatic close contact (a child who has no symptoms and is a close contact of a positive case) and is not getting tested for COVID-19.
- In a **Child Care Centre**, there is an unusual amount of staff and/or children who become sick or screen positive including non-COVID related illnesses (see pg. 18 in the [Preventing and Managing Illnesses in Child Care Centres guideline](#)).
- In a **Child Care Centre**, when there is an unusual occurrence such as a flood, fire, sewage back-up, etc.

Re-entry Screening of Previously Ill Individuals and/or Individuals Who Were a Close Contact of Someone with COVID-19 or COVID-19 Symptoms

Previously ill children who attend child care and all staff/students/LHCC providers/providers' household members should pass re-entry screening in addition to daily active screening in order to return to the EYCC setting. Individuals who are not fully vaccinated and were a close contact of someone with COVID-19 or COVID-19 symptoms should also pass re-entry screening before returning to the EYCC setting. **Fully vaccinated** individuals who have no symptoms and were a close contact of someone with COVID-19 or COVID-19 symptoms do not need to complete re-entry screening. Children who were directed to stay home because another asymptomatic household member (e.g., sibling) was identified as a close contact, do not need to complete re-entry screening, but should complete daily screening prior to return.

Use the forms for [Re-Entry Screening for Children in Child Care Settings](#) and the [Re-Entry Screening for Adults in Early Years and Child Care Settings](#) to conduct re-entry screening.

Screening can be conducted over the phone with the individual (or parent/guardian), or the form may be provided to the individual (or parent/guardian) to complete.

Service Providers should confirm that the individual (or parent/guardian) checks off one of the boxes on the re-entry screening form before proceeding to daily active screening. The form should be signed by the staff/LHCC provider if completed by staff/LHCC provider over the phone, and by the parent/guardian if completed and submitted by the parent/guardian.



EarlyON Centres – Households* (parents/guardians/caregivers and children) who attend EarlyON Centres do not need to complete re-entry screening but must complete daily active screening prior to entering the setting. Staff who were previously ill or who were a close contact of someone with COVID-19 or COVID-19 symptoms should complete re-entry screening and daily active screening prior to returning to work.

Confidentiality of Personal Health Information Collected for COVID-19 Screenings

It is important to note that Peel Public Health:

- Is required by Ontario's *Personal Health Information Protection Act (PHIPA)* to respect and protect the privacy of the individuals being screened for COVID-19; and
- Will only disclose a positive case to an EYCC Service Provider if it is needed to manage the exposure risk to others.

Service Providers are required to protect the confidentiality of all personal health information collected for the COVID-19 screenings and/or information provided by Peel Public Health regarding a positive COVID-19 test result to reduce exposure. Parent and child privacy are most important; therefore, Service Providers are encouraged to treat families in a respectful manner which protects the privacy of their family. COVID-19 screening results must only be shared with Peel Public Health. If screening records are kept, all screening documents completed must be stored in a secure area (i.e., secured electronically, locked office and filing cabinet). Privacy is everyone's responsibility.

Attendance Records

- The **Daily Screening for COVID-19 Policy and Forms** will be updated as advised by Peel Public Health.
- Records of anyone entering the premises (e.g., name, contact information, time of arrival/departure, screening completion, etc.) 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 case or outbreak).
- Child care service 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. EarlyON service providers should follow-up with staff to determine the reasons for any unplanned absences as noted above.
- Attendance records must be maintained on the premises and managed in accordance with the Service Provider's relevant privacy and document management practices. Attendance records must be maintained as set out in Ontario Regulation 137/15 under the *Child Care and Early Years Act, 2014*.
- Where possible, contact information should be obtained electronically (e.g., via online form, survey, or e-mail) or by phone prior to arrival at the EYCC setting.

General Sanitary Precautions and Physical Distancing Measures to Prevent the Spread of COVID-19

POLICY

EYCC settings should be thoroughly cleaned prior to re-opening the site and throughout daily operations in accordance with this policy. Service Providers should maintain routine infection prevention and control practices (refer to the "[Preventing and Managing Illnesses in Child Care Centres](#)" guidelines, which are also found in the "[Keep on Track](#)" manual), as well as adhere to **additional** sanitary precautions and physical distancing measures in all aspects of care to prevent the spread of COVID-19 as described in this policy. **EarlyON Centres** may refer to the EarlyON Service Provider "Sanitation and Maintenance" policy.

Service Providers are responsible to communicate the requirements under this policy to any third-party vendors contracted for cleaning services at the EYCC setting (if applicable).

All persons in an EYCC setting are required to follow the requirements for wearing masks (see [When to Wear Personal Protective Equipment \(PPE\)](#) in this policy).

LHCC providers with seniors and immunocompromised individuals living in the home should take extreme caution during a time of heightened risk of exposure to COVID-19.

For additional requirements for school-based and community-based before and after school program providers with respect to cleaning procedures and use of shared spaces, see **Before and After School Programs Located within Schools** and **Community-Based Child Care Operating Before and After School Care** in Part 2 of this document.

PROCEDURES

Hand Hygiene and Respiratory Etiquette

Hand hygiene is essential for infection control. Hand hygiene should be conducted by anyone entering the EYCC setting and incorporated into the daily schedule at regular intervals during the day, above and beyond what is usually recommended (for example, before eating food, after using the washroom). Service Providers, staff/LHCC providers, parents/guardians/caregivers and children should wash their hands with soap and warm water frequently throughout the day following the steps for proper [hand washing](#). Alcohol-based hand rub or hand sanitizer may also be used when hands are not visibly soiled following the steps for proper [use](#).

Hand sanitizer should only be used on children who are over the age of two and should always be used under staff supervision. Staff should ensure that the product has completely evaporated from the child's hands before allowing the child to continue their activity.

Avoid touching your eyes, nose or mouth and high-touch areas, where possible.

Service Providers should increase monitoring of hand washing supplies to ensure all sinks in washrooms, kitchens, and classrooms are well stocked at all times (i.e., soap, paper towels, waste receptacles). Ensure hand sanitizer or alcohol-based hand rub (containing 60%-90% alcohol) is readily accessible in areas where hand washing facilities are not available (ideally at

the entry point to each room). However, hand sanitizer dispensers should not be in locations that can be accessed by young children.

Portable sinks to facilitate hand washing are not permitted unless they are only used on a temporary basis. Permanent handwashing sinks must be installed as soon as possible where needed.

Respiratory Etiquette

Tissues and lined, no-touch waste baskets (for example, foot pedal-operated, hand sensor, open basket) are to be provided, where possible. All individuals should cover coughs and sneezes with a tissue. If a tissue is not available, individuals should cough or sneeze into their upper sleeve or elbow, not their hands. Individuals should wash hands after coughing and sneezing. Individuals should replace damp or contaminated masks and eye protection.

Staff, LHCC providers, visitors, placement students and children should be provided with targeted, age-appropriate education in proper hand hygiene and respiratory etiquette. Age-appropriate posters or signage about proper hand hygiene and respiratory etiquette should be placed around the EYCC setting. Resources available include the [CHEO handwashing song](#), and resources from the [CDC](#) and [Public Health Ontario](#).

