



Covid-19 Protocols

Dentonia Park Co-operative Nursery School

Child-centred learning in a co-operative community

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27 – COVID-19 Protocols

HEALTH AND SAFETY REQUIREMENTS

27.1 Working with Local Public Health

- While the ministry is providing guidance on how to operate child care during the COVID-19 outbreak, CMSMs/DSSABs, licensees, and home child care providers must follow the advice of the local public health unit when establishing health and safety protocols, including how to maintain separation between groups.
- The ministry recognizes that this may result in regional differences in these protocols, but given the different impact of COVID-19 in different communities it is important to follow the advice of local public health officials to keep children and families safe in their respective communities.
 - DPNS will follow the protocols of Toronto Public Health, their recommendations have been noted in the following updated policies; their contact information is as follows:
Telephone: 416-338-7600, option 1, **Email:** publichealth@toronto.ca

27.2 Health and Safety Protocols

- Every licensee must ensure that there are written policies and procedures outlining the licensee's health and safety protocols. Licensees must submit an attestation to the Ministry that confirms new policies and procedures have been developed and reviewed with employees, home child care providers, home child care visitors and students. These policies and procedures must be consistent with any direction of a medical officer of health and include information on how the child care setting will operate during and throughout the recovery phase following the COVID-19 outbreak including:
 - disinfection of the space, toys and equipment;
 - how to report illness;
 - how physical distancing will be encouraged;
 - how shifts will be scheduled, where applicable;
 - rescheduling of group events and/or in-person meetings; and,
 - parent drop off and pick up procedures.

27.3 Cleaning Child Care Centres

- Frequently touched surfaces should be cleaned and disinfected at least twice a day as they are most likely to become contaminated (for example, doorknobs, water fountain knobs, light switches, toilet and faucet handles, electronic devices, and tabletops).
 - Review Public Health Ontario's [Cleaning and Disinfection for Public Settings fact sheet](#) .
 - Refer to [Health Canada's lists of hard surface disinfectants for use against coronavirus \(COVID-19\)](#) for information on disinfectants:

- Disinfectants must have a Drug Identification Number (DIN). A DIN is an 8-digit number given by Health Canada that confirms it is approved for use in Canada.
- Check the expiry dates of products and always follow the manufacturer's instructions.
- Chlorine bleach solutions may also be used for disinfection if appropriate for the surface.
- Prepare chlorine bleach solutions according to the instructions on the label or in a ratio of:
 - 1 teaspoon (5 mL) bleach per cup (250 mL) of water, or
 - 4 teaspoons (20 mL) bleach per litre (1000 mL) of water.
 - Ensure a minimum of two minutes contact time and allow to air dry.
 - Prepare fresh bleach solutions daily.
- Educate staff on how to use cleaning agents and disinfectants:
 - Required disinfectant contact times (i.e. amount of time that the product will need to remain wet on a surface to achieve disinfection).
 - Safety precautions and required personal protective equipment (PPE).
 - Directions for where and how to securely store cleaning and disinfectant supplies.
- It is strongly recommended that operators assign or designate staff to conduct environmental cleaning and disinfecting throughout the day.
- Clean and disinfect all high-touch surfaces and objects (e.g. doorknobs, light switches, toilet handles, sink faucets and tabletops) at least twice a day or when visibly dirty.
- For cohorts that include younger children (i.e. toddlers), high-touch surfaces (i.e. faucets, toilet handles) must be cleaned and disinfected in shared washrooms between cohorts.
- Clean and disinfect individual items that may be handled by more than one individual such as electronic devices, toys and balls between users.
- Cots and cribs must be cleaned and disinfected after each use.
- Blankets/sheets must be laundered daily.
- Maintain logs to track cleaning and disinfecting activities for each room/area, individual/play items and sleeping equipment such as cots and cribs.
- If the child care program is located in a shared space (e.g. a school) make arrangements with other users/stakeholders to ensure enhanced cleaning and disinfecting practices can be maintained (i.e. frequency of cleaning appropriate disinfecting agents are used).
- It is recommended that operators keep a cleaning and disinfecting log to track and demonstrate cleaning schedules.
- Only one group should access the washroom at a time and it is recommended that the facilities be cleaned in between each use, particularly if multiple groups will be using the same washroom. Guidance on the Use of Masks, Personal Protective Equipment (PPE) and Handwashing
- All adults in a child care setting (i.e., child care staff, home child care providers, home child care visitors, and students) are required to wear medical masks and eye protection (i.e., face shield) while inside in the child care premises, including in hallways.
- All children in grades 4 and above are required to wear a non- medical or cloth mask while inside the child care premises, including in hallways.
- All school-aged children are encouraged but not required to wear a mask while inside in

the child care premises, including in hallways (see information about the use of masks on the provincial COVID-19 website or the Public Health Ontario fact sheet on non-medical masks). Parents/guardians are responsible for providing their school-aged child(ren) with a mask(s).

