

Ministry of Education

Operational Guidance During COVID-19 Outbreak

First Nations Child and Family Programs

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Highlights of Changes

- (p. 11-12) **Cleaning Products 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. 12-13) **[NEW SECTION] Hand Hygiene and Respiratory Etiquette:** Hand hygiene and respiratory etiquette should be practiced by anyone entering the premises.
- (p. 13-16) **Guidance on the Use of Masks:** Masking is 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 child and family program providers to perform and validate daily on-site confirmation of self-screening.
- (p. 18-19) **Monitoring and Responding to Reports of 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. 21) **Visitors and Students on 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) **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. 22) Updated guidance on **Outdoor Programming**
- (p. 22-23) **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 2 metres distance can be maintained.
- (p. 24-25) **[NEW SECTION] Ventilation**
- (p. 25-26) **Child and Family Program Data Elements:** First Nations should continue collecting information on the data elements outlined in the most recent First Nations funding guideline, as well as those pertaining to virtual programming. Virtual programming refers to the number of children aged 0-6 that received virtual services at some point during the 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 First Nations in continuing to deliver child and family programming during the ongoing COVID-19 outbreak.

The information found within this guidance document is meant to support the delivery of child and family 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 most recent *First Nations Child Care and Child and Family Programs Business Practice, Service and Funding Guideline* (Guideline). **In the event of a conflict between this document and the Guideline, this document will prevail. Advice of Health Canada and/or 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.

Child and family programs are permitted to operate in accordance with the [Reopening Ontario \(A Flexible Response to COVID-19\) Act, 2020](#) 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.

First Nations have discretion to determine when and where programs will be offered in alignment with the [Roadmap to Reopen](#) and in consultation with the local public health and/or Health Canada. Child and family programs that are permitted to operate must have enhanced health and safety measures in place.

As always, **the top priority for the ministry is the health and safety of the children, families, and staff/providers.** 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 – For First Nations 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 Ministry of Education 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 child and family 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 child and family 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 child and family programs 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

First Nations should keep up-to-date records of their re-opening status. The ministry will collect information on the re-opening of sites across the province from First Nations. Please advise your Early Years Advisor of your re-opening plans.

MEETING CORE SERVICES

First Nations are required to continue delivering core services including:

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

Recognizing that delivery methods may have shifted as a result of COVID-19, programs 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.

DELIVERY METHODS

Re-opening Child and Family Programs

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 child and family programs will resume in-person operations immediately once permitted, for public health reasons and/or due to other community related considerations. First Nations are encouraged to leverage a variety of service delivery methods as part of their re-opening plan to continue delivering child and family programs during the ongoing outbreak. First Nations may take a phased or gradual approach to re-opening child and family programs, which may include offering targeted services based on community need.

It is recommended that First Nations who are able to re-open child and family programs 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 child and family 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 encourages child and family programs to continue offering virtual programming, where possible, so that children and families can access programs and services without having to attend a program in-person.

First Nations have the flexibility to allocate their child and family program funding to support in-person, virtual, outdoor or mobile programming and services.

Pre-registering for Programs and Services

Programs 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 a child and family program;
- Providing important communication to participants on enhanced health and safety measures in advance of attending in-person programs and services;
- Enabling child and family programs 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. participants registering for multi-week programs).

Programs must follow their reservation/registration policies and processes for all children and families entering the child and family program 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 child and family program (see section on [Screening for COVID-19 Symptoms](#)); and
- the collection and maintenance of daily records of anyone entering the child and family program 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), programs should work in collaboration with Health Canada and/or the local public health unit and those sharing the space to follow public health advice.

Land-Based and Outdoor Programming

Land-based and 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), programs should work in collaboration with Health Canada and/or the local public health unit to follow public health advice.

Virtual Programming

Child and family programs are encouraged to continue offering virtual services, where possible, so that children and families can access programs and services without having to attend a child and family program in person.

First Nations can allocate their child and family program funding to support virtual programming and services.

CHILD MINDING AND RESPITE CHILD CARE

Child minding and respite child care as outlined in the most recent *First Nations Child*

Care and Child and Family Program Business Practice, Service and Funding Guideline
may not be offered at this time.

First Nations will be notified when this restriction has been lifted.

HEALTH AND SAFETY REQUIREMENTS

Child and family program 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 child and family programs 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 child and family programs.

Working with Health Canada and/or the Local Public Health Unit

While the ministry is providing guidance on how to operate child and family programs during the COVID-19 pandemic, child and family programs must follow the advice of Health Canada and/or 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 Health Canada and/or local public health officials to keep children and families safe in their respective communities.

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

Health and Safety Protocols

Every child and family program must ensure that there are written policies and procedures outlining their health and safety protocols, including in-person, mobile and outdoor offerings.

These policies and procedures must be consistent with any direction from Health Canada and/or local public health and include information on how the child and family program will operate to prevent and minimize the impact of COVID-19 in a child and family program 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
- parent drop off and pick up procedures.