Disposable Gloves, Masks and Eye Protection

When to Wear Personal Protective Equipment (PPE):

Type	Description	Who	When to Wear	Other Considerations
<p>Medical Mask (e.g., surgical/procedural mask)</p> <p>Peel Public Health does not recommend child care providers wear N95 masks. For these masks to provide sufficient protection, each wearer must be fit tested as there are different sized faces and N95 masks. N95 masks are only necessary when certain medical procedures are being performed.</p>	<p>Often blue coloured masks commonly seen in doctor and dentist clinics</p>	<p>Staff, LHCC providers, placement students, special needs resource staff</p> <p>Children (in all EYCC settings) and Parent/Guardian/Caregiver (in EarlyON setting)</p> <p>Household members of LHCC providers</p> <p>Essential visitors/vendors</p> <p>Parents/Guardians/Caregivers attending EarlyON centres</p>	<p>Always indoors (unless eating – but time with masks off should be limited and physical distance should be maintained). Outdoors if physical distancing cannot be maintained.</p> <p>If children or parent/guardian/caregiver become ill while at the EYCC setting.</p> <p>When in a shared/common space indoors with the children attending care. Outdoors if physical distancing cannot be maintained.</p> <p>Always indoors, and also outdoors, if physical distancing cannot be maintained.</p> <p>Always indoors (unless eating/drinking greater than or equal to 2 metres away from others). Outdoors if physical distancing cannot be maintained.</p> <p>Parent/guardians/caregivers are recommended to wear medical masks. Providers should offer medical masks to parents/guardians/caregivers.</p>	<p>Discard mask when wet, visibly soiled, damaged, or contaminated.</p> <p>Wash or sanitize hands before putting on and after taking off a mask.</p> <p>Exemptions*:</p> <ul style="list-style-type: none"> Those who have trouble breathing, unable to wear a mask due to medical conditions or unable to remove a mask without assistance. Proof of a mask exemption is not required. Children under the age of 2. <p>If a child is unable to wear a mask, maintain a two-meter distance as much as possible.</p>

Type	Description	Who	When to Wear	Other Considerations
<p>Eye Protection (face shield, goggles or wrap around safety glasses)</p>	<p>Should protect the eyes from all angles including the front and sides, and also protect from the top when an individual's head is lowered (wrap around the eyes) to protect from direct splashes or sprays</p>	<p>Staff, placement students, LHCC providers, special needs resource staff</p> <p>Household members of LHCC providers</p> <p>Essential visitors/vendors</p>	<p>If in the presence of unmasked individuals indoors (unless eating/drinking greater than or equal to 2 metres away from others). Outdoors if physical distancing cannot be maintained.</p> <p>If in the presence of unmasked individuals indoors (unless eating/drinking greater than or equal to 2 metres away from others). Outdoors if physical distancing cannot be maintained.</p> <p>If in the presence of unmasked individuals indoors (unless eating/drinking greater than or equal to 2 metres away from others). Outdoors if physical distancing cannot be maintained.</p>	<p>Clean and disinfect after each use or when contaminated.</p> <p>Wash or sanitize hands before putting on and taking off eye protection.</p> <p>A face shield is not a mask and cannot be used as a substitute for a mask.</p> <p>Prescription eye glasses are not a proper form of eye protection.</p>
<p>Non-Medical Masks/Face Coverings</p>	<p>Fully covering the nose, mouth, and chin with no gaps</p>	<p>Children in grades 1 and above</p> <p>Children in kindergarten</p> <p>Children aged 2 to kindergarten</p>	<p>Always indoors. Not required outdoors. Physical distancing should be maintained between different groups.</p> <p>Strongly recommended to be always indoors (Peel Public Health recommends that Service Providers consider making it mandatory OR in accordance with School Board policy if within a school setting)</p> <p>Encouraged but not required</p>	<p>Same considerations as medical masks.</p> <p>Parents/guardians are responsible for providing their child(ren) with a non-medical mask(s) or face covering each day, and should be reminded that if children are wearing masks, they will require a way to store their mask when not in use.</p>

Type	Description	Who	When to Wear	Other Considerations
Gloves	Single-use gloves	Staff, LHCC providers and placement students	Cleaning and disinfecting blood and bodily fluids spills and toys/surfaces Caring for a sick child Diapering	Glove use does not replace hand washing. Do not touch your face with gloved hands. Wash your hands after removing gloves.
Gowns	Single-use or reusable gowns	Staff, LHCC providers and placement students	May be used when: <ul style="list-style-type: none"> • Cleaning and disinfecting blood and bodily fluids spills • Caring for a sick child 	Discard single-use gowns after use. Launder reusable gowns after use.

*For reasonable exceptions, refer to the Q&A document for additional information.

The following videos from Public Health Ontario and Public Health Agency of Canada describe how to [put on](#) and [take off](#) PPE and [glove](#) use. The BC Centre for Disease Control has tips on disinfecting [eye protection](#). For eye protection guidance, see the Canadian Centre for Occupational Health and Safety website for details: <https://www.ccohs.ca/oshanswers/prevention/ppe/glasses.html> or consult with the Ministry of Labour or Joint Health and Safety Committee representative for further guidance.

Service providers should check [Health Canada's website](#) to see if a particular medical mask or eye protection product has been approved by Health Canada as PPE.

See [Public Health Ontario](#) for a video on how to properly put on and take off masks and eye protection.

See a [Region of Peel Instagram video](#) for parents/guardians/caregivers and children on how to remove, put on and store non-medical masks.

Physical Activity and Masking

- High contact physical activities should take place in outdoor settings only. Masking is not required outdoors for high contact physical activities.
- Low contact activities are permitted indoors. For children in kindergarten and up, masking is encouraged but not required if a minimum of two metres distance can be maintained between groups and as much as possible within a group.
- The [Warm weather guidance for COVID-19 prevention in early years and child care settings](#) includes recommendations for outdoor activities and use of PPE.

Cleaning and Disinfecting

Cleaning and disinfecting reduce the spread of germs. Some germs can live for hours, days or weeks on toys, counters, diapering tables, doorknobs, computer key boards and other surfaces.

Cleaning with soap and water removes dirt and grease that can hide and protect germs from disinfectants. Cleaning will substantially reduce the number of germs that may be on surfaces.

Disinfecting after cleaning will kill most of the germs that were left behind.

Only use disinfectants with a Drug Identification Number (DIN) and labelled as a broad-spectrum viricide or a bleach water solution. Low-level hospital grade disinfectants may be used. Check expiry dates and always follow the manufacturer's instructions. Particular attention should be paid to contact time, dilution, material compatibility, shelf-life, storage, first aid, and PPE. Follow manufacturer's instructions for contact time. Staff are recommended to choose a disinfectant product with a shorter contact time.

Note that vinegar is not a disinfectant and should not be used for disinfecting in EYCC settings. Vinegar does not kill germs!

Fogging is not a recommended method of disinfection due to its lack of efficacy and potential adverse health effects on children and staff. Currently, Health Canada and Public Health Ontario are also discouraging the use of fogging for disinfection in health care settings, stating the use of no-touch disinfection systems do not replace the need for routine manual cleaning of environmental surfaces.