- The use of masks is not required outdoors for adults or children if physical distancing of at least 2-metres can be maintained between individuals.
- Reasonable exceptions to the requirement to wear masks are expected to be put in place by licensees. Exceptions to wearing masks indoors could include circumstances where a physical distance of at least 2 metres can be maintained between individuals, situations where a child cannot tolerate wearing a mask, reasonable exceptions for medical conditions, etc.
- Licensees should document their requirements and exceptions related to masks.
- Masks are not recommended for children under the age of two (see information about the use of masks on the provincial COVID-19 website).
- Child care licensees and home child care providers should secure and sustain an amount of PPE (including but not limited to face shields, medical masks, gloves, etc.), and cleaning supplies that can support their current and ongoing operations.
- The Ontario Together Portal has a Workplace PPE Supplier Directory that lists Ontario businesses that provide personal protective equipment and other supplies.
- When wearing a medical mask, you should wash your hands before putting on the mask and before and after removing the mask. Refer to Public Health Ontario resources for how to properly wear and take off masks and eye protection.
- Perform and promote frequent, proper hand hygiene (including supervising or assisting participants with hand hygiene). Hand washing using soap and water is recommended over alcohol-based hand rub for children. Refer to Public Health Ontario's How to Wash Your Hands fact sheet.

27.4 Screening for Symptoms

- All individuals including children attending child care, staff, students and child care providers, parents/guardians, and visitors must be screened each day before entering the child care setting.
- Home child care providers and residents must also be screened each day before receiving children into care.
- Where possible, daily screening should be done electronically (e.g., via online form, survey, or e-mail) prior to arrival at the child care setting.
- Parents and guardians should be reminded of this requirement when children are first registered for the program and through visible signage at the entrances and drop-off areas.

- If children are screened at the child care setting, screeners should take appropriate precautions when screening and escorting children to the program, including maintaining a distance of at least 2 metres (6 feet) from those being screened, or being separated by a physical barrier (such as a plexiglass barrier). If a 2 metre distance or physical distancing cannot be maintained, personal protective equipment (PPE) (i.e., medical mask and eye protection (i.e., face shield)) should be worn.

- Where an individual does not pass the screening and is not permitted to attend the program, this does not need to be reported to the local public health unit.

- Please follow advice from your local public health unit regarding precautions to have in place:

- Remind staff and parents/guardians of children attending the child care centre/home that they must not attend the child care program when they are ill, and that they should report any [symptoms associated with COVID-19](#) to the child care operator.
- Actively screen and check the temperature of children, child care staff and any other individual prior to entry/arrival to the child care centre/home child care setting.
- Screen all children, child care staff and any other individuals prior to entry/arrival by asking about the following:
 - Do you/the child or *any member of your household* have any of the following symptoms: fever/feverish, new onset of cough, worsening chronic cough, shortness of breath, difficulty breathing, sore throat, difficulty swallowing, decrease or loss of sense of taste or smell, chills, headaches, unexplained fatigue/malaise/muscle aches, nausea/vomiting, diarrhea, abdominal pain, pink eye (conjunctivitis), runny nose/nasal congestion without other known cause?
 - Have you/the child tested positive for COVID-19 or had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?
 - Have you/the child travelled outside of Canada, including the United States, within the last 14 days?
- Record screening results daily.
 - Operators may use and/or adapt the [health screening questionnaire](#) as a screening tool, and to record individual screening results.
 - Keep all screening records available onsite. Records must be kept for 12 months.
- Make hand sanitizer (70-90% alcohol concentration) available at the screening stations for individuals who have answered NO to all questions for use prior to entry.
- Individuals who answer YES to any of the questions must not be permitted to enter the child care centre/home.
 - If any person living in a home of a home child care answers YES to any of the questions, the home cannot receive children into care.
 - Refer these individuals to visit our website to learn about [assessment centres and testing](#).
- Staff must escort children into the child care center/home after screening. Parents/guardians must not go past the screening area or enter the child care centre/home unless there is a specific need to do so and the parent/guardian passes the screening.

