Ontario

Ministry of Education

Operational Guidance During COVID-19 Outbreak

Child Care Re-Opening

Version 2 – July 2020

Contents

Highlights of Changes:

- Revised cohort size to maximum of 15 children, as of July 27, 2020 (see section: Maximum Cohort Size and Ratio)
- Revised deadline for certification required by the Workplace Safety and Insurance Board (see section: Staffing)
- Additional guidance around cleaning washroom facilities (see section: Cleaning Child Care Centres/Homes)
- Revised guidance around how screening must be conducted (see section: Screening for Symptoms)
- Additional information about how long to exclude staff/providers/children from the program depending on test results (see section: Testing Requirements)
- Revised protocols for when a child/staff/provider shows symptoms or becomes sick (see section: Protocols When a Child or Staff/Home Child Care Provider Demonstrates Symptoms of Illness or Becomes Sick)
- Revised language about physical barriers (see section: Space Set-Up and Physical Distancing)

INTRODUCTION AND PURPOSE

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

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

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

This guidance document has been designed for use in conjunction with the Child Care Centre and Home Child Care Agency Licensing Manuals, the CCEYA and its regulations. **In the event of a conflict between this document and the licensing manuals, this document will prevail. Advice of the local public health unit must be followed, even in the event that it contradicts this guidance document.**

To support preparations for re-opening, child care operators may begin accessing their centres immediately. Starting June 12, once centres are prepared to operate including having enhanced health and safety measures in place, they are permitted to re-open. Home-based child care providers must also operate with the enhanced health and safety measures in place.

The ministry is requesting school boards, Consolidated Municipal Service Managers/District Social Services Administration Boards and child care partners, in collaboration with local public health units, work together to ensure full-day licensed child care programs located in schools are able to re-open. The ministry understands that district school board protocols may differ from those of licensed child care and recommends that partners work together to align protocols where needed (i.e., in a shared space).

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

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

You may wish to visit the provincial COVID-19 website regularly for current pandemic information, as well as the Public Health Ontario public resources page for information to help stop the spread, find sector specific resources, including helpful posters, mental health resources, and other information.

If you have further questions or require clarification, please contact your Ministry of Education program advisor directly or contact the Licensed Child Care Unit at information.met@ontario.ca.

LICENSING REQUIREMENTS

Licensing Processes and Renewals

- Licences are required to be amended, if necessary, to ensure director approvals and conditions on the licence align with new restrictions.
- To support the operational needs of licensees, the ministry will prioritize and expedite the review of requests to revise and amend licences.
- Licensees are required to meet all the requirements set out in the *Child Care and Early Years Act*, *2014* (CCEYA) and its regulations and to obtain all necessary municipal approvals to support licence revision requests.
- Licensees must follow all current ministry and CMSM/DSSAB policies and guidelines.
- Licences that expire during the emergency period will be automatically extended by six months.
- Renewal, revision and application fees are set at zero for the period of the emergency and during the 60 days after the end of the emergency period.

Inspections

- Ministry staff will conduct in-person monitoring and licensing inspections of child care centres, home child care agencies, home child care premises and in-home services where necessary.
- Ministry staff must:
    - be screened prior to entering the premises following the protocol determined by the licensee (see screening section below);
    - wear personal protective equipment; and,
    - follow any other protocols requested by the licensee or home child care or in-home service provider.
- Ministry staff will use technology (e.g., telephone, video conferencing) to complete virtual monitoring and licensing inspections where appropriate.

Maximum Cohort Size and Ratio

- For the purposes of this document, a cohort is defined as a group of children and the staff members assigned to them, who stay together throughout the duration of the program for minimum 7 days.
- As of July 27, 2020, maximum cohort size for each room in a child care centre (including each family age group) will consist of no more than 15 children, space permitting. Staff are not included in this number, but should still be considered part of the cohort that stays together (e.g., 15 toddlers + at least 3

staff). For more guidance on cohorts and staff scheduling, please see the Staffing section.

