

# EarlyON Child and Family Centres

Operational Guidance During COVID-19 Outbreak

Version 5 – August 2021

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## Highlights of Changes

- (p.12-13) Additional information provided on cleaning protocols and procedures - the risk associated with transmission with shared objects is low. Instead of regular cleaning of shared objects, the focus should be on regular hand hygiene and respiratory etiquette to reduce the risk of infection related to shared equipment.
- (p.13-14) **New section on Hand Hygiene and Respiratory Etiquette** - hand hygiene and respiratory etiquette should be practiced by anyone entering the premises.
- (p.14-16) Updated guidance on Use of Masks and PPE – masking no longer required outdoors; eye protection (i.e. face shield or goggles) is required for staff working in close contact with children who are unable to wear face protection (e.g. children younger than grade 1) but not required for individuals working with children who wear face protection.
- (p.16-17) The province will continue to provide a screening tool for use by schools and child care, which may be periodically updated. All individuals must follow the monitoring and isolation advice outlined in the screening tool. The ministry may direct EarlyON providers to perform and validate daily on-site confirmation of self-screening.
- (p.18-20) Updated guidance on Monitoring and Responding to Reports on COVID-19 Symptoms - See the provincial screening tool for symptom screening, monitoring and isolation procedures. All individuals must follow the monitoring and isolation advice outlined in the screening tool.
- (p.20) **New section on Transportation**
- (p.21) Updated guidance on Visitors and Students on Educational Placement – visitors are permitted, and are subject to the same health and safety protocols as others attending the program. The number of visitors indoors should be limited to the ability to maintain physical distancing of at least 2 metres.
- (p.22) Updated guidance on Equipment and Toy Usage Restrictions
- (p.22) Updated guidance on Outdoor play
- (p.22-23) Updated guidance on Space Set-up and Physical Distancing – More than one child care or early years program or day camp can be offered per building/space as long as they are able to maintain separation between the groups/cohorts and follow all health and safety requirements that apply to those programs. In shared outdoor space, mixing between groups and any other individuals outside of the group is permitted, though physical distancing is encouraged. Where physical distancing is difficult with small children, suggestions include:
  - planning activities for smaller groups when using shared objects or toys;
  - singing is permitted indoors; masking is encouraged but not required for singing indoors if a minimum of two metres distance can be maintained.
- (p.23) **New section on Ventilation**
- (p.24) Updated guidance on Equipment and Toy Usage Restrictions – 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.

- (p.24-25) **New section on EarlyON Centres in Schools**
- (p.25-26) **New section on EarlyON Data Elements:** CMSMs/DSSABs should continue collecting information on the data elements outlined in the most recent funding Guideline, as well as those pertaining to virtual programming. Virtual programming refers to the number of children aged 0-6 that received services at some point during the calendar or fiscal year. (e.g., counted once for being served in an early learning activity either in-person or through a virtual program).

## OVERVIEW

The Ministry of Education (the ministry) has developed this guidance document to support partners in continuing to deliver EarlyON Child and Family Centre (EarlyON Centre) programming during the ongoing COVID-19 outbreak.

This guidance document is intended to support the following partners:

- Consolidated Municipal Service Managers and District Social Service Administration Boards (CMSMs and DSSABs);
- EarlyON Centre service providers; and
- District School Boards.

The information found within this guidance document is meant to support the delivery of EarlyON programs and to provide clarification on operating with enhanced health and safety measures. 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 and Early Years Act, 2014](#) (CCEYA) and its regulations, and the [Ontario Child Care and EarlyON Child and Family Centres Service Management and Funding Guideline 2021](#) (2021 Guideline). **In the event of a conflict between this document and the Guideline, this document will prevail. Advice of the local public health unit must be followed, even in the event it is different from the guidance in this document.**

**The information found within this guidance document is intended to represent the minimum recommendations of the Ministry of Education. Child care and early years sector partners may, particularly at the advice of their local public health unit, choose to implement additional measures based on local circumstances.**

EarlyON Centres are permitted to operate in accordance with the [Reopening Ontario \(A Flexible Response to COVID-19\) Act 2020 \(ROA\)](#) and the [Roadmap to Reopen](#), which is the province's three-step plan to safely and gradually lift public health measures based on ongoing progress of provincewide vaccination rates and improvements of key public health and health care indicators.

CMSMs/DSSABs have the discretion to determine when and where programs will be offered in alignment with the [Roadmap to Reopen](#) and in consultation with their local public health unit. EarlyON Centres that are permitted to operate must have enhanced health and safety measures in place.