Service Providers will set up a schedule to ensure all cleaning and disinfecting duties are consistently completed and documented.

Regularly clean and disinfect high-touch surfaces including door knobs, light switches, faucet handles, hand rails, and electronic devices at **least twice daily** to prevent the transmission of viruses from contaminated objects and surfaces. Additional cleaning and disinfecting may be required based on daily need.

The 6 steps for [cleaning and disinfecting](#) are:

1. Clean with soap and water.
2. Rinse with clean water.
3. Dry the surface or object thoroughly. Either air dry or use a clean lint-free cloth or soft absorbent towel.
4. Apply the disinfectant according to the manufacturer's instructions on the label. Allow the surface or object to soak in the disinfectant for the required contact time. Refer to

the [Disinfection Chart for Child Care Settings \(using bleach\)](#) (EarlyON Service Providers may refer to [Disinfectant Chart for EarlyON Child and Family Centres \(using bleach\)](#)) for the required contact times when using household bleach and water. A disinfectant with a Drug Identification Number (DIN) can also be used.

5. Rinse with clean water if required according to manufacturer's instruction on the label or according to the **Disinfection Chart** when using household bleach and water.
6. Let air dry.

Refer to Public Health Ontario's "[COVID-19 Cleaning and Disinfection for Public Settings](#)" guidelines for more information. Follow manufacturer's instructions for contact time. Staff are recommended to choose a disinfectant product with a shorter contact time.

In **Centre-Based Child Care**, continue to use sanitizer that contains chlorine, quaternary ammonium or iodine in the kitchen (according to the [Ontario Food Premises Regulation](#)).

Toys and Equipment

Staff should ensure that all toys and equipment are in good repair, clean and sanitary. The Supervisor/Agency/designated lead staff should be advised of any concerns regarding toys and equipment.

Special Cleaning Considerations

- Service providers are encouraged to provide toys and equipment which are made of materials that can be cleaned and disinfected (e.g., avoid plush toys) as much as possible.
- Mouthed toys should be removed immediately for cleaning and disinfecting after a child is finished using it and should not be shared with other children.



Child Care/EarlyON Centres – staff are encouraged to have designated toys and equipment (e.g., balls, loose equipment) for each room, group or household*. Regular hand hygiene and respiratory etiquette should be practiced to reduce the risk of infection related to shared toys/equipment. Where toys and equipment are shared, cleaning and disinfecting shared toys/equipment between each group's use is recommended.

Sensory Play

- 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 use (i.e., available to the child/household* for the day) and labelled with child/household's* name, if applicable.

Outdoor Play

- Ensure hands are washed or sanitized prior to and after outdoor play.
- Physical distancing should be maintained between different groups.
- Follow provincial and municipal guidance or laws with respect to use of community playgrounds.
- In **Child Care/EarlyON Centres**, play structures should only be used by one group/household* at a time.

Cots, Cribs, Equipment Used for Nap/Sleep Time

- Cots, cribs, and rest equipment should be labelled and assigned to each child. Cots/cribs will be placed to support physical distancing practices (ideally 2 meters/6.5 feet spatial separation if feasible). If space is tight, place children head-to-toe or toe-to-toe. Staff should consider removing cribs or placing infants in every other crib and mark the cribs that should not be used in order to support physical distancing.
- For information on cleaning and disinfecting cots/cribs/equipment for nap time, refer to Peel Public Health's [Preventing and Managing Illnesses in Child Care Centres](#) on page 9.

Additional Infection Control Practices

- High touch electronic devices (i.e., keyboards, tablets) may be disinfected with 70% alcohol (i.e., alcohol prep wipes) and allowed to air dry.
- Ensure high touch surfaces in washroom facilities are cleaned and disinfected at least twice daily at a minimum or as often as necessary. Ensure children practice good hand hygiene after use of the washroom.
- Personal belongings (e.g., toys, etc.) should be minimized where possible. If brought, belongings should be labeled and kept in the child's cubby/designated area.
- Avoid getting close to faces of all children, where possible.
- Personal items should not be shared. Children/families should bring their own sunscreen where possible and it should not be shared. Staff/LHCC providers 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).
- Singing outdoors is preferable to indoors as much as possible. Physical distancing should be maintained. If singing indoors, masks should be worn by children if able.
- Staff/LHCC providers should consider implementing a process for containing and laundering work clothing. Alternatively, staff/LHCC providers should practice good laundry hygiene practices with their clothing as it could potentially be a source of contamination.
 - Place possibly contaminated laundry into a container with a plastic liner and do not shake.
 - Wash with regular laundry soap and hot water (60-90°C) and dry well.
 - Clothing and linens can be washed with other laundry.

Food Provision

- If food is being prepared, staff and LHCC providers should follow regular food preparation guidelines.
- In child care settings, family style meals are permitted to operate provided that food handlers use adequate food handling and safety practices.
- Ensure children/staff/LHCC provider perform proper hand hygiene before and after eating. Ensure water bottles/disposable cups are filled from water fountains rather than drinking directly from the water fountain mouthpiece.
- Ensure children/households* are physically distanced while eating/drinking.
- Ensure there is no sharing of food at meal times.



EarlyON Centres should ensure there are no buffet or self-serve methods of providing food or drink. Providers should promote safe masking practices and hand hygiene before and after eating to staff and households*, including safely storing away masks when not in use.

- ✖ **Child Care Centres** staff should not eat together with children as staff would have to remove their mask to eat. Staff may remain seated with children at the table and model behaviours while personal protective equipment is kept on.

Physical Distancing Measures

Maintain physical distancing of at least 2 meters (6 feet) or more between persons, including staff, LHCC providers, students, parents/guardians/caregivers and children/households* as much as possible including when consuming food and/or drinks.

✖ Child Care Centres

- Each group of children should stay together throughout the day and should not mix with other groups, as much as possible.
- Children (whether attending on a full time or part time basis) should be included in one group and should not mix with other groups.
- For the purposes of offering summer programming, a cohort is a group of children and staff/LHCC provider that stays together for a minimum of one week of consecutive days and does not mix with other cohorts.



EarlyON Centres

- EarlyON Service Providers should offer programs and services that comply with provincial rules, municipal by-laws, and any additional Public Health advice regarding limits on gatherings/groups and be offered with physical distancing measures in place while considering the room capacity where programs are being offered.
- Pre-registering for programs and services ahead of time is an important measure that helps to promote enhanced health and safety by:
 - Safely collecting information of participants for the purposes of contact tracing;
 - Promoting advanced screening of participants before entering an EarlyON Centre;
 - Providing important communication to participants on enhanced health and safety measures in advance of attending in-person programs and services;
 - Enabling EarlyON Centres to maintain and manage group/space capacity;
 - Supporting safe and timely sign-ins and preventing crowding/waiting at entrances;
 - Helping to organize programming options that support an enhanced level of health and safety (e.g., such as participants registering for multi-week programs).
- Outdoor programming is strongly encouraged as a program delivery model as it can easily allow for safe, physically distanced activities for children and families.