- Children attending on a part-time basis (e.g., half days, only Mondays and Wednesdays) should be counted in the total number of individuals in the cohort, even on the days when they are not physically attending the program.
    - For example, if one child only attends the program in the morning, they should still be considered part of the cohort of 15 children, even when they are not in the program in the afternoon.
- Maximum capacity rules do not apply to Special Needs Resource staff on site (i.e., if they are not counted towards staff to child ratios they are not included in the maximum capacity rules).
- For any play activity room that is currently licensed for a maximum group size of less than 15 children due to square footage requirements (e.g., infant room 1 is licensed for 6 children), licensees can only have the number of children listed on the licence.
    - In addition, infant groups can have a maximum group size of 10 children, as this age group has never been permitted to include more than 10 children in a group.
- Each cohort must stay together throughout the day and is not permitted to mix with other cohorts.
- Licensees are required to maintain ratios set out under the CCEYA. Licensee can increase staff to child ratio as long as the group does not exceed the maximum of 15 children.
- Mixed age grouping is permitted as set out under the CCEYA where a director approval has been granted on the licence.
- Reduced ratios are permitted as set out under the CCEYA provided that cohorts are not mixed with other cohorts. Reduced ratios are not permitted at any time for infants.

Maximum Capacity of Building

- More than one child care program or day camp can be offered per building as long as they are able to maintain separation between the programs and cohorts, and follow all health and safety requirements that apply to those programs.
- There are no changes to the maximum group size for home child care which allows for a maximum of 6 children, not including the providers own children who are 4 years or older.

Staffing

- Staff should work at only one location.
- Supervisors and/or designates should limit their movement between rooms, doing so when absolutely necessary.
- Supply/replacement staff should be assigned to a specific cohort so as to limit staff interaction with multiple cohorts.
- Qualified Staff
    - Licensees are required to ensure each group has the required number of qualified staff as set out in the CCEYA. Licensees may submit requests for staff director approval (DAs) to the ministry.
    - Staff DAs can be transferred from one child care centre to another child care centre that is operated by the same licensee.
    - Licensees can also request a staff DA for multiple age groups.
- Certification in Standard First Aid Training, including Infant and Child CPR
    - Staff that are included in ratios and all home child care providers are required to have valid certification in first aid training including infant and child CPR, unless exempted under the CCEYA or the certification has been extended by the Workplace Safety and Insurance Board (WSIB).
    - The WSIB has indicated that all certifications that expire after March 1, 2020 are automatically temporarily extended until December 31, 2020.
    - Licensees are encouraged to monitor the WSIB website for any updates on First Aid/CPR certificate extensions for any staff, home child care providers or in-home service providers whose certification would have expired after March 1, 2020.
- Vulnerable Sector Checks (VSCs)
    - Licensees are required to obtain VSCs from staff and other persons who are interacting with children at a premises.
    - A licensee is not required to obtain a new VSC from staff or persons interacting with children where the fifth anniversary of the staff or person's most recent VSC falls within the emergency period, until 60 days after the emergency period ends.

HEALTH AND SAFETY REQUIREMENTS

Working with Local Public Health

- While the ministry is providing guidance on how to operate child care during the COVID-19 pandemic, CMSMs/DSSABs, licensees, and home child care providers must follow the advice of local public health officials when establishing health and safety protocols, including how to implement the provincial direction that the maximum cohort size for each room in a child care centre consist of no more than 15 children plus the appropriate number of staff to maintain ratios.
- The ministry recognizes that this may result in regional differences in these protocols, but given the different impact of COVID-19 in different communities it is important to follow the advice of local public health officials to keep children and families safe in their respective communities.
- Contact information for local public health units.