As always, **the top priority for the ministry will be the health and safety of the children, families and staff.** We will monitor the COVID-19 outbreak situation closely and revise this guidance, as needed, in consultation with the Office of the Chief Medical Officer of Health.

To support consistency for children and families, the ministry has revised this guidance document, where possible, to align with the provincial [Guide to reopening Ontario's](#)

[schools](#) as well as the information at the [COVID-19 reopening schools](#) webpage.

For more information about the operation of Child Care and Before and After School Programs, please refer to the [Operational Guidance for Child Care During COVID-19 Outbreak](#) and [2021-22 Before and After School Kindergarten to Grade 6 Policies and Guidelines](#). The health and safety guidance aligns with this document, where applicable, and includes program specific guidance as well.

You may wish to visit the [provincial COVID-19 website](#) regularly for current 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 Early Years Advisor directly.

## **PEDAGOGICAL APPROACHES DURING COVID-19**

The ministry recognizes that, while the focus of this guidance document is on the health, safety, and operational measures that are required to safely deliver EarlyON programs during the ongoing COVID-19 pandemic, that it is also critical to keep the well-being of children and families at the forefront by continuing to provide a welcoming and caring environment.

[How Does Learning Happen? Ontario's Pedagogy for the Early Years \(HDLH\)](#) continues to be the guide to support learning through relationships for those working with young children and families during the COVID-19 outbreak. As the cornerstone of EarlyON programs, HDLH remains a key support for children, families and educators as we navigate the challenges of these difficult times together.

Ensuring children's health and physical well-being is important, but we also know that early years programs play a critical role in supporting their learning, development, and emotional well-being. The values, foundations for learning, and pedagogical approaches in HDLH can also help to guide discussions on ways to ensure children's emotional well-being and capacity for learning continue to be nurtured.

Now more than ever, HDLH is a key support for children, families and educators as Ontario recovers from the challenges of this unprecedented time. We know it is critical to put measures in place to support the immediate health and safety needs of children, families and educators; however, emotional well-being should be given the same level of care and attention. Children need responsive and caring relationships and environments that support exploration, play and inquiry, which have a long-term impact on children's mental health, well-being and capacity to learn.

The ministry has developed a resource entitled [Building on How Does Learning Happen?](#) that provides pedagogical approaches to re-opening child care and early years settings. This resource shares ideas, reflective questions and lessons learned from child care and EarlyON Centre to help to support child care and early years settings as they work to

provide healthy physical, social, and emotional spaces for children and their families as they gradually re-open.

## **TRACKING RE-OPENING OF SITES**

CMSMs/DSSABs are responsible for updating the EarlyON website with information on EarlyON programs located within their region through the EarlyON Centre Location Administration Application. The service system manager administrators for each CMSM/DSSAB can indicate that an EarlyON Centre is open to the public for in-person programming and services using the “pre-registered programs” option when editing their location description. It is important that CMSMs/DSSABs make timely updates to reflect the current status of their programs and services. The ministry will collect information on the re-opening of sites across the province from the updates made by CMSMs/DSSABs in the EarlyON Centre Location Administration Application. If you have questions or require technical support, you can email [earlyon@ontario.ca](mailto:earlyon@ontario.ca).

## **MEETING MANDATORY CORE SERVICES**

CMSMs/DSSABs and providers are required to continue delivering mandatory core services including:

- supporting early learning and development,
- engaging parents and caregivers, and
- making connections for families.

Recognizing that service delivery methods may have shifted as a result of COVID-19, EarlyON Centres can continue to deliver high quality programs and services that support early learning and development, engage parents and caregivers and make connections for families through a variety of methods that support the health, safety and well-being of children and families.

## **SERVICE DELIVERY**

### **Re-opening EarlyON Centres**

All in-person programs and services must be offered with enhanced health and safety protocols and physical distancing measures in place.

The ministry recognizes that not all EarlyON Centres and programs will resume in-person operations immediately once permitted, for public health reasons and/or due to other community related considerations. CMSMs/DSSABs are encouraged to leverage a variety of service delivery methods as part of their re-opening plan to continue delivering EarlyON programs during the ongoing outbreak. CMSMs/DSSABs may take a phased or gradual approach to re-opening EarlyON Centres, which may include offering targeted services based on community need.

It is recommended that CMSMs/DSSABs who are able to re-open EarlyON Centres for in-person offerings consider ways to prioritize programs/services and families with the



greatest need during this difficult time. Approaching service planning through this equity lens helps to remove barriers to access and better ensures that EarlyON programs and services continue to remain accessible to all children and families in Ontario during the ongoing COVID-19 outbreak.