In EYCC settings, where possible, Service Providers should consider the following physical distancing measures:

- Consider implementing a system for virtual and/or telephone consultations when and where possible. Non-essential face-to-face meetings should be postponed or converted to virtual appointments.
- Staggering the children's/EarlyON program participant's arrival and departure times.
- Limit the number of children/program participants who are in a common space at the same time (e.g., entrances, hallways) by:

- Maintaining physical distancing of at least 2 meters between different groups/households*.
 - Designating and clearly marking areas for storage of personal items (e.g., strollers, bags, coats) and ensuring these areas have sufficient space to encourage physical distancing.
 - Incorporating more individual activities or activities that encourage more space between children/households*; and
 - Using visual cues to promote physical distancing.
- Ideally, try to avoid activities involving direct contact between the children/different households* 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/households* touch the tokens or dice, it should be one child/household* in the group who handles the material). Incorporate more individual activities or activities that encourage more space between children/households*.
- Outdoor play is encouraged. Incorporate outside activities in programs and open windows (weather permitting) to allow for more space, physical distancing and increased ventilation.
 - Spread out the use of the outdoor play area to allow smaller numbers of children/households* to play together.
 - Staff/LHCC providers should find alternate outdoor arrangements (e.g., community walk) where there are challenges securing outdoor play space. Staff/LHCC providers should follow physical distancing practices when possible.
 - In **Child Care/EarlyON Centres**, outdoor play should be offered in staggered shifts if possible, between different groups of children/households*. In shared outdoor space, groups should maintain a distance of at least 2 meters from other groups and any other individuals outside the group.
 - The [Warm weather guidance for COVID-19 prevention in early years and child care settings](#) includes considerations during outdoor activities.



Child Care Settings

- Ensure that the children are distanced from each other during meal time, dressing time, table work, and nap time, as much as possible. Stagger these times if possible.
- If there is limited space for children to practice physical distancing, children within the group could be further organized into smaller pods that stay together throughout the day, including sitting or eating lunch together and playing together during recess. These pods within larger groups should still be physically spread out from each other as much as possible.
- Strollers may only be used for walks as long as:
 - children are physically distanced as much as possible (e.g., spacing out children by leaving empty seats between each child)
 - the design of the stroller is such that children are facing the same direction (not face to face) and the back of the stroller is high enough to form a solid physical barrier between each child
 - children are assigned to a stroller seat



Child Care Centres

- 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.
- The type of material for the physical barrier should be easy to clean and disinfect and should be compliant with fire and building regulations. Child care providers should consult with their local Fire Service or municipality's building department.
- Ensure children from different groups use the washroom at different times to prevent the groups from mixing. Ensure children practice good hand hygiene after use of the washroom.



EarlyON Centres

- Ensure households*/program participants are distanced from each other during the program as much as possible.
- If operating in a shared space with other programs (i.e., child care, day camps, etc.), keeping a physical barrier between different programs is recommended to ensure physical distancing of 2 metres or more is maintained between different groups.
- Households* will use their personal strollers for community walks.

Transportation



Child Care Settings

- Child care programs that transport children using vans and/or buses must ensure that children in grades 1 and above wear non-medical masks while riding the van/bus. Peel Public Health also recommends that service providers consider making masks mandatory for children in kindergarten.
- All staff, LHCC providers, drivers, placement students and other adults are required to wear medical masks. Eye protection should be used as per occupational health and safety requirements. Eye protection for drivers should not interfere with the safe operation of vehicles and is intended to protect drivers during close contact, such as during boarding and exiting.
- Children should be assigned seats and a record of the seating plan should be kept to assist with contact tracing.
- Children in the same household or in the same classroom group should be seated together.
- Increased frequency of disinfecting protocols for frequently touched surfaces at least two times per day.
- Alcohol-based hand rub should be available for use.
- Where possible, the seat behind the school bus driver should remain empty to maintain physical distancing. Windows to be open when feasible to increase ventilation.
- Providers should support accommodations for immunocompromised and otherwise medically vulnerable children, and children with special transportation needs.
- Training, where appropriate, as per occupational health and safety requirements under the [Occupational Health and Safety Act](#), should be provided to ensure that health and safety measures are understood, followed, and enforced in all transportation settings.
- Health and safety measures should be clearly communicated to parents and guardians of children to ensure their comfort with the adapted transportation system and receive their support in having children understand and follow guidelines.

Additional information can be found from the Public Services Health and Safety Association's [guidelines](#).

Field Trips

- Field trips are permitted as per the [Reopening Ontario Act](#).
- Children should be cohorted throughout the duration of the trip. Health and safety requirements (e.g., masking, eye protection) and of the place being visited would continue to apply.
- 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.
- Daily accurate records of individuals attending field trips (name, contact information, time of arrival/departure, transportation, location visited) is required to facilitate contact tracing.

Ventilation

- Service providers are encouraged to implement best practices and measures to optimize ventilation (see [Public Health Ontario's guidance](#)).
- Adequate ventilation should be provided by opening windows, moving activities outdoors when possible, and through mechanical ventilation including HVAC systems.
- Ensure HVAC systems are in good working condition.
- Keep areas near HVAC inlets and outlets clear.
- Arrange furniture away from air vents and high airflow areas.
- Avoid re-circulating air.

Staffing Considerations

Child Care/EarlyON Centres

- Staff schedules should be kept up-to-date and available to facilitate contact tracing. A record of staff positions and a record of staff interactions with groups of children (applicable to child care centres) should be maintained.
- Staff should avoid instances where physical distancing cannot be maintained, especially during periods where PPE is removed during lunch and break times.
 - Peel Public Health strongly recommends that staff eat lunch alone if possible, preferably outdoors and/or lunch and break times are staggered to reduce the number of staff gathering in small, enclosed spaces such as a small break room.
 - It is also recommended that service providers implement sign-in/out sheets for staff lunch/break rooms to assist with contact tracing in the event of an outbreak.
 - Lunch/break rooms should be arranged to follow physical distancing practices. Alter the workplace layout by moving furniture or using visual cues such as tape on the floor to ensure physical distancing of 2 meters or greater is maintained as much as possible.
 - Keep lunch/break room doors and windows open (weather permitting).

- If outdoor picnic tables are available for staff lunches, ensure they are made of smooth, non-absorbent, easily cleanable material and are cleaned and disinfected between uses. An easily cleanable table covering can be provided over the tables. Ensure tables are spaced to ensure physical distancing is maintained.
- Staff meetings should be held virtually if possible. If not, it is recommended that in-person staff meetings be held outdoors.

Child Care Centres

- Once Service Providers have a COVID-19 immunization disclosure policy in place, fully vaccinated staff and placement students may work with different groups of children if 14 days or more have passed since their last dose. Staff and placements students who are not fully vaccinated should be assigned to one group of children.
- It is recommended that service providers implement sign-in/out sheets for classrooms to assist with contact tracing in the event of an outbreak.

LHCC Providers with At-Risk Family Members/Individuals Living in The Home

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. LHCC providers are strongly encouraged to take extreme caution for any such household 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 medical mask that covers the nose and mouth and eye protection (e.g., face shield, goggles or wrap-around safety glasses) 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 washroom if possible.
- Ensure that common areas have good airflow (e.g., open windows).
- Have separate meal times 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.