Under the *Occupational Health and Safety Act*, employers must take every precaution reasonable in the circumstances to protect the health and safety of workers. Please see the [guide on developing a COVID-19 workplace safety plan](#) to support you in fulfilling this obligation. This includes precautions to protect workers from exposure to infectious diseases.

Cleaning and Disinfecting Child and Family Programs

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

- Child and family programs 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 child and family program 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 a child and family program 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. Child and family program 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, and reinforcing its use. In communities where alcohol is not permitted, safe and effective alternatives should be discussed with Health Canada and/or the local public health unit.

- Hand hygiene should be practiced by anyone entering the child and family program 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).
- Program 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 and/or Health Canada can provide additional guidance. Age-appropriate posters or signage should be placed around the child and family program setting.
 - Soap and water are preferred as the most effective method and least likely to cause harm if accidentally ingested.
 - Alcohol-based hand rub 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 alcohol-based hand rub 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.
- Alcohol-based hand rub with a minimum 60% alcohol concentration must be available (60-90% recommended, including ideally at the entry point to each child care room) and/or plain liquid soap in dispensers, sinks and paper towels in dispensers. In communities where alcohol is not permitted, safe and effective alternatives should be discussed with Health Canada and/or the local public health unit.
- 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

- Programs 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 Health Canada and/or the local public health unit.
- At the advice of the local public health unit and/or Health Canada, child and family programs 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 child and family programs and services in-person.

- Reasonable exceptions to the requirement to wear masks are expected to be put in place by providers. Exceptions to wearing masks indoors could include situations where a child cannot tolerate wearing a mask, reasonable exemptions for medical conditions, etc.
- Providers should ensure their masking exceptions policies support children and staff to wear masks to the greatest extent possible.
- 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.
- 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).
- 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 the premises, including hallways and other shared areas.
- Children younger than grade 1 are encouraged to wear a non-medical or cloth mask while inside a child and family program 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 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.
- Masking is not required outdoors. Physical distancing is strongly encouraged between groups.

Expectations for Adults in Child and Family Program Settings

- All child and family program staff and students on educational placement are required to wear medical masks (e.g. surgical/procedural) while inside a child and family program premises, including in 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.

Other Adults (caregivers/parents/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 and eye protection are 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 review a [helpful video](#) on how to properly put on and take off masks and eye protection.
- Please 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 a child and family program 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 program staff/providers and the children in the child and family 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

- Child and family program 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 the healthy and safe operation of in-person child and family 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 First Nations communities on a monthly basis.
 - A back-up supply of non-medical or cloth masks will also be provided for school aged children in child and family programs 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.

Screening for Symptoms

All individuals entering the child and family program 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 [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 and/or Health Canada may designate a commensurate or more restrictive screening tool for local use.

The ministry may direct 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). 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 child and family program 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 Child and Family Programs

- All child and family program 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 and/or Health Canada, 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 a child and family program. The [COVID-19 School and Child Care 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 child and family program 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 and/or Health Canada, 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 child and family program 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.
 - 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 child care setting and escorting parents/caregivers and children to the program, 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. In communities where alcohol is not permitted, safe and effective alternatives should be discussed with Health Canada and/or the local public health unit.
- Note: where a child and family program provider is participating in the Provincial Antigen Screening Program, these tests are voluntary and subject to the consent of the individual. Ministry staff are not required to participate but may do so to at the request of the provider.

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 a Child and Family Program 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/or Health Canada and health care professional regarding direction for isolation and returning to a child and family program setting. 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 test to return to the program.
- If an individual becomes ill while in the child and family program 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).
 - Symptomatic children who are separated from others must be supervised.
 - 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 child and family program setting where the ill individual was should be conducted as soon as reasonably possible after the ill individual leaves (see section on [Cleaning](#)).
 - The ill individual and 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. Note, suspected cases of COVID-19 do not need to be reported to the ministry.
 - Regular child and family program operation can continue unless directed otherwise by Health Canada and/or the local public health unit.
 - An ill individual who has a known alternative diagnosis provided by a health care professional may return to the child and family program setting if they do not have a fever and their symptoms have been improving for at least 24 hours.
- All child care and early years sector partners, together with the Ministry of Health, local Public Health units and/or Health Canada, 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, parents/caregivers, staff or other visitors with an epidemiological link (e.g. cases in the same room, cases that are part of the same child and family program cohort) where at least one case could have reasonably acquired their infection in the child and family program setting.
- Health Canada and/or 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 child and family program setting.
- If Health Canada and/or the local public health unit declares an outbreak, they will direct appropriate next steps, which could include a partial or full closure of the child and family program.
- If Health Canada and/or the public health unit determines that partial or full closure of the child and family program setting is required, First Nations must notify the ministry through their Early Years Advisor. See section on [Reporting Confirmed Cases to the Ministry of Education](#).