Health and Safety Protocols

- Every licensee must ensure that there are written policies and procedures outlining the licensee's health and safety protocols. Licensees must submit an attestation to the Ministry that confirms new policies and procedure have been developed and reviewed with employees and providers. These policies and procedures must be consistent with any direction of a medical officer of health and include information on how the child care setting will operate during and throughout the recovery phase following the pandemic including:
    - sanitization of the space, toys and equipment;
    - how to report illness;
    - how physical distancing will be encouraged;
    - how shifts will be scheduled, where applicable;
    - rescheduling of group events and/or in-person meetings; and,
    - parent drop off and pick up procedures.

Cleaning Child Care Centres/Homes

- Frequently touched surfaces should be cleaned and disinfected at least twice a day as they are most likely to become contaminated (for example, doorknobs, water fountain knobs, light switches, toilet and faucet handles, electronic devices, and tabletops).

- Please refer to Public Health Ontario's Environmental Cleaning fact sheet and the Public Services Health and Safety Association's Child Care Centre Employer Guideline for information on cleaning.
- Information from Public Health Ontario provides best practices for cleaning and disinfecting, including:
    - which products to use;
    - how to clean and disinfect different materials
    - other items to remember, including checking expiry dates of cleaning and disinfectant products and following the manufacturer's instructions.
- It is recommended that operators keep a cleaning and disinfecting log to track and demonstrate cleaning schedules.
- Only one cohort should access the washroom at a time and it is recommended that the facilities be cleaned in between each use, particularly if different cohorts will be using the same washroom.

Guidance On the Use of Masks and Personal Protective Equipment (PPE)

- The Ontario Together Portal has a Workplace PPE Supplier Directory that lists Ontario businesses that provide personal protective equipment.
- Masks are not recommended for children, particularly those under the age of two (see information about the use of face coverings on the provincial COVID-19 website).
- Follow local public health guidelines regarding the use of masks and PPE. You may want to consider the use of PPE:
    - in the screening area and when accompanying children into the program from the screening area. See the screening section of this guidance document for more information;
    - when cleaning and disinfecting blood or bodily fluid spills if there is a risk of splashing. Please refer to the Public Services Health and Safety Association's Child Care Centre Employer Guideline for more information on working safely in a child care setting. Note that there is also a resource document for Child Care Providers; and,
    - when caring for a sick child or a child showing symptoms of illness. See the section in this guidance document on protocols when an individual is sick for more information.
- When wearing a mask, you should wash your hands before donning the mask and before and after removing the mask. Refer to Public Health Ontario resources for how to properly wear and take off masks and eye protection.

- Child care licensees and home child care providers should secure and sustain an amount of PPE and cleaning supplies that can support their current and ongoing operations.
- Perform and promote frequent, proper hand hygiene (including supervising or assisting participants with hand hygiene). Hand washing using soap and water is recommended over alcohol-based hand rub for children. Refer to Public Health Ontario's How to Wash Your Hands fact sheet.

Screening for Symptoms

- All individuals including children attending child care, staff and child care providers, parents/guardians, and visitors must be screened each day before entering the child care setting.
- Home child care providers and residents must also be screened each day before receiving children into care.
- Where possible, daily screening should be done electronically (e.g., via online form, survey, or e-mail) prior to arrival at the child care setting. Where operationally feasible, include temperature checks as part of screening.
- Parents and guardians should be reminded of this requirement when children are first registered for the program and through visible signage at the entrances and drop-off areas.
- If children are screened at the child care setting, screeners should take appropriate precautions when screening and escorting children to the program, including maintaining a distance of at least 2 meters (6 feet) from those being screened, or being separated by a physical barrier (such as a plexiglass barrier), and wearing personal protective equipment (PPE) (i.e., surgical/procedure mask and eye protection (goggles or face shield)).
- Please follow advice from your local public health office regarding precautions to have in place.
    - Refer to Public Health Ontario resources for how to properly wear and take off masks and eye protection.
- Alcohol-based hand sanitizer containing at least 60% alcohol content should be placed at all screening stations. Dispensers should not be in locations that can be accessed by young children.
- All child care licensees must maintain daily records of screening results.
    - Records are to be kept on the premises (centre or home).
- You may wish to consult the Province's COVID-19 website for information and resources on COVID-19 symptoms, protections, and seeking health care.