- Refer to Public Health Ontario resources for how to properly wear and take off masks and eye protection.
- Alcohol-based hand rub containing 60% to 90% alcohol content should be placed at all screening stations. Dispensers should not be in locations that can be accessed by young children.
- All child care licensees must maintain daily records of screening results. Records are to be kept on the premises (centre or home).

27.5 Attendance Records

- All child care licensees are responsible for maintaining daily records of anyone entering the child care facility/home and the approximate length of their stay (such as cleaners, people doing maintenance work, people providing supports for children with special needs, those delivering food). Records are to be kept on the premises.

- Records (e.g. name, contact information, time of arrival/departure, screening completion/result, etc.) must be kept up-to-date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak.

- Maintain daily attendance records of all individuals entering the child care centre/home. This includes, but is not limited to, staff, children, maintenance workers, cleaning/environmental staff, food service workers and government agency employees (e.g. public health inspectors, fire inspectors).
- Records should include the following information: name, company, contact information, date, time of arrival/departure, reason for visit, rooms/areas visited, screening and temperature check results.
- Records must be updated when a child, child care provider or staff person is absent.
- Child care operators should follow-up with all individuals to determine the reason for any unplanned absences, and if the absence is due to illness to note any symptoms (e.g. fever, sore throat, cough).
- Encourage parents/guardians of ill children and child care staff who are ill to seek COVID-19 testing at assessment centres. They can also contact [Telehealth](#) at 1-866-797-0000 or their primary care provider to determine if further care is required.
- Non-essential visitors must not be permitted to enter the child care centre/home.
- Monitor attendance records for patterns or trends (e.g. children and child care staff in the same group or cohort absent at the same time or over the course of a few days).
- Attendance records must be available on-site at all times.

27.6 Testing Requirements

- Children, child care centre staff, students, home child care providers and those ordinarily

resident/regularly at the home child care premises should be referred for testing when demonstrating symptoms of illness.

- o Those who test negative for COVID-19 must be excluded from the program until 24 hours after symptom resolution.

- o Those who test positive for COVID-19 must be excluded from the program for 14 days after the onset of symptoms and/or clearance has been received from the local public health unit.

- Testing of asymptomatic persons should only be performed as per provincial testing guidance.
 - Please refer to the provincial testing guidance for updated information regarding the requirement for routine testing in a child care setting.
 - A list of symptoms, including atypical signs and symptoms, can be found in the COVID-19 Reference Document for Symptoms on the Ministry of Health's COVID-19 website.
 - Please see the protocols when a child, child care centre staff, student, home child care provider and those ordinarily resident/regularly at the home child care premises becomes sick for information on testing in the event of a suspected case.

27.7 Protocols When Someone in a Child Care Setting Demonstrates Symptoms of Illness

- A single, symptomatic, laboratory confirmed case of COVID-19 in a staff member, home child care provider or child must be considered a confirmed COVID-19 outbreak, in consultation with the local public health unit. Outbreaks should be declared in collaboration between the program and the local public health unit to ensure an outbreak number is provided.

- Children, child care centre staff, students, home child care providers and those ordinarily resident/regularly at the home child care premises who are symptomatic or have been advised to self-isolate by the local public health unit, must not attend the program. Asymptomatic individuals awaiting results may not need to be excluded and should follow the advice of the local public health unit.

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

- If a child, child care centre staff, student, home child care provider and those ordinarily resident/regularly at the home child care premises becomes symptomatic while in the program, they should be isolated in a separate room and family members contacted for pick-up.

- If a separate room is not available, the person who is symptomatic should be kept at a minimum of 2 metres from others.

- The person who is symptomatic should be provided with tissues and reminded of hand hygiene,

respiratory etiquette, and proper disposal of tissues.