Outbreak Management for COVID-19 Related Symptoms

POLICY


To protect the health and well-being of children and their families and staff within the EYCC setting, all children/households* should be monitored while in care/during the program for emerging signs or symptoms of any illness, including COVID-19.

Children/households* or staff who become ill while at the EYCC setting must return home as soon as possible regardless of their vaccination status. LHCC providers (and any household members) who become ill while delivering child care must immediately contact parents/guardians to pick up children and close the child care setting.

The Supervisor/LHCC provider/designated lead staff must initiate the centre's/agency's illness management policies, including the following measures related to outbreak management for COVID-19.

PROCEDURES


Monitoring for Illness

 **Child Care Settings** should ensure that all children in care are monitored for symptoms of COVID-19 (see the [COVID-19 Active Screening Form for Children](#) for a list of symptoms) with a temperature taken as necessary. Any observed symptoms should be recorded on the child's [Illness Tracking Form](#).




EarlyON Service Providers should ensure that households* are monitored throughout the program for COVID-19 symptoms (see [COVID-19 Active Screening Form for Households Entering EarlyON Child and Family Centres](#) for a list of symptoms) with a temperature taken as necessary.

Individuals Who Display COVID-19-Related Symptoms During the Day/Program

 **Child Care Setting**, if **ANY ONE** of the symptoms related to COVID-19 is present in a child or staff member, the individual must be immediately excluded from the child care setting and sent home.

If the child has **ANY** new or worsening COVID-19 symptoms not related to other known causes or medical conditions, **all siblings (or any other children or staff who live in the same household) who attend a child care or school setting should also be excluded and stay home.** Individuals who have no symptoms and are fully vaccinated or have tested positive for COVID-19 in the last 90 days and have since been cleared do not need to stay home unless they are immunocompromised.

 **Home Child Care Site**, if **ANY ONE** symptom is present in a LHCC provider or provider's household member, the home child care **site must close**, and the Agency must be notified. If the home child care site is operating, the LHCC provider should notify

parents/guardians of children in care immediately to arrange for pick up of the children and closure of the home.



EarlyON Centre, if **ANY ONE** of the COVID-19 symptoms is present in a child or parent/guardian/caregiver while in the EarlyON program, the household* must leave the EarlyON Centre immediately. If the household* cannot immediately leave the centre, they must be separated from others in a separate room where possible or kept separated from others at a minimum distance of 2 meters until they can leave.

Providers are required to:

- Provide a surgical/procedural mask to the sick individual to cover the nose and mouth (if tolerated). Masks should not be placed on children under age 2 or on anyone who has trouble breathing, is unconscious, or otherwise unable to remove the mask without assistance.
- Provide tissues to allow the ill individual to cover coughs and sneezes with a tissue. Tissues should be disposed of properly after use in a lined, covered garbage container.
 - If a tissue is unavailable, ill individuals should cough or sneeze into the upper sleeve or elbow, not with hands. Wash hands after coughing and sneezing.
- Increase ventilation if possible (e.g., open windows).
- Document symptoms in the [Illness Tracking Form](#) for ill individuals in child care settings.
- Once the ill individual leaves, ensure that the rooms/areas where the individual had contact with are thoroughly cleaned and disinfected including high touch areas.
 - Establish a protocol to determine contaminated areas and carry out cleaning and disinfection, including timing, when to return to use, methods of cleaning, PPE to be used while cleaning, and waste disposal.
 - Identify areas that may require cleaning plus disinfection (items used by the individual and all surfaces within 2 meters of the ill person) versus cleaning alone (such as a hallway or room where the individual has passed through).
 - Use disposable cleaning equipment, such as disposable wipes, where possible.



Child Care Settings

- Isolate the sick individual immediately from others into a separate room. If a separate room is not available, the sick individual should be kept separated from others at a minimum distance of 2 meters in a supervised area until they can go home.
- A sick child should be supervised until the child leaves while maintaining a physical distance of 2 meters if possible. In a **Child Care Centre**, the sick child should be supervised by only one staff person.
- The person caring for the individual must wear a medical mask and eye protection and be trained on proper use of PPE, including how to put on and take off PPE. In addition, staff/LHCC providers should perform hand hygiene and attempt to not touch their face with unwashed hands.
- If physical distancing is not possible (e.g., if a young child needs comfort), staff/LHCC providers should consider added PPE (i.e., gloves, gown). Disposable gloves should be used when there is close contact with the child. Staff/LHCC providers should ensure that they wash their hands or use hand sanitizer (if hands not visibly soiled) immediately upon removal of the gloves. The most important measures are proper hand hygiene and maintaining a two-meter distance as much as possible.

- Respiratory etiquette should also be practiced. Tissues should be provided to the ill individual and disposed of properly after use in a lined, covered garbage container. Avoid contact with respiratory secretions.
- Keep the sick child comfortable by providing a separate cot and toys. Clean and disinfect the cot and all toys after the child leaves the child care setting.
- Staff/LHCC providers will notify the parent/guardian to arrange for immediate pick-up of the sick child (and siblings if applicable). If a parent cannot be reached, an emergency contact person will be contacted to pick up the child. Provide the parent/guardian with the [Parents/Guardians/Caregivers COVID-19 Information Booklet](#) which outlines next steps.
- **LHCC Providers** should notify the Agency.

Refer to the [Early Years and Child Care Service Provider Decision Process](#) for exclusion period and return requirements.

When to Notify Peel Public Health, Parents/Guardians, Ministry of Education

Peel Public Health

- There is a positive case of COVID-19 and the Service Provider has not yet been contacted by Peel Public Health.
- When there is a probable case of COVID-19 (a symptomatic child or staff/LHCC provider/household member of LHCC provider who is a close contact of a positive case).
- When there is a child attending child care who is an asymptomatic close contact (a child who has no symptoms and is a close contact of a positive case) and is not getting tested for COVID-19.
- In a **Child Care Centre**, when there is an unusual amount of staff and/or children who become sick at the child care centre, including non-COVID related illnesses (see pg. 18 in the [Preventing and Managing Illnesses in Child Care Centres guideline](#)).
- In a **Child Care Centre**, when there is an unusual occurrence such as a flood, fire, sewage back-up, etc.

Parents/Guardians, Staff and Others in a Shared Setting

- When there is a confirmed COVID-19 case in your EYCC setting, Service Providers should notify parents/guardians/caregivers and staff/LHCC provider:
 - **Child Care Service Providers including before and after school providers** should follow the closure and communication process outlined in **Appendix 1.1**.
- **EarlyON Service Providers** should report positive cases to Peel Public Health as outlined in **Appendix 1.2**.
- If the **Child Care/EarlyON Centre** is located in a shared setting (e.g., child care centre for children under 4 years old located in a school, EarlyON Centre located in a community centre), follow Peel Public Health's advice on notifying others using the shared space of a confirmed or probable case.

Ministry of Education



Child Care Settings

- In accordance with the Ministry of Education’s [Operational Guidance for Child Care During COVID-19 Outbreak](#) document, child care licensees are required to submit serious occurrences for a confirmed case of COVID-19.
- A serious occurrence is required to be submitted 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) a home child care **provider**;
 - (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) 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) a **home child care visitor**;
 - (vi) a **staff** member at a child care centre;
 - (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.