During this phase of the COVID-19 outbreak, the ministry recommends that EarlyON Centres continue offering virtual services, where possible, so that children and families can access programs and services without having to attend an EarlyON Centre in-person.

CMSMs/DSSABs have the flexibility to allocate their EarlyON funding to support in-person, virtual, outdoor or mobile programming and services.

### **Pre-registering for Programs and Services**

Providers are required to develop policies and processes that require families to reserve and/or register in advance of participating in programs and services in-person. 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; and
- Helping to organize programming options that support an enhanced level of health and safety (e.g., such as participants registering for multi-week programs).

Providers must follow their reservation/registration policies and processes for all children and families entering the EarlyON Centre and/or participating in programs and services.

Where required, registration policies and/or processes may permit reasonable exceptions to the pre-registration requirement that support the unique needs of families while continuing to meet health and safety requirements, which includes:

- the ability to safely screen all individuals before they enter the EarlyON Centre (see section on Screening for COVID-19 Symptoms); and
- the collection and maintenance of daily records of anyone entering the EarlyON Centre and the approximate length of their stay (see section on Attendance Records).

### **Communication with Families**

Communication with families regarding the enhancement of health and safety measures makes expectations clear. 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 is aimed at helping to keep all children and

staff/providers safe and healthy.

Child and family program providers must share with parents/caregivers the policies and procedures regarding health and safety protocols to COVID-19, including requirements and exceptions related to masks.

Providers may want to consider providing links to helpful information as well as detailed instructions regarding screening and protocols if a child or individual in the program becomes ill.

Policies may need to be updated as health and safety measures change to account for any resulting limited capacity. Any changes to policies should be communicated to families so they are aware of the changes.

### **Mobile Programming**

Where programming is being offered in a shared setting (e.g., a community centre), providers should work in collaboration with the local public health unit and those sharing the space to follow public health advice.

### **Outdoor Programming**

Outdoor programming is strongly encouraged as a program delivery model as it can easily allow for safe, physically distanced activities for children and families. Where programming is being offered in a shared setting (e.g., park), providers should work in collaboration with the local public health unit to follow public health advice.

### **Virtual Programming**

EarlyON Centres are required to continue offering virtual services, where possible, so that children and families can access programs and services without having to attend an EarlyON Centre in person.

CMSMs/DSSABs can allocate their EarlyON funding to support virtual programming and services.

## **CHILD MINDING AND RESPITE CHILD CARE**

Child minding and respite child care as outlined in the *Ontario Child Care and EarlyON Child and Family Centres Service Management and Funding Guideline* **may not be offered at this time**. Partners will be notified when this restriction has been lifted.

## **HEALTH AND SAFETY REQUIREMENTS**

EarlyON providers are expected to employ multiple strategies and a layering of controls to support healthier and safer environments for children and staff as detailed below. There is

not one specific measure that will prevent COVID-19 transmission from occurring in early years settings, but rather there are multiple structural and individual elements that contribute to making EarlyON Centres healthier spaces and reduce the risk of infection to in-person attendees.

Each of the control measures listed below provides some benefit in reducing spread. However, it is the combination and consistent application of these layered controls as a bundle that is most effective for reducing disease spread in EarlyON Centres.

### **Working with Local Public Health**

While the ministry is providing guidance on how to operate EarlyON Centres during the COVID-19 pandemic, CMSM/DSSABs and EarlyON providers must follow the advice of the local public health unit when establishing health and safety protocols, including how to implement any provincial direction or local public health direction on health and safety guidance.

The ministry recognizes that this may result in local and regional differences in these protocols, but given the varying impact of COVID-19 in different communities, it is important to follow the advice of the local public health officials to keep children and families safe in their respective communities.

You can find information on your local public health unit [here](#).

### **Health and Safety Protocols**

Every EarlyON provider must ensure that there are written policies and procedures outlining their health and safety protocols for EarlyON Centres, including in-person, mobile and outdoor offerings.

These policies and procedures must be consistent with any direction from local public health and include information on how the EarlyON Centre will operate to prevent and minimize the impact of COVID-19 in an EarlyON setting, including, at a minimum, the following:

- how cleaning and disinfecting the space, toys and equipment will be conducted;
- how to report illness;
- how physical distancing will be encouraged, particularly between groups;
- requirements on the use of medical masks and eye protection, and personal protective equipment (PPE), including information on exemptions or exceptions;
- how shifts will be scheduled, where applicable;
- how attendance records will be organized and maintained in order to facilitate contact tracing;
- a communication plan in the event of a case/outbreak;
- rescheduling of group events and/or in-person meetings; and
- arrival and departure procedures.