- If the person who is symptomatic is a child, a child care staff/provider should remain with the child until a parent/guardian arrives. If tolerated and above the age of 2, the child should wear a medical mask. The child care staff/provider should wear a medical mask and eye protection (i. e., face shield) at all times and not interact with others. The child care staff/provider should also avoid contact with the child's respiratory secretions.
- All items used by the person who is symptomatic should be cleaned and disinfected. All items that cannot be cleaned (paper, books, cardboard puzzles) should be removed and stored in a sealed container for a minimum of 7 days.
- The local public health unit should be notified, and their advice should be followed.
- For home-based programs: if a person who resides in the home becomes symptomatic and/or tests positive for COVID-19, the local public health unit should be notified and their advice on next steps should be followed (including closing the program and notifying all families if necessary).
- If the child care program is located in a shared setting (for example in a school), follow public health advice on notifying others using the space of the suspected illness.
- Where a child, staff, parent, student, home child care provider, person who is ordinarily a resident at a home child care premises or a person who is regularly at a home child care premises is suspected of having or has a confirmed case of COVID-19, licensees must report this to the ministry as a serious occurrence (see Serious Occurrence Reporting section below). When a person becomes symptomatic the home child care agency will report to the local public health unit, the ministry, and where public health advises, families.
- Other children, including siblings of the symptomatic child, and child care staff/providers in the program who were present while the child or staff member/provider became ill should be identified as a close contact and grouped together. The local public health unit will provide any further direction on testing and isolation of these close contacts.
 - It is recommended that child care staff and children with symptoms of COVID-19 attend an [assessment centre](#) for testing as soon as possible, and to [self-isolate](#) at home until their result is available.
 - If a child becomes ill with symptoms while in care, immediately separate them from the rest of their group in a designated room (or space in a home child care setting), and supervise the child until they are picked-up.
 - Notify parents/guardians or emergency contacts to pick up the ill child as soon as possible.
 - The designated room/space must have a handwashing sink or hand sanitizer (70-90% alcohol concentration) available.
 - Provide tissues to the ill child to help support respiratory etiquette.
 - Open outside doors and windows to increase air circulation in the area if it can be done so safely.

- Children older than two years should wear a mask (if tolerated) and they are able to use it properly (e.g. donning and doffing carefully, avoiding touching while on).
- Child care staff supervising the ill child should maintain physical distancing as best as possible, and wear PPE, including a surgical/procedure mask and eye protection.
- Clean and disinfect the area immediately after the child with symptoms has been picked-up. Items that cannot be cleaned and disinfected (e.g. paper, books, cardboard puzzles) should be removed from the program and stored in a sealed container for a minimum of seven days.
- If the ill child/staff is tested for COVID-19 and their test result is negative, they can return to the centre after being symptom free for 24 hours and they pass the screening.
- Child care staff and children who were exposed to an individual who became ill with symptoms (i.e. suspected COVID-19 case) must continue to be grouped together (i.e. cohorted), and monitored for signs and symptoms of illness:
 - Supervisors must inform parents/guardians of children who were exposed to the ill child, and advise that they should [monitor](#) their child for symptoms.
 - Child care staff must not work in other child care settings. They must also be advised to avoid being in contact with vulnerable person or settings where there are vulnerable people.
- Child care staff and children exposed to a confirmed case of COVID-19 must be excluded from the child care setting for 14 days:
 - These individuals must [self-isolate](#) at home and [monitor](#) for symptoms for the next 14 days.
 - Individuals who have been exposed to a confirmed case of COVID-19 should get [tested](#) as soon as any symptoms develop.
 - If asymptomatic, individuals who have been exposed are also encouraged to get tested any time within 14 days of the potential exposure. They will need to continue to self-isolate for 14 days even if the test is negative.
- Child care staff and children who are being managed by Toronto Public Health (TPH) (e.g. confirmed or probable cases of COVID-19, close contacts of cases) must follow TPH instructions to determine when to return to the child care centre/home:
 - Staff must also report to their occupational health and safety department prior to return to work when applicable.
 - Clearance tests are not required for staff or children to return to the child care centre.

27.8 Serious Occurrence Reporting

- Child care centre licensees have a duty to report suspected or confirmed cases of COVID-19 under the Health Protection and Promotion Act. The licensee should contact their local public health unit to report a child suspected to have COVID-19. The local public health unit will provide specific advice on what control measures should be implemented to prevent the potential spread and how to monitor for other possible infected staff members and children.

- Where a child, parent, staff, student, home child care provider, home child care visitor or a person who is ordinarily a resident at/regularly present at a home child care premises is suspected (i.e. has one or more symptoms and has been tested) of having or has a confirmed case of COVID-19, licensees must

report this to the ministry as a serious occurrence.