Reporting Confirmed Cases to the Ministry of Education

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

- Report this to the ministry by contacting their Early Years Advisor and including the following information:
 - Name and address of the child and family program;
 - Name of school, if located in a school;
 - Who tested positive (e.g. child, parent/caregiver, staff, student, visitor);
 - Whether the program closed (fully or partially) and the date of the closure; and

- Optional: Short description of the situation. First Nations may use the Serious Occurrence Report template for Child and Family programs to submit this information to the ministry.
- Report to the local public health 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 visitors and the declaration of an outbreak and closure of rooms and/or entire child and family program setting.

IN-PROGRAM CONSIDERATIONS

Transportation

- All child and family program staff, visitors, students on educational placement 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.
- The use of non-medical masks or face covering for children grades 1 and above will be required on vehicles. Children below grade 1 should be encouraged to wear masks on transportation. Child and family program providers should support accommodations for immunocompromised and otherwise medically vulnerable children, and children with special transportation needs.
- Children should be assigned seats and a record of the seating plan should be kept to assist with contact tracing in the case of a child, child care worker or driver contracting COVID-19. Children who live in the same household should be seated together where possible.
- 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.
- Health and safety measures should be clearly communicated to parents and guardians to ensure their comfort with the adapted transportation system and receive their support in having children understand and follow guidelines.

- 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.
- Information regarding transportation during the pandemic is available from the federal government [here](#).
- Where transportation by school bus is provided to or from a child and family program, First Nations may wish to refer to the document prepared by the federal government providing [guidance specific to school bus operations during the COVID-19 pandemic](#).

Visitors and Students on Placement

- All visitors to the program, including parents, students completing educational placements, or others, are subject to health and safety protocols outlined above.
- Child and family program 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 a child and family program, and premises at any reasonable time.
- Child and family program providers must ensure that there are no volunteers at the program.
- At the advice of the local public health unit, child and family program providers may be asked to restrict visitor access.
- Students completing educational placements must review and follow the health and safety protocols for the setting.

Safe Sign-in Procedures

- Child and family programs 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% to 90% alcohol content at the entrance with signage demonstrating appropriate use (see [How to Wash Your Hands](#)). In communities where alcohol is not permitted, programs should consult with Health Canada and/or the local public health unit regarding safe and effective alternatives;
- 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 Restrictions

The ministry understands that in a child and family program 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:

- Child and family program 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.
- Blankets or sheets should ideally be provided by families for their children, but if supplied by the program, they are to be laundered in-between uses.

Outdoor Programming

- Child and family program 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.
- Child and family program providers should find alternate outdoor arrangements (e.g. community walk) when there are challenges securing outdoor play space. Providers should follow physical distancing practices when possible.

Space Set-Up, Physical Distancing

- Physical distancing between children in a child and family program 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 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 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, 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.
- Providers are encouraged to increase the distance between cribs/cots/resting mats/playpens or place the children head to toe or toe to toe if the space is limited.
- Recognizes that physical distancing is difficult with small children and infants, additional suggestions include:
 - planning activities for smaller groups when using shared objects or toys;
 - when possible, moving programs outside to allow for more space; and
 - singing is permitted indoors; masking is encouraged but not required for singing indoors if a minimum of 2 metres distance can be maintained between cohorts and as much distancing as possible maintained within a cohort.

Ventilation

- 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.
- Heating, ventilation and air conditioning systems (HVACs) and their filters are designed to reduce airborne pollutants, including virus particles, when they circulate through the system.
 - 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 Provision

- Child and family program providers should follow regular food preparation guidelines.
- Where possible, children and their parents/guardians should practice physical distancing when 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

Staff Training

First Nations must ensure that training that is aligned with Health Canada and/or local

public health unit direction is provided to all child and family 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 according to the Operational Guidance as well as those in place by the local public health unit and/or Health Canada.

Liability and Insurance

Child and family programs may wish to consult with their legal counsel or insurance advisor about any other considerations for operating and providing programs and service during this period.

DATA REPORTING REQUIREMENTS

First Nations should continue collecting information on the data elements outlined in the most recent *First Nations Child Care and Child and Family Program Business Practice, Service and Funding Guideline*, where possible. The chart below outlines how to incorporate virtual programming into data elements. This table is a guide for First Nations to support consistency in reporting however, the ministry understands that this may be difficult to do during this time.

Child and Family Program Data Elements	Definition to guide reporting of both in-person and virtual programs in EFIS / Attestation
# of children served	Number of children age 0-6 that received services at some point during the fiscal year (counted once for being served in an early learning activity either in-person or through a virtual program). e.g. if 4-year-old John participated in both an in-person and virtual child and family program in 2021-22, John would be counted once. If John only participated in a virtual program in 2021, John would be counted once.
# of visits by children	Total number of visits that children age 0-6 made to a child and family program in-person and/or virtually (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 in-person or virtual program either with their children or separately. (count unique parents/caregivers served once in a fiscal year in-person or virtually). e.g. if a parent of 4-year-old John participated in both an in-person and virtual child and family program in 2021-22, the parent would be counted once. If the parent only participated in a virtual program in 2021-22, the parent would be counted once.
# of visits by parents /caregivers	Total number of visits by parents / caregivers who were served through an in-person and/or virtual program (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).