Service Providers should refer to the [Operational Guidance for Child Care During COVID-19 Outbreak](#) regarding all serious occurrence reporting requirements.



EarlyON Service Providers

- EarlyON Service Providers must follow the ***Serious Occurrence Requirements of EarlyON Providers Policy*** when:
 - A child, parent/guardian/caregiver, or staff has a confirmed case of COVID-19; and/or
 - A program closure.



When to report occupationally-acquired illness in Child Care/EarlyON Centre

- If the staff person’s illness is determined to be work-related – in accordance with the *Occupational Health and Safety Act* and its regulations – Service Providers must provide a written notice within four days of being advised that the staff person has an occupational illness, including an occupationally-acquired infection, or if a claim has been made to the Workplace Safety and Insurance Board (WSIB) by or on behalf of the staff with respect to an occupational illness, including an occupational infection, to the:
 - Ministry of Labour;
 - Joint Health and Safety Committee (or health and safety representative); and
 - Trade Union, if any.

Refer to [Health and Safety Guidance during COVID-19 for Employers of Child Care Centres](#).

What to Do When an Individual That Attended an EYCC Setting Tests Positive For COVID-19 Illness

Peel Public Health (PPH) is notified of all confirmed cases of COVID-19 by the testing laboratory. PPH follows up on all confirmed cases and exposure sites to provide direction. PPH will contact the EYCC setting if a case, contact(s) or exposure is associated with the setting.

If the Service Provider is notified that an individual who attended the EYCC setting (e.g., staff person, LHCC provider, provider's household member, child, parent/guardian/caregiver) has **tested positive for COVID-19**:



Child Care Settings should follow the process outlined in **Appendix 1.1** (for Child Care Service Providers). Note that no children in the child care setting should be changing classes/groups when COVID-19 exposures are under active investigation in the setting.



EarlyON Centres should continue to exclude the confirmed case and household members until further notice. Re-testing is NOT recommended and will NOT alter the self-isolation period requirement. Follow the process outlined in **Appendix 1.2**.

- Refer to the **General Sanitary Precautions and Physical Distancing Measures to Prevent the Spread of COVID-19 Policy** on cleaning and disinfection procedures.
- An outbreak may be declared by Peel Public Health when: within a 14-day period, there are two or more laboratory-confirmed COVID-19 cases in children, staff/LHCC providers or other visitors with an epidemiological link (e.g., cases in the same grouping/classroom, cases that are part of the same before/after school care group) where at least one case could have reasonably acquired their infection in the EYCC setting. Outbreaks should be declared in collaboration between the Service Provider and Peel Public Health.
- Public Health will work with the Service Provider to determine whether epidemiological links exist between cases and whether transmission may have occurred in the EYCC setting.

Closure of the EYCC Setting

The decision to close the entire EYCC setting will depend on several factors and will be determined on a case-by-case basis in consultation with Peel Public Health. Case scenarios could include but are not limited to a case with an ill staff person with exposure to multiple children/households* in different classrooms/programs.

For **Child Care Centres**, certain factors such as the size of the child care centre, staff interaction with multiple classrooms/groupings, staff to staff transmission and type of variant mutation detected may play a role in rapidly spreading the virus and thus the decision to close a child care centre to protect children and staff.

A **licensed home child care site** should be closed immediately and not accept any children when the Agency is notified that:

- A child has tested positive for COVID-19 or is a probable case (has COVID-19 symptoms and had close contact with a positive case);
- A child who is not fully vaccinated, has no symptoms but had close contact with a positive case;
- A LHCC provider or the provider's household member has tested positive, exhibits COVID-19 symptoms, or does not pass daily screening.

Appendix 1.1 – Child Care Service Provider Closure and Communication Process

For guidance on what to do when there is a positive COVID-19 case reported in a child care setting, refer to [Guidance for Service Providers on Management of COVID-19 Cases in Child Care Settings](#). Use the **incident reporting form** on the [child care web page](#) to report positive and probable cases of COVID-19. The form can also be used to report children who are not fully vaccinated, are asymptomatic close contacts of a positive case and not getting tested for COVID-19.

Additional Resources:

- [Early Years and Child Care Service Provider Decision Process](#)
- [Child Care Staff Risk Assessment Tool](#)
- [Peel Public Health Early Years Child Care Contact Line List Template](#)

Letter Templates to Parents/Guardians and Staff/LHCC Providers:

- [Person with COVID-19 in your Child Care Setting Exclusion Letter for Parents/Guardians of Children Under 12](#)
- [Person with COVID-19 in your Child Care Setting Exclusion Letter for Parents/Guardians of Children 12 and over](#)
- [What to do if your child is dismissed from child care](#)
- [How to care for someone in your household who is self-isolating fact sheet \(available in multiple languages\)](#)
- [Person with COVID-19 in your Child Care Setting Exclusion Letter for Staff](#)
- [Person with COVID-19 in your Child Care Setting Exclusion Letter for LHCC providers](#)
- [How to self-isolate fact sheet \(available in multiple languages\)](#)
- [Community Letter Template for Child Care/EarlyON Centres](#)
- [Return from Classroom/Grouping Closure Letter Template](#)

Appendix 1.2 – EarlyON Service Provider Forms, Resources and Guidance

Forms and Resources:

- [Parent/Guardian/Caregiver COVID-19 Screening Agreement for Households Entering EarlyON Child and Family Centres](#)
- [COVID-19 Active Screening Form for Households Entering EarlyON Child and Family Centres](#)
- [COVID-19 Active Screening Form for Staff](#)
- [COVID-19 Active Screening Form for Essential Visitors/Vendors](#)
- [Re-Entry Screening for Adults in Early Years and Child Care Settings](#)
- [Disinfection Chart for EarlyON Child and Family Centres](#)
- [Peel Public Health Guidance for Service Providers on Management of Staff Entering an EarlyON Centre to Provide Virtual Programming](#)
- [Peel Public Health Early Years Child Care Contact Line List Template](#)

Report Positive and Probable COVID-19 Cases to Peel Public Health:

- A **probable case** is a symptomatic individual who had close contact with a COVID-19 positive case.
- When a positive or probable case is reported to the EarlyON Centre, the service provider may accept a verbal self report from a parent/guardian/caregiver or staff.
- When a service provider receives a verbal self-report of a positive case, they may confirm the result with Peel Public Health as needed.
- Service provider will report the positive or probable case by using the incident reporting form on the [EarlyON web page](#).
 - if a probable case, indicate “probable case” in the comments field
 - if more information such as the [Peel Public Health Early Years Child Care Contact Line List](#) is needed, Peel Public Health will contact you and provide further instructions.