- Where a room, centre or premises closes due to COVID-19, licensees must report this to the ministry as a serious occurrence.
- Licensees are required to post the serious occurrence notification form as required under the CCEYA, unless the local public health unit advises otherwise

27.9 Drop-Off and Pick-up Procedures

- Licensees should develop procedures that support physical distancing and separate groups of children as best as possible
- As much as possible, parents should not go past the screening area.
- All entrances should have alcohol-based hand rub.
- Consider using signage/markings on the ground to direct families through the entry steps.
- Personal belongings (e.g., backpack, clothing, etc.) should be minimized. Belongings should be labeled and kept in the child's cubby/designated area.
- Stroller storage outside of school so caregivers do not need to come into school at drop-off
- Designate drop-off and pick-up locations outside, near the main area of the child care centre.
 - If this is not feasible for home child care operators, arrange to use an area or space where physical distancing of two metres/six feet can be maintained.
- Designate an area outside near the main entrance as a screening station for in-person screening.
 - The area should be clearly identifiable as the screening station.
 - Post signs in a visible location clearly explaining the screening process and the rules and conditions for entry (e.g. [Posters for Entrances](#)).
 - The area must allow for a minimum of two metres/six feet distance between staff conducting in-person screening and the individual being screened. Alternatively, a protective barrier (e.g. plexiglass) may be equipped around the screening station.
 - Use visual markers/cues spaced two metres/six feet apart (e.g. tape on the floor, pylons, signs) to assist children and parents/guardians to maintain a two metre/six foot distance from each other if waiting to be screened).

27.10 Visitors

- There should be no non-essential visitors at the program.
- Students completing post-secondary educational placements will be permitted to enter child care settings and should only attend one child care setting and be assigned to one group of children.
- Students will also be subject to the same health and safety protocols as other staff members such as screening, and the use of PPE when on the child care premises, and must also review the health and safety protocols.
- The provision of special needs services may continue and operators may use their discretion to determine whether the services being provided are essential and necessary at this time.
- Use of video and telephone interviews should be used to interact with families where possible, rather than in person.
- Ministry staff and other public officials (e.g. fire marshal, public health inspectors) are permitted to enter and inspect a child care centre, home child care agency and premises at any reasonable time. • As much as possible, parents should not go past the screening area.
- Licensees must ensure that there are no volunteers at the program.

27.11 Space Set-Up and Physical Distancing

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

- In shared outdoor space, a distance of at least 2 metres must be maintained between groups and any other individuals outside of the group at all times.
- Licensees and home child care 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.
- Shared spaces and structures that cannot be cleaned and disinfected between groups should not be used.
- Recognizing that physical distancing is difficult with small children and infants, additional suggestions include:
 - o planning activities that do not involve shared objects or toys;
 - o when possible, moving activities outside to allow for more space; and
 - o avoiding singing activities indoors.
- Increase space between seating and play areas so that children and staff can practice physical distancing (i.e. two metres/six feet):
 - Remove extra chairs, tables and furniture to increase space to allow children to spread out.
 - Place tape, signs or other visual markers on floors, tables, seats and in play areas.
 - Practice [physical distancing](#) (i.e. a two metre/six feet distance) as best as possible between children during activities while still permitting interaction and socializing to occur.
 - Physical distancing must not compromise supervision or a child’s safety, emotional or psychological well-being.
 - Maintain physical distancing as best as possible between cohorts in common areas:
 - o Use visual markers/cues spaced two metres/six feet apart (e.g. tape on the floor, pylons, signs) in common areas such as entrances and corridors.
 - Encourage children to greet each other using non-physical gestures (e.g. wave or nod or a verbal “Hello”) and to avoid close greetings (e.g. hugs, handshakes).
 - Regularly remind children to keep “hands to yourself”.
 - Reinforce “no sharing” policies and procedures. This includes the current practice of not sharing food, water bottles or other personal items.
 - Limit the number and types of personal items that can be brought into the child care setting, and provide individual cubbies or bins for each child’s belongings.
 - Personal items must be clearly labelled with the child’s name to prevent accidental sharing.
 - Plan activities and games that increase spacing between children while promoting social interaction.
 - Avoid activities that involve shared objects or toys.
 - Avoid activities involving singing, shouting, or speaking loudly indoors.
 - Increase the distance between cots/resting mats and cribs. If space is limited, place children head-to-toe or toe-to-toe.

27.12 Equipment and Toy Usage and Restrictions

- Licensees and home child care providers are encouraged to provide toys and equipment which are

made of materials that can be cleaned and disinfected (e.g., avoid plush toys).