Attendance Records

- All child care licensees are responsible for maintaining daily records of anyone entering the child care facility/home and the approximate length of their stay (such as cleaners, people doing maintenance work, people providing supports for children with special needs, those delivering food).
    - Records are to be kept on the premises (centre or home).
- Records (e.g. name, contact information, time of arrival/departure, screening completion/result, etc.) must be kept up-to-date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak.

Testing Requirements

- Symptomatic children or staff/home child care providers should be referred for testing.
    - Those who test negative for COVID-19 must be excluded from the program until 24 hours after symptom resolution.
    - Those who test positive for COVID-19 must be excluded from the program for 14 days after the onset of symptoms and/or clearance has been received from the local public health unit.
- Testing of asymptomatic persons should only be performed as directed by the local public health unit as part of case/contact and outbreak management.
- Please refer to the provincial testing guidance for updated information regarding the requirement for routine testing in a child care setting.
- A list of symptoms, including atypical signs and symptoms, can be found in the COVID-19 Reference Document for Symptoms on the Ministry of Health's COVID-19 website.
- Please see the protocols when a child or staff/home child care provider becomes sick for information on testing in the event of a suspected case.

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

- A single, symptomatic, laboratory confirmed case of COVID-19 in a staff member, home child care provider or child must be considered a confirmed COVID-19 outbreak, in consultation with the local public health unit. Outbreaks should be declared in collaboration between the program and the local public health unit to ensure an outbreak number is provided.
- Staff, home child care providers, parents/guardians, and children who are symptomatic or have been advised to self-isolate by the local public health unit, must not attend the program. Asymptomatic individuals awaiting results may not need to be excluded and should follow the advice of public health.

    - Symptoms to look for include but are not limited to: fever, cough, shortness of breath, sore throat, runny nose, nasal congestion, headache, and a general feeling of being unwell.
    - Children in particular should be monitored for atypical symptoms and signs of COVID-19. For more information, please see the symptoms outlined in the 'COVID-19 Reference Document for Symptoms' on the Ministry of Health's COVID-19 website.
- If a child or child care staff/provider becomes sick while in the program, they should be isolated and family members contacted for pick-up.
- If a separate room is not available, the sick person should be kept at a minimum of 2 meters from others.
- The sick person should be provided with tissues and reminded of hand hygiene, respiratory etiquette, and proper disposal of tissues.
- If the sick person is a child, a child care staff/provider should remain with the child until a parent/guardian arrives. If tolerated and above the age of 2, the child should wear a surgical/procedure mask. The child care staff/provider should wear a surgical/procedure mask and eye protection at all times and not interact with others. The child care staff/provider should also avoid contact with the child's respiratory secretions.
- All items used by the sick person should be cleaned and disinfected. All items that cannot be cleaned (paper, books, cardboard puzzles) should be removed and stored in a sealed container for a minimum of 7 days.
- Public health should be notified, and their advice should be followed.
- For home-based programs: if a person who resides in the home becomes symptomatic and/or tests positive for COVID-19, the local public health unit should be notified and their advice on next steps should be followed (including closing the program and notifying all families if necessary).
- If the child care program is located in a shared setting (for example in a school), follow public health advice on notifying others using the space of the suspected illness.
- Where a child, staff or home child care provider is suspected of having or has a confirmed case of COVID-19, licensees must report this to the ministry as a serious occurrence.
    - When a person becomes sick the home child care agency will report to public health, the ministry, and where public health advises, families.
- Other children, including siblings of the sick child, and child care staff/providers in the program who were present while the child or staff member/provider became ill should be identified as a close contact and further cohorted (i.e., grouped together). The local public health unit will provide any further direction on testing and isolation of these close contacts.