Under the *Occupational Health and Safety Act (OHSA)*, employers must take every

precaution reasonable in the circumstances to protect the health and safety of workers. This includes precautions to protect workers from exposure to infectious diseases. Please see the [guide on developing a COVID-19 workplace safety plan](#) to support you in fulfilling this obligation.

## **Cleaning and Disinfecting EarlyON Centres**

### Cleaning Protocols

Existing practices should be reviewed to determine where enhancements might be required, including frequency and timing of cleaning and disinfection, areas to clean and disinfect, choice of cleaning products, and child safety, staffing, signage, and PPE use when cleaning.

Please refer to the Public Health Ontario's [Environmental Cleaning fact sheet](#) for best practices for cleaning and disinfecting, including:

- which products to use, including disinfectants with Health Canada Drug Identification Numbers (DINs);
- how to clean and disinfect different materials, including minimum surface contact time; and
- other items to remember, including checking expiry dates of cleaning and disinfectant products and following the manufacturer's instructions.

Public Services Health and Safety Association's [Child Care Centre Employer Guideline](#) provides information on cleaning and Health Canada's [Hard-surface disinfectants and hand sanitizers \(COVID-19\)](#) webpage provides information on approved products.

### Cleaning Products

Products that provide both cleaning and disinfection action are preferable due to ease of use (for example, hydrogen peroxide products). Only use cleaning and disinfectant products that have a Drug Identification Number (DIN). Check the expiry date of the agents prior to use. These should be used according to the manufacturer's instructions.

### Cleaning Program

EarlyON Centres premises should be cleaned frequently. Focus should be on regular hand hygiene to reduce the risk of infection related to high touch surfaces. Cleaning plus disinfection twice daily 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.

It is recommended that EarlyON providers keep a cleaning and disinfecting log to track and demonstrate cleaning schedules.

## Shared Spaces/Objects

The risk associated with transmission with shared objects is low. Instead of regular cleaning of shared objects, the focus should be on regular hand hygiene and respiratory etiquette to reduce the risk of infection related to shared equipment. This is especially the case for young children where shared equipment is important for learning (for example, toys for imaginative play, manipulatives for math).

Where an individual is suspected of having COVID-19 in the EarlyON setting:

- 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 metres of the ill person) versus cleaning alone (such as a hallway or room where the individual has passed through).

## **Hand Hygiene and Respiratory Etiquette**

Appropriate hand hygiene and respiratory etiquette are among the most important protective strategies. EarlyON staff, visitors, and students on educational placement should be trained and able to assist children on appropriate hand hygiene and respiratory etiquette, including the use of alcohol-based hand rub (ABHR), and reinforcing its use.

Hand hygiene should be practiced by anyone entering the EarlyON 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).

EarlyON staff, visitors, students on educational placement and children should be provided with targeted, age-appropriate education in proper hand hygiene and respiratory etiquette. Local public health units can provide additional guidance. Age-appropriate posters or signage should be placed around the EarlyON setting.

- Soap and water are preferred as the most effective method and least likely to cause harm if accidentally ingested.
- ABHR can be used by children. It is most effective when hands are not visibly soiled.
- For any dirt, blood, body fluids (urine/feces), it is preferred that hands be washed with soap and water.
- Safe placement of the ABHR to avoid consumption is important, especially for young children.
- Support or modifications should be provided to allow children with special needs to regularly perform hand hygiene as independently as possible.
- Tissues and lined, no-touch waste baskets (for example, foot pedal-operated, hand sensor, open basket) are to be provided, where possible.
- ABHR with a minimum 60% alcohol concentration must be available (60-90% recommended, including ideally at the entry point to each EarlyON room) and/or plain liquid soap in dispensers, sinks and paper towels in dispensers.

Refer to Public Health Ontario's [How to Wash Your Hands \(PDF\)](#) fact sheet and [respiratory etiquette infographic](#).

Refer to Health Canada's [Hard-surface disinfectants and hand sanitizers \(COVID-19\): List of hand sanitizers authorized by Health Canada](#), including which sanitizers may be appropriate for different groups of staff and students.

## **Guidance on the Use of Masks, and other Personal Protective Equipment (PPE)**

EarlyON providers must ensure that there are written policies and procedures detailing the requirements on the use of PPE and must ensure that these policies and procedures are consistent with the information in this section as well as any direction provided by their local public health unit.

At the advice of the local public health unit, EarlyON Centres may choose to implement additional masking measures based on local circumstances.