Part 2: Additional Information for Before and After School Programs

Before and After School Programs Located within Schools

Limiting Interaction Between Different Groups

Where children from different school day classes must interact to participate in the before and after school program, School Boards make best efforts to limit interactions between children from different classes to the greatest extent possible. Best practices to limit interactions between students from different classes and reduce transmission of COVID-19 may include:

- Making best efforts to group the before and after school program class with the same core day class (e.g., determining core day classes based on whether the child is enrolled in the before and after school program).
- Making use of large, well-ventilated spaces (e.g., gymnasium) or outdoor spaces as much as possible for the before and after school programs.
- Ensuring that children who attend before and after school care are not mixed with a group of children attending full time care (e.g., 0-3.8 years).
- Maintaining up-to-date lists of children in each before and after school program group to facilitate timely follow-up should a confirmed case of COVID-19 be identified.
- High contact physical activities should take place in outdoor settings only. Masking is not required outdoors for high contact physical activities.
- Low contact activities are permitted indoors. For children in kindergarten and up, masking is encouraged but not required if a minimum of two metres distance can be maintained between groups and as much as possible within a group.

Communication with Families

- Service Providers should share with parents the policies and procedures regarding health and safety protocols for COVID-19, including requirements and exceptions related to masks.

Screening

- The before and after school program provider should inform all parents/guardians of the screening requirements in place in the core school program prior to the child beginning the program.
- Parents/guardians will be held accountable to screen their children prior to their arrival at school as directed by their School Board's screening protocol using the Ministry's [COVID-19 Screening Tool for School and Child Care Settings](#). Once at school, if these children attend before and/or after school programs, they will not be required to complete further screening to enter the child care programs.
- School Board staff will be held accountable to complete screening as directed by their School Board's screening protocol using the Ministry's [COVID-19 Screening Tool for School and Child Care Settings](#) prior to reporting to work. They will not be required to complete further screening to enter the child care spaces. They will be expected to maintain physical distancing to the extent possible and wear medical masks and eye protection when entering.
- Signs should be posted at entrances to the program or school to remind staff, parents/caregivers, and visitors of screening requirements.
- In the event that an individual is not screened prior to arriving at the program, active (in-person) screening should be available when necessary (see **Daily Screening for COVID-19 of Persons Entering Early Years and Child Care Settings Policy**). Follow usual process for reporting absences to the school.

Attendance Records

- In addition to attendance records for children, providers must maintain daily records of anyone entering the premises.
- These records must include all individuals who enter the premises (e.g., staff, cleaners, people doing maintenance work, people providing supports for children with special needs).
- Records are to be kept on the premises and, along with name and contact information, must include an approximate time of arrival and time of departure and screening completion for each individual.
- 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).

Pick up and Drop off Procedures

- Develop procedures that support physical distancing and separate groups of students as best as possible (i.e., children of one room enter door A and children of another room enter door B, or staggered entrance times).

Use of Shared Spaces for Before and After School Program Groups Within Schools

- Shared spaces (e.g., gymnasiums) can be used to support before and after school programming for multiple groups.
- Child care providers will be expected to appropriately separate/section the space to physically distance groups.
Each group of children should have their own assigned indoor space, big enough to allow children to physically distance as much as possible. Keeping a physical barrier between different groups is recommended to prevent groups from mixing.

For more support and ideas on how to provide an engaging environment while physically distancing, refer to the Ministry's document "[Building on how does learning happen?](#)".

Cleaning Shared Space

- Focus should be on regular hand hygiene to reduce the risk of infection related to high touch surfaces. Cleaning plus disinfection twice daily of high touch surfaces is suggested at a minimum, however, more frequent cleaning and disinfection may be necessary, depending on the frequency of use and extent of soilage.
- Frequently touched surfaces include, but are not limited to, washrooms (for example toilet fixtures, faucets), eating areas (for example, tables, sinks, countertops), doorknobs, light switches, handles, desks, phones, keyboards, touch screens, push buttons, handrails, computers, photocopiers, sports equipment, water fountain knobs.
- Before and after school program providers may consider scheduling outdoor play during the time that the cleaning and disinfecting takes place.
- It is acceptable for cleaning of high touch surfaces to occur while children are in the room if children are kept safe, kept away from/out of reach of cleaning products, and the space is well ventilated.

Washrooms

- Ensure children from different groups use the washroom at different times to prevent the groups from mixing and congregating in washrooms. Ensure children practice good hand hygiene after use of the washroom.

Reporting of Illness

- Staff should ensure that all children in care are monitored for illness, with a temperature taken as necessary, including for signs and symptoms of COVID-19 in accordance with the **Outbreak Management for COVID-19 Related Symptoms Policy**.
- In the event of a COVID-19 positive student or staff in a before and after school classroom/group, please follow the **Child Care Service Provider Closure and Communication Process** outlined in **Appendix 1.1**.
- Only the necessary stakeholders within the school community need to be updated and informed while maintaining confidentiality of the ill individual (e.g., the school, Service System Manager and/or Ministry of Education through a Serious Occurrence Report as applicable).
- There may be additional actions required to ensure alignment with the schools' protocols for the reporting of illness.

Delivering Care on Professional Activity (PA) Days

- When delivering PA Day programming, the best practice is to maintain children within their regular before and after school program grouping, overseen by their regular staff for the given school location.
- In circumstances where Service Providers may need to consider bringing more than one group of children from a given school's own before and after school program together into the same room (due to low enrollment and/or staffing shortages), the following precautions are necessary:
 - Children should be maintained within their regular before and after school program grouping, with physical distancing maintained in the shared room between groups
 - To the extent possible, staff from the given before and after school program location should supervise the program, with all staff actively screened, wearing PPE (See Disposable Gloves, Masks and Eye Protection under the **General Sanitary Precautions and Physical Distancing Measures Policy**) and following these [actions to take care of each other](#).
 - As per School Board protocols, all children in grades 1 and above are required to wear a non-medical mask while attending PA Day programs located within schools. Peel Public Health recommends that Service Providers consider making non-medical masks mandatory for kindergarten children attending the PA Day program (or in accordance with School Board policy).
 - The use of large spaces, such as gymnasiums, should be leveraged to support the physical distancing of children, where available.
 - Programming should be conducted outdoors as much as possible.
 - Parents/guardians should be informed that before and after school program groups from their given school may be combined in circumstances where program enrollment is low and may be supervised by staff from another before and after school program location. Parents/guardians should be informed of the protective measures that will be put in place, such as physical distancing and mask use. Parents/guardians should provide informed consent in writing.

- All children attending PA Day care must be actively screened in accordance with the daily active screening protocols in place for child care settings.
- Service Providers should not combine children from before and after school programs operating at different schools for the delivery of PA Day care.

Community-Based Child Care Operating Before and After School Care

Limiting Interaction Between Different Groups

Where children from different schools must interact to participate in before and after school care, child care providers make best efforts to limit interactions between children from different schools, to the greatest extent possible. Best practices to limit interactions between children from different schools and reduce transmission of COVID-19 may include:

- Making best efforts to group the before and after school program groups with children from the same school.
- Making use of large, well-ventilated spaces (e.g., gymnasium) or outdoor spaces as much as possible for the before and after school programs.
- For **Child Care Centres**, ensuring that children who attend before and after school care are not mixed with a group of children attending full-time care (e.g., 0-3.8 years).
- Maintaining up-to-date lists of children in each before and after school program group to facilitate timely follow-up should a confirmed case of COVID-19 be identified.
- High contact physical activities should take place in outdoor settings only. Masking is not required outdoors for high contact physical activities.
- Low contact activities are permitted indoors. For children in kindergarten and up, masking is encouraged but not required if a minimum of two metres distance can be maintained between groups and as much as possible within a group.