Serious Occurrence Reporting

- Child care centre licensees have a duty to report suspected or confirmed cases of COVID-19 under the *Health Protection and Promotion Act*. The licensee should contact their local public health unit to report a child suspected to have COVID-19. The local public health unit will provide specific advice on what control measures should be implemented to prevent the potential spread and how to monitor for other possible infected staff members and children.
- Where a child, parent, staff or home child care provider is suspected (i.e. has symptoms and has been tested) of having or has a confirmed case of COVID-19, licensees must report this to the ministry as a serious occurrence.
- Where a room, centre or premises closes due to COVID-19, licensees must report this to the ministry as a serious occurrence.
- Licensees are required to post the serious occurrence notification form as required under the CCEYA, unless local public health advises otherwise.

OPERATIONAL GUIDANCE

PRE-PROGRAM CONSIDERATIONS

Communication with Families

- Communication with families regarding the enhancement of health and safety measures facilitates transparency of expectations. New policies should be shared with families, for their information and to ensure they are aware of these expectations, including keeping children home when they are sick, which are aimed at helping to keep all children and staff/providers safe and healthy.
- Licensees must share with parents, the policies and procedures regarding health and safety protocols to COVID-19.
- Licensees are not required as part of re-opening to revise their program statement, full parent handbook and other policies.
- Licensees may want to consider providing links to helpful information, as well as detailed instructions regarding screening and protocols if a child or child care staff/provider becomes ill.
- Priority/waitlist policies may need to be updated to account for limited capacity when re-opening. Any changes to policies should be communicated to families so they are aware of the changes. An equitable approach should be implemented to assess priority for care.
- Where possible, the use of in-person communication should be limited.

Parent Fees

- In an effort to stabilize parent fees when re-opening, child care operators should set fees at the level they were at prior to the closure. Home child care providers that closed should also hold parent fees to the level they were at prior to when they closed.
- Additionally, until the ministry is able to amend these enhanced measures, when re-opening:
    - operators are prohibited from charging or accepting fees or deposits to add families to a priority list for preferred access to spaces;
    - operators are prohibited from charging fees to parents if they do not have access to a space or decide not to accept a space; and,
    - licensed home child care providers must give parents 30 days to indicate whether they want to keep their space. After the 30 days, payments would be required to secure the space, whether the child attends or not.

- Emergency child care, including associated provincial funding, ended on June 26, 2020.

Access to Child Care Spaces and Prioritizing Families

- When determining prioritization of limited child care spaces, CMSMs/DSSABs, licensees, and home child care agencies and providers may wish to consider the following:
    - Returning children served through emergency child care to their original placement and continuity of service for these families;
    - Care for families where parents must return to work and that work outside of the home;
    - Families with special circumstances that would benefit from children returning to care, such as children with special needs; and
    - Other local circumstances.
- CMSMs/DSSABs, licensees, and home child care agencies and providers should also consider that some families they used to serve may no longer require care, or require a different level of care (i.e., part time child care).
- Assessing demand for care prior to re-opening, for example via conducting a survey, is recommended.

Fee Subsidy Eligibility and Assessment

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

Licensed Child Care Programs in Schools

- The ministry recognizes that there are additional considerations for licensed child care programs located in schools.
- School boards are required to find safe ways to provide child care operators with sufficient time to enter their centres located in schools, in order to prepare their space and ensure they meet the operational guidelines provided by the ministry. School boards should familiarize themselves with this guide to optimally facilitate child care reopening in schools.
- School boards, CMSMs/DSSABs and child care partners should work together collaboratively to ensure that full day licensed child care programs located in schools are able to re-open and that health and safety policies and requirements for child care programs and schools are complementary and aligned with the advice of local public health officials.