Parents/guardians are responsible for providing their child(ren) (if applicable) and themselves with a non-medical mask(s) or face covering when participating in EarlyON programs and services in-person.

Reasonable exceptions to the requirement to wear masks are expected to be put in place by the provider. Exceptions to wearing masks indoors could include situations where a child cannot tolerate wearing a mask, reasonable exemptions for medical conditions, etc.

EarlyON providers should ensure their masking exceptions policies support children and staff to wear masks to the greatest extent possible.

EarlyON providers may discuss with parents/guardians, in consultation with the child's health care professional, whether other types of face coverings might work for the child.

EarlyON providers should consider ways to support nutrition breaks/mask breaks in a safe manner (i.e., a space where staff/providers can maintain at least 2 metres distance to remove masks and eat).

EarlyON providers should document their requirements and exemptions related to masks (e.g., within their COVID-19 policy).

### Children

All children in grades 1 and above are required to wear a properly-fitted non-medical or cloth mask while inside an EarlyON setting, including in hallways.

Children younger than grade 1 are encouraged to wear a non-medical or cloth mask while inside an EarlyON setting, including in hallways.

Masks are not recommended for children under the age of two.

Parents/guardians are responsible for providing their child(ren) with a non-medical or cloth mask each visit and should be reminded that if children are wearing masks, they will require

a way to store their mask when not in use.

Masking is not required outdoors. Physical distancing is strongly encouraged between groups.

#### Expectations for staff and students on educational placements in an EarlyON setting

All EarlyON staff and students on educational placements are required to wear medical masks (e.g. surgical/ procedural) while inside the premises, including hallways and other shared areas.

Eye protection (e.g. face shield or goggles) is required for individuals working in close contact with children who are not wearing face protection (children younger than grade 1). Eye protection is not required for individuals working with children who wear face protection (children grade 1 and above).

Masking and eye protection are not required outdoors. Physical distancing is strongly encouraged between groups.

#### Expectations for all other adults (parents/caregivers/ visitors)

All other adults (parents/caregivers/ visitors) are required to wear a face covering or non-medical mask while inside the premises, including hallways and other shared areas.

Masking is not required outdoors. Physical distancing is strongly encouraged between groups.

#### Proper use of Masks and PPE:

Refer to [Public Health Ontario resources](#) and the Public Health Agency of Canada (PHAC) [website](#) for how to properly wear and take off masks and eye protection. You may also wish to view a [helpful video](#) on how to properly put on and take off masks and eye protection.

Keep in mind that it may be difficult to put on a mask and eye protection properly (i.e. without contamination) after having removed them, given the frequent and spontaneous need for close interactions with young children in an EarlyON setting.

Masks should be replaced when they become damp or visibly soiled.

The use of medical masks and eye protection is for the safety of EarlyON staff and the children and families in their program. This is especially important when working with individuals who may not be wearing face coverings (i.e., young children under the age of two).

#### Sourcing PPE:

EarlyON providers should secure and sustain an amount of PPE (including but not limited to face shields or goggles, medical masks, gloves, etc.) and cleaning supplies that can support their current and ongoing operations.

To support healthy and safe operation of EarlyON programs, a supply of medical masks and eye protection (i.e., face shields) is being procured and delivered through the Ministry of Government and Consumer Services to EarlyON Centres on a monthly basis.

- A back-up supply of non-medical or cloth masks will also be provided for school age children in EarlyON Centres in case they cannot bring one from home.

The Ontario Together Portal has a [Workplace PPE Supplier Directory](#) that lists Ontario businesses that provide PPE and other supplies.

### **Screening for Symptoms**

All individuals entering the EarlyON premises must self-screen every day before attending the program using the provincial screening tool or a screening tool designated by the local public health unit. The province will continue to provide a COVID-19 screening tool for use by schools and child care, and may update this frequently throughout the year. All individuals must follow the monitoring and isolation advice outlined in the screening tool. Any local screening tool must align with the provincial tool. Local public health units may designate a commensurate or more restrictive screening tool for local use.

The ministry may direct EarlyON providers to perform daily on-site confirmation of self-screening, such as during a period of potential higher transmission (for example, after a holiday period). EarlyON providers are expected to have a process in place to validate the daily self-screening of these individuals prior to or upon their arrival at the EarlyON premises if directed to do so. Confirmation or proof of self-screening should be in a form deemed appropriate and accessible by the provider (e.g., proof of completed paper copy of screener, mobile application indicating a “pass”).

### **Screening for EarlyON Centres**

All EarlyON staff, students on educational placement and visitors must self-screen.