Communication with Families

- Service Providers should share with parents the policies and procedures regarding health and safety protocols for COVID-19, including requirements and exceptions related to masks.

Screening

- Service Providers delivering before and after school care should inform all parents/guardians of the screening requirements in place in the core school program prior to the child beginning the program.
- Parents/guardians will be held accountable to screen their children prior to their arrival at school as directed by their School Board's screening protocol using the Ministry's [COVID-19 Screening Tool for School and Child Care Settings](#). Once at school, if these children attend before and/or after school programs, they will not be required to complete further screening to enter the child care programs.
- Signs should be posted at entrances to the program to remind staff, parents/caregivers, and visitors of screening requirements.
- In the event that an individual is not screened prior to arriving at the program, active (in-person) screening should be available when necessary (see **Daily Screening for COVID-19 of Persons Entering Early Years and Child Care Settings Policy**).

Attendance Records

- In addition to attendance records for children, providers must maintain daily records of anyone entering the premises.
- These records must include all individuals who enter the premises (e.g., staff, cleaners, people doing maintenance work, people providing supports for children with special needs).

- Records are to be kept on the premises and, along with name and contact information, must include an approximate time of arrival and time of departure and screening completion for each individual.
- 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).

Pick up and Drop off Procedures

- Develop procedures that support physical distancing and separate groups of children as best as possible during transportation and entry into care (i.e., children of one room enter door A and children of another room enter door B, or staggered entrance times).
- If before and after school care is located off school premises and transportation is being provided by the School Board, the School Board should work with the child care provider to explore transportation considerations using relevant health and safety protocols, including the [Guide to Re-opening Ontario Schools](#).
- If transportation is provided by the child care provider, the provider should ensure that children from the same group remain together, and limit interactions between children from different schools to the greatest extent possible.
 - Transportation vehicles operated by providers should follow the **Transportation** section in the **General Sanitary Precautions and Physical Distancing Measures Policy** of this Protocol document.

Cleaning

- Focus should be on regular hand hygiene to reduce the risk of infection related to high touch surfaces. Cleaning plus disinfection twice daily of high touch surfaces is suggested at a minimum, however, more frequent cleaning and disinfection may be necessary, depending on the frequency of use and extent of soilage.
- Frequently touched surfaces include, but are not limited to, washrooms (for example toilet fixtures, faucets), eating areas (for example, tables, sinks, countertops), doorknobs, light switches, handles, desks, phones, keyboards, touch screens, push buttons, handrails, computers, photocopiers, sports equipment, water fountain knobs. For **Child Care Centres**, staff may consider scheduling outdoor play during the time that the cleaning and disinfecting takes place.

Reporting of Illness

- Staff/LHCC providers should ensure that all children in care are monitored for illness, with a temperature taken as necessary, including for signs and symptoms of COVID-19 in accordance with the **Outbreak Management for COVID-19 Related Symptoms Policy**.
- To support contact tracing by Peel Public Health, Service Providers delivering community-based before and after school care should maintain a list of schools attended by children enrolled in their before and after school program.
- If Peel Public Health is notified by the School Board of a positive case in a child who also attends community-based before and after school care, Peel Public Health will contact the Service Provider to support outbreak management and communication with families if the Service Provider has not already contacted Public Health.

Delivering Care on Professional Activity (PA) Days within Centre-Based Setting

- When delivering PA Day programming, the best practice is to maintain children within their regular before and after school program grouping, overseen by their regular staff.
- Children should be maintained within their regular before and after school program grouping, with physical distancing maintained in the shared room between groups.
- Children who do not normally participate in the before and after school program should not participate in PA Day care. Do not alter groups for the purposes of PA Day care.
- Programming should be conducted outdoors as much as possible.
- All children attending PA Day care must be actively screened in accordance with the daily active screening protocols in place for child care settings.

Part 3: Resources for Service Providers

Active Screening Posters

Active Screening Posters are available in both English and French.

Active Screening Posters – English

- [Active screening door sign for licensed child care centres](#)
- [Active screening door sign for licensed home child care](#)
- [Active screening door sign for EarlyON Setting](#)

Active Screening Poster – French

- [Active screening door sign for licensed child care centres](#)

Hand Hygiene and Use of Personal Protective Equipment Posters

Hand hygiene and use of personal protective equipment posters are available in both English and French.

Hand Hygiene and Mask Wearing – English

- [Wash your hands](#)
- [Use hand sanitizer](#)
- [Sign for hand sanitizer station](#)
- [Stop infection, wear a mask](#)

Hand Hygiene and Mask Wearing – French

- [Wash your hands](#)
- [Use hand sanitizer](#)
- [Stop infection, wear a mask](#)

Cleaning Posters

- [Cleaning and Disinfection – English](#)
- [Cleaning and Disinfection – French](#)

[Additional resources and posters](#) are available on the Region of Peel web page.

Translated resources in other languages are also [available](#).

Peel Public Health Contact Information

For Reporting Positive or Probable COVID-19 Cases

To report a positive or probable COVID-19 case or a child attending child care who is an asymptomatic close contact of a positive case, not fully vaccinated before their exposure and is not getting tested for COVID-19, use the incident reporting form on the [child care web page](#) or the [EarlyON web page](#). Further guidance for child care service providers on what to do is outlined in the [Peel Public Health Guidance for Service Providers on Management of COVID-19 Cases in Child Care Settings](#).

For Reporting Unusual Occurrences and Other Public Health-Related Questions

For Child Care Centres, when there is an unusual amount of staff and/or children who become sick at the centre including non-COVID related illnesses or when there is an unusual occurrence such as a flood, fire, or sewage back-up, please notify Peel Public Health.

Contact:

- 905-799-7700, Toll-free: 1-888-919-7800
- Caledon: 905-584-2216

Call Centre Business Hours:

- 8:30 a.m. – 4:30 p.m., Monday to Friday
- **Please Note:** from 8:30 a.m. – 9:00 a.m. you may encounter a delay during this time.

When calling, please indicate that you are a **licensed child care centre, licensed home child care provider/Agency or EarlyON Centre**.

COVID-19 Community Testing Locations and Assessment Centres

For information on COVID-19 Assessment Centres including testing criteria, hours of operation and procedures, visit the Provincial website: <https://covid-19.ontario.ca/assessment-centre-locations/>.

For information on COVID-19 testing locations in Peel, visit:

<https://www.peelregion.ca/coronavirus/testing/#locations>

Please Note:

- Since the hours and testing criteria/eligibility for testing locations may change, please contact the testing centre or visit their website to confirm.
- Not all locations will test infants/young children. Call the testing site to confirm that they will test infants/young children.
- **In Mississauga**, children **under the age of 1** can be tested in the emergency departments at Mississauga Hospital and Credit Valley Hospital.
- **In Caledon**, children **under the age of 1** can be tested in the emergency department at Headwaters Health Care Centre.
- **In Brampton**, children **under the age of 2** can be tested in the emergency departments at Brampton Civic Hospital or Etobicoke General Hospital.