Staff Training

- CMSMs/DSSABs must ensure that training that is aligned with local public health direction is provided to all child care staff/providers on the health, safety and other operational measures outlined in this document plus any additional local requirements in place as close to re-opening as possible.
- You may wish to consult the Public Services Health and Safety Association's Child Care Centre Employer Guideline for information on other measures to consider for child care staff/providers. Note that there is also a resource document for Child Care Providers.
- This may include instruction on how to properly clean the space and equipment, how to safely conduct daily screening and keep daily attendance records, and what to do in the case that someone becomes sick.
- It may be useful to draw on the approaches adopted by those who operated emergency child care sites as well as any lessons learned they can offer.

Liability and Insurance

- All requirements under the CCEYA must be met in addition to the enhanced health and safety measures outlined in this document and by local public health.
- Licensees and child care providers may wish to consult with their legal counsel or insurance advisor about any other considerations for operating and providing child care during this period.

IN-PROGRAM CONSIDERATIONS

Drop-Off and Pick-up Procedures

- Licensees should develop procedures that support physical distancing and separate groups 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).
- As much as possible, parents should not go past the screening area.
- All entrances should have hand sanitizer and if in an enclosed space and physical distance of 2 meters cannot be maintained, parents/guardians and staff/providers may want to use face coverings.
- Consider using signage/markings on the ground to direct families through the entry steps.
- Personal belongings (e.g., backpack, clothing, etc.) should be minimized. If brought, belongings should be labeled and kept in the child's cubby/ designated area.

- You may want to consider a specific policy/protocol for stroller storage if this typically takes place inside the child care setting (for example, designating a space outside of the child care setting so that parents do not need to enter the building to leave the stroller).

Visitors

- There should be no non-essential visitors at the program.
- The provision of special needs services may continue and operators may use their discretion to determine whether the services being provided are essential and necessary at this time.
- Use of video and telephone interviews should be used to interact with families where possible, rather than in person.
- Ministry staff and other public officials (e.g. fire marshal, public health inspectors) are permitted to enter and inspect a child care centre, home child care agency and premises at any reasonable time.
- As much as possible, parents should not go past the screening area.
- Licensees must ensure that there are no volunteers or students at the program.

Space Set-Up and Physical Distancing

- The ministry recognizes that physical distancing between children in a child care setting is difficult and encourages child care staff and providers to maintain a welcoming and caring environment for children.
- Each cohort must have their own assigned indoor space, separated from all other cohorts by a physical barrier. The purpose of the barrier is to reduce the spread of respiratory droplets that are thought to transmit COVID-19 and to reinforce physical distancing requirements between cohorts. The physical barrier must begin at the floor and reach a minimum height of 8 feet to ensure that it will always be 12 inches taller than the tallest person in the facility. It must be as wide as the space/room will allow.
- When in the same common space (e.g., entrances, hallways) physical distancing of at least 2 metres must be maintained between different cohorts and should be encouraged, where possible, between children within the same cohort by:
    - spreading children out into different areas, particularly at meal and dressing time;
    - incorporating more individual activities or activities that encourage more space between children; and
    - using visual cues to promote physical distancing.

- In shared outdoor space, cohorts must maintain a distance of at least 2 metres between groups and any other individuals outside of the cohort.
- Licensees and home child care providers are encouraged to increase the distance between cots/resting mats/playpens or place the children head to toe or toe to toe if the space is limited.
- Shared spaces and structures that cannot be cleaned and disinfected between cohorts should not be used.
- Recognizing that physical distancing is difficult with small children and infants, additional suggestions include:
    - planning activities that do not involve shared objects or toys;
    - when possible, moving activities outside to allow for more space; and
    - avoiding singing activities indoors.