Any individuals that do not pass the screening procedures will be asked to return home and self-isolate. See the provincial [COVID-19 screening tool](#) for symptom screening, monitoring, and isolation procedures.

At the advice of the local public health unit, EarlyON providers may choose to implement additional screening measures based on local circumstances.

### **Screening for Children/Parents/Caregivers**

Parents and caregivers are required to screen themselves and their children prior to attending an EarlyON Centre. The provincial [COVID-19 screening tool](#) is available to support parents and caregivers to meet this requirement.



Parents or caregivers of any child that has not completed the screening for symptoms prior to arriving at the EarlyON setting will be required to complete screening prior to entry.

Any child that does not pass the on-site screening procedures will be asked to return home and self-isolate. See the provincial [COVID-19 screening tool](#) for symptom screening, monitoring, and isolation procedures.

At the advice of the local public health unit, providers may choose to implement additional screening measures based on local circumstances.

### General Screening Requirements

It is the responsibility of the provider to ensure that all screening procedures (including on-site confirmation) are completed and to ensure that no individual enters the premises unless they have completed the screening and the result of that screening has indicated that they are allowed to proceed.

Providers should post signs at entrances to the EarlyON Centres to remind staff, parents/caregivers and visitors of screening requirements.

Providers should make self-assessment tools available to staff to ensure awareness of possible symptoms of COVID-19.

EarlyON providers may wish to consult the [Province's COVID-19 website](#) for information and resources on COVID-19 symptoms, protections and seeking health care.

For screening an individual at the EarlyON setting and escorting parents/caregivers and children to the program, EarlyON providers should take appropriate precautions including, maintaining a distance of at least 2 metres from those being screened, being separated by a physical barrier (such as a plexiglass barrier), and providing alcohol-based hand rub containing 60% to 90% alcohol content at all screening stations.

### **Attendance Records**

In addition to attendance records for all children, parents/caregivers, and visitors that receive in-person programs and services, all child and family programs are responsible for maintaining daily records of anyone entering the program setting.

These records must include all individuals who enter the premises (e.g. parents and guardian, 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 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).

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 child and family program setting.

## **Monitoring and Responding to Reports of COVID-19 Symptoms in an EarlyON Setting**

See the provincial [COVID-19 screening tool](#) for symptom screening, monitoring, and isolation procedures. All individuals must follow the monitoring and isolation advice outlined in the screening tool.

Persons who test positive for COVID-19 should follow the guidance of their local public health unit and health care professional regarding direction for isolation and returning to an EarlyON Centre. The individual cannot return until cleared by their public health unit. Note that individuals do not need to provide a medical note or proof of negative result to return to the program.

If an individual becomes ill while in the EarlyON setting:

- The ill individual and their parents/caregivers and/or child(ren) should immediately be separated from others in a separate room, where possible (i.e., an isolation room).
- Anyone providing care to the ill individual should maintain as much physical distance as possible. If physical distancing is not possible (e.g., if a young child needs comfort) staff/providers should consider additional PPE (i.e., gloves, gown).
- The person caring for the individual must wear a medical mask and eye protection and be trained on proper use of PPE, including donning and doffing.
  - If tolerated, the ill individual should also wear a medical mask.
- Hand hygiene and respiratory etiquette should be practiced while the ill individual is waiting to leave or be picked up.
- Cleaning of the area the separated individual was in and other areas of the EarlyON setting where the ill individual was should be conducted as soon as reasonably possible after the ill individual leaves (see above in the Cleaning section).
- The ill individual and/or their parent or guardian should be advised to use the [online self-assessment tool](#) and follow instructions which may include seeking medical advice and/or going for testing for COVID-19.
- Communication protocols to update and inform necessary stakeholders while maintaining confidentiality of the ill individual should be initiated (e.g., service system manager or if located in a school contact the school). Note, suspected cases of COVID-19 do not need to be reported to the ministry.
- Regular EarlyON operation can continue unless directed otherwise by the local public health unit.
- An ill individual who has a known alternative diagnosis provided by a health care

professional may return to the EarlyON setting if they do not have a fever and their symptoms have been improving for at least 24 hours.

All early years sector partners, together with Ministry of Health and local public health units, will work closely to monitor and respond to reports of COVID-19 symptoms.

### Outbreak Management

An outbreak may be declared by the local public health unit when within a 14-day period, there are two or more laboratory-confirmed COVID-19 cases in children, staff/providers or other visitors with an epidemiological link (e.g., cases in the same room, cases that are part of the same before/after school care cohort) where at least one case could have reasonably acquired their infection in the EarlyON setting.