- Mouthed toys should be cleaned and disinfected immediately after the child is finished using it.
- Licensees and home child care providers are encouraged to have designated toys and equipment (e.g., balls, loose equipment) for each room or group of children. Where toys and equipment are shared, they should be cleaned and disinfected prior to being shared, including between groups.
- If sensory materials (e.g., playdough, water, sand, etc.) are offered, they should be provided for single use (i.e. available to the child for the day) and labelled with the child's name, if applicable.
 - Provide toys and equipment that are made of materials that can be cleaned and disinfected.
 - Do not use plush toys.
 - Assign specific toys and play structures to one cohort if possible:
 - Consider using identification systems to prevent the sharing of items between cohorts (e.g. colour coding).
 - Large play structures must only be used by one cohort at a time.
 - Play equipment and large play structures (e.g. indoor play structures, playhouses, climbers) must be cleaned and disinfected between cohorts.
 - For outdoor playgrounds, refer to [Toronto Public Health's COVID-19 Guidance for Outdoor Playgrounds and Fitness Equipment](#) .
 - Toys must be cleaned and disinfected between users.
 - Mouthed toys must be separated, cleaned and disinfected immediately after the child has finished using it.
 - Clean and disinfect toys in a three compartment sink. Toys must be washed and rinsed prior to disinfection. Using two sinks is acceptable if washing and rinsing are done in the first sink.
 - Alternatively, toys can be cleaned and disinfected in a mechanical dishwasher provided that the rinse cycle reaches a minimum of 82 degrees Celsius. Only use the dishwasher in the kitchen when it is not being used for any other purposes (i.e. washing dishes, food preparation).
 - Ensure required disinfectant contact times are achieved or alternatively allow toys to air dry.
 - Dry toys in a designated area that is separate from bathrooms, change tables and protected from sources of contamination.
 - Suspend group sensory play activities.
 - Items that cannot be readily cleaned and disinfected (e.g. books) should be batched. Batched items can be rotated on a weekly basis.
 - Items should be taken out of rotation after use, placed in a sealed container and set aside for seven days before reusing.
 - Consider providing individualized bins or packs for art materials and supplies for each child. Label these bins to prevent accidental sharing.

27.13 Program Statement/Activities

- Licensees are encouraged to continue to implement their program statement.

- The ministry recognizes that there may be approaches outlined in the program statement which may not be possible due to physical distancing.

- Licensees are not required to make updates to their program statement during this time.

27.14 Interactions with Toddlers

- Recognizing that physical distancing is difficult with small children and infants, suggestions to support physical distancing include:

- o planning activities that do not involve shared objects or toys; and, when possible, moving activities outside to allow for more space.

- Children must not share food, feeding utensils, soothers, bottles, sippy cups, etc. Mouthed toys must be removed immediately for cleaning and disinfecting and must not be shared with other children. Label these items with the child’s name to discourage accidental sharing.

27.15 Food Provision

- Licensees and home child care providers should change meal practices to ensure there is no self-serve or sharing of food at meal times.

- o Utensils should be used to serve food.

- o Meals should be served in individual portions to the children.

- o There should be no items shared (i.e., serving spoon or salt shaker).

- There should be no food provided by the family/outside of the regular meal provision of the program (except where required and special precautions for handling and serving the food must be put in place).

- Children should neither prepare nor provide food that will be shared with others.

- Ensure proper hand hygiene is practiced when staff are preparing food and for all individuals before and after eating.

- Where possible, children should practice physical distancing while eating.

- There should be no sharing of utensils.

- Child care operators must modify meal practices to ensure that there is no self-serving or sharing of food at meal times.

- Meals must be served in individual portions to the children.

- Utensils must be used to serve food.

- Do not provide shared utensils or items (e.g. serving spoons, condiments).

- Children must not be allowed to prepare nor provide food that will be shared with others.
- There must be no food provided by the family/outside of the regular meal provision of the program (except where required and special precautions for handling and serving the food are put into place, for example, expressed breast milk).
- Lunches and snacks can be provided by families for children as long as it is part of the regular meal provision for the program (e.g. bagged lunches for school aged programs), and there are policies and procedures that address the handling of this food (e.g. containers are sent home for washing, sharing of food is prohibited, food packed in manner that does not require staff to handle it).
- Ensure proper hand hygiene is practiced when staff are preparing food, and for all individuals before and after eating.

27.16 Provision of Special Needs Resources (SNR) Services

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