Equipment and Toy Usage and Restrictions

- Licensees and home child care providers are encouraged to provide toys and equipment which are made of materials that can be cleaned and disinfected (e.g., avoid plush toys).
- Toys and equipment should be cleaned and disinfected at a minimum between cohorts.
- Mouthed toys should be cleaned and disinfected immediately after the child is finished using it.
- Licensee and home child care providers are encouraged to have designated toys and equipment (e.g., balls, loose equipment) for each room or cohort. Where toys and equipment are shared, they should be cleaned and disinfected prior to being shared.
- If sensory materials (e.g., playdough, water, sand, etc.) are offered, they should be provided for single use (i.e. available to the child for the day) and labelled with child's name, if applicable.
- Play structures can only be used by one cohort at a time. Please consult with your local public health unit regarding the use of playground equipment onsite.

Program Statement/Activities

- Licensees are encouraged to continue to implement their program statement.
- The ministry recognizes that there may be approaches outlined in the program statement which may not be possible due to physical distancing.
- Licensees are not required to make updates to their program statement during this time.

Outdoor Play

- Licensees should schedule outdoor play in small groups/by cohort in order to facilitate physical distancing. Where the outdoor play area is large enough to accommodate multiple groups, licensees may divide the space with physical markers to ensure cohorts remain separated by at least 2 metres.
- If play structures are to be used by more than one cohort, the structures can only be used by one cohort at a time and should be cleaned and disinfected before and after each use by each cohort.
- Licensees and home child care providers are encouraged to have designated toys and equipment (e.g., balls, loose equipment) for each room or cohort. Where toys and equipment are shared, they should be cleaned and disinfected prior to being shared.
- Licensees and home child care providers should find alternate outdoor arrangements (e.g., community walk), where there are challenges securing outdoor play space. Providers should follow physical distancing practices when possible.
- Children should bring their own sunscreen where possible and it should not be shared.
    - Staff may provide assistance to apply sunscreen to any child requiring it and should exercise proper hand hygiene when doing so (for example washing hands before and after application).

Interactions with Infants/Toddlers

- Licensees should continue to encourage staff and home child care providers to supervise and hold bottles for infants not yet able to hold their own bottle to reduce the risk of choking.
- When holding infants and toddlers use blankets or cloths over clothing and change the blankets or cloths between children.
- Licensees and home child care providers 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.
- Recognizing that physical distancing is difficult with small children and infants, suggestions to support physical distancing include:
    - planning activities that do not involve shared objects or toys; and,
    - when possible, moving activities outside to allow for more space.
- Children must not share food, feeding utensils, soothers, bottles, sippy cups, etc. Mouthed toys must be removed immediately for cleaning and disinfecting and must not be shared with other children.
    - Label these items with the child’s name to discourage accidental sharing.

Food Provision

- Licensees and home child care providers should change meal practices to ensure there is no self-serve or sharing of food at meal times.
    - Utensils should be used to serve food.
    - Meals should be served in individual portions to the children.
    - There should be no items shared (i.e., serving spoon or salt shaker).
- There should be no food provided by the family/outside of the regular meal provision of the program (except where required and special precautions for handling and serving the food must be put in place).
- Children should neither prepare nor provide food that will be shared with others.
- Ensure proper hand hygiene is practiced when staff are preparing food and for all individuals before and after eating.
- Where possible, children should practice physical distancing while eating.
- There should be no sharing of utensils.

Provision of Special Needs Resources (SNR) Services

- The ministry recognizes that children with special needs and their families continue to require additional supports and services in child care settings.
- The provision of in-person special needs services in child care settings should continue where appropriate. Should questions arise in respect of which service providers are permitted to enter the premises, please consult with your local public health unit. Please work with special needs service providers to explore alternative modes of service delivery where in-person delivery is not possible.
- Maximum capacity rules do not apply to SNR staff (consultants and enhanced staff) on site (i.e., if they are not counted towards staff to child ratios they are not included in the maximum capacity rules).
- Where SNR services are provided through external staff/service providers, licensees and home child care providers should inform all families of this fact, and record attendance for contact tracing purposes.
- All SNR staff must be screened before entering the child care setting, as per the protocol in the screening section above.