The local public health unit will work with the provider to determine whether epidemiological links exist between cases and whether transmission may have occurred in the EarlyON setting.

If the local public health unit declares an outbreak, they will direct appropriate next steps, which could include a partial or full closure of the EarlyON Centre.

If the public health unit determines that partial or full closure of the EarlyON setting is required, service providers should report this to their CMSM or DSSAB. CMSMs/DSSABs must notify the ministry through their Early Years Advisor, see section on 'Reporting Confirmed Cases to the Ministry'.

### Reporting Confirmed Cases to the Ministry of Education

Where a staff, child, parent/caregiver, or essential visitor has a confirmed case of COVID-19 (i.e. a positive COVID-19 test result) and/or program closure, CMSMs/DSSABs must:

- report this to the ministry by contacting their Early Years Advisor and including the following information:
  - Name and address of EarlyON Centre;
  - Name of school board, if located in a school;
  - Name of school, if located in a school;
  - Who tested positive (i.e. child, parent/caregiver, staff, student, essential visitor);
  - Whether the centre closed (full or partial) and the date of the closure; and
  - Optional: Short description of the situation.

report to the local public health unit and provide any materials (e.g., daily attendance records) to public health officials to support case management and contact tracing and other activities in accordance with all applicable legislation, including the [Municipal Freedom of Information and Protection of Privacy Act](#).

Public health officials will determine any additional steps required, including but not limited

to how to monitor for other possible infected staff, parents/caregivers, children and essential visitors and the declaration of an outbreak and closure of rooms and/or entire EarlyON setting.

## **IN-PROGRAM CONSIDERATIONS**

### **Transportation**

All EarlyON staff and students on educational placement 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.

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 to protect against COVID-19 are understood, followed and enforced in all transportation settings.

Vehicles should follow an enhanced cleaning protocol of disinfecting high-touch surfaces (for example, handrails, seatbacks) at least twice daily.

Transportation service providers should also consider the [Health and Safety Guidance During COVID-19 for Student Transportation Employers](#) released by the Public Services Health and Safety Association.

### **Visitors and Students on Placement**

All visitors to the program, including parents, students completing educational placements, or others, are subject to the health and safety protocols outlined above.

EarlyON providers are expected to have a process in place to validate the screening of visitors. The number of visitors indoors should be limited to the ability to maintain physical distancing of at least 2 metres.

Ministry staff and other public officials (e.g., fire marshal, public health inspectors) are permitted to enter and inspect an EarlyON Centre, and premises at any reasonable time.

Students on educational placements are permitted to complete their placements at multiple EarlyON locations.

At the advice of the local public health unit, EarlyON providers may be asked to restrict visitor access.

## **Safe Sign-in Procedures**

EarlyON Centres must develop policies and procedures for safe sign-ins including establishing how physical distancing can be maintained.

Pre-registering for programs and services ahead of time helps to promote safe and timely sign-ins for children and families. Further suggestions to promote safe in person sign-ins include:

- Display signage at the entrance explaining hand hygiene, physical distancing, symptom screening and usage of masks (as applicable);
- 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; and
- 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.

## **Equipment and Toy Usage and Restrictions**

The ministry understands that in an EarlyON setting, equipment and toys may be required to deliver programs or services. The following requirements should be followed regarding the use of toys and equipment:

- EarlyON 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) as much as possible.
- Mouthed toys should be cleaned and disinfected immediately after the child is finished using them.
- 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.

## **Outdoor Play**

EarlyON providers should schedule outdoor play by groups in order to facilitate physical distancing between groups/cohorts as much as possible, however, children are not required to wear masks.

EarlyON providers should find alternate outdoor arrangements (e.g., community walk) when there are challenges securing outdoor play space. EarlyON providers should follow physical distancing practices when possible.

## **Space Set-up and Physical Distancing**

Physical distancing between children in an early years setting can be difficult to maintain; however, it is an important strategy that should be encouraged whenever possible.

It is also important to maintain a welcoming and caring environment for children. Please see the document [\*Building On How Does Learning Happen?\*](#) for more support and ideas on how to provide an engaging environment while physically distancing.

More than one child care or early years program or day camp can be offered per building/space as long as they are able to maintain separation between the groups/cohorts and follow all health and safety requirements that apply to those programs. Physical barriers (which begin at the floor and reach a minimum height of 8 feet) are not required if a distance of 2 metres can be maintained.

When in the same common space (e.g., entrances, hallways), physical distancing of at least 2 metres must be maintained between different groups and should be encouraged, as much as possible, between children within the same group by:

- spreading children out into different areas, particularly at snack 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, mixing between groups and any other individuals outside of the group is permitted, though physical distancing should be encouraged between groups as much as possible.

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

- planning activities for smaller groups when using involve shared objects or toys;
- when possible, moving activities outside to allow for more space; and,
- singing is permitted indoors; masking is encouraged but not required for singing indoors if a minimum of two metres distance can be maintained between groups/cohorts and as much distancing as possible maintained within a groups/cohort.

### Ventilation

EarlyON providers are encouraged to implement best practices and measures to optimize ventilation (see Public Health Ontario's guidance: [Heating, Ventilation and Air Conditioning \(HVAC\) Systems in Buildings and COVID-19](#)). 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.

While ventilation is important, it must be used along with other public health measures.

There is not one public health measure that can guarantee protection from COVID-19; multiple strategies are needed. Other measures include symptom screening and self-isolation for people with symptoms, practicing physical distancing, wearing a mask, and practicing good hand hygiene and respiratory etiquette.

### **Food and Drink Provision**

EarlyON providers should follow regular food preparation guidelines. Where possible, children and their parents/caregivers should practice physical distancing while eating.

Providers may want to consider the following best practices regarding food and drink provision:

- Promoting proper hand hygiene before and after eating.
- Promoting safe masking practices before and after eating, including safely storing their mask when not in use.
- Ensuring there are no buffet or self-serve methods of providing food or drink.
- Ensuring that there is no sharing of food items among participants.

### **Mental Health**

The ministry recognizes the detrimental impact of the COVID-19 pandemic on children's mental health and well-being. The ministry's [\*Building on How Does Learning Happen?\*](#) supports the operation of early years and child care programs in Ontario during the COVID-19 outbreak. It provides information on how early years settings can support the social and emotional health and wellbeing of children and families, in addition to safe and healthy environments.

Early years and child care program providers are also encouraged to collaborate with child and youth mental health agencies to support strong connections and make the best use of mental health resources and supports across the integrated system of care.

## **OTHER OPERATIONAL CONSIDERATIONS**

### **EarlyON Centres in Schools**

The ministry recognizes that there are additional considerations for EarlyON programs located in schools.

School boards are required to find safe ways to allow EarlyON providers 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 EarlyON operating in schools.

School boards, CMSMs/DSSABs and EarlyON partners should work together collaboratively to ensure that EarlyON programs located in schools are able to operate and that health and safety policies and requirements for EarlyON 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 unit direction is provided to all EarlyON program staff, including any students on educational placement, on the health, safety and other operational measures outlined in this document plus any additional local requirements in place.

Updated training should be offered such that all staff receive training on current health and safety measures in place according to the Operational Guidance as well as those in place by the local public health unit.

### Liability and Insurance

EarlyON providers may wish to consult with their legal counsel or insurance advisor about any other considerations for operating and providing EarlyON Centre programs and services during this period.

### DATA REPORTING REQUIREMENTS

CMSMs/DSSABs should continue collecting information on the data elements outlined in the [Ontario Child Care and EarlyON Child and Family Centres Service Management and Funding Guideline 2021](#). The chart below outlines how to incorporate virtual programming into data elements, where/if possible. This table is a guide for CMSMs/DSSABs to support consistency in reporting and the ministry understands that this may be difficult to do during this time.

EarlyON Data Element	Definition to guide reporting of both in-person and virtual programs in EFIS
# of children served	Number of children aged 0-6 that received services at some point during the calendar or fiscal year. (e.g., counted once for being served in an early learning activity <u>either in-person or through a virtual program</u> ). e.g., If 4-year-old John participated in both an in-person and virtual EarlyON Child and Family program in 2020, John would be counted once. If John only participated in a virtual program in 2020, John would be counted once)
# visits by children	Total number of visits that children 0-6 made to an EarlyON Child and Family Centre <u>both in person and/or virtual</u> (count each time a child attended an in-person and/or virtual program that was designed to engage children in an early learning activity)
# of parents / caregivers served	Number of parents / caregivers who actively participated in an <u>in-person or virtual program</u> either with their children or separately. (count unique parents/caregivers served once in a calendar year or fiscal year for in-person or virtual). E.g., If the parent of 4-year-old John participated in both an in-person and virtual EarlyON



	Child and Family program in 2020, the parent would be counted once. If the parent only participated in a virtual program in 2020, the parent would be counted once.
# of visits by parents /caregivers	Total number of visits by parents / caregivers who were served through an <u>in-person and/ or virtual program</u> (count each time a parent/caregiver attended an in-person and/or virtual program that was designed to engage parents/caregivers with their children or separately).