

City of Hamilton Reopening Child Care Frequently Asked Questions

UPDATED: August 27, 2020

This document highlights frequently asked questions to support our child care community in the reopening process during the COVID-19 pandemic. Questions have been themed and responses are found throughout the document:

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Updates as per Ministry of Education Guidelines August 2020

1. What are the group sizes?

As of September 1, 2020, child care settings may return to maximum group sizes as set out under CCEYA. Staff and students are not included in the maximum group size but should be assigned to a specific group where possible.

2. Do child care operators still need to hold a child's space? Can providers increase parent fees?

- In an effort to stabilize parent fees when re-opening, the City encourages child care operators to set fees at the level they were prior to the closure.
- Where a child who was receiving child care immediately prior to the closure is offered a child care space for September 1, 2020, or later, parents will have 14 days to accept or decline the placement.

- i. Where notice is provided 14 days prior to September 1, 2020 and the placement is declined, then the space can be offered to another child as of September 1, 2020.
 - ii. If placement is accepted, child care operators may charge a fee to use or hold the space as of September 1, 2020, whether the child attends or not.
3. Our Centre was planning to gradually increased fees prior to COVID-19, are we able to continue with the minimal increase?
 - Ministry of Education and City of Hamilton encourage Child Care Centres to set fees at the level they were at prior to the closure, in effort to stabilize parent fees.
 - Any increase to parent fees must be clearly communicated to families.
4. Funding is going to make a big difference in whether or not centres are able to open. How will we know ahead of time what the funding might look like so we can determine financial feasibility?
 - As per the August 24th letter to Early Years Operators from the City of Hamilton, the City is receiving \$7.5 million from the Ministry of Education to support child care and early years operators during this time.
 - The City is in the process of determining how the funding will be allocated in order to meet our local community needs. More information will be shared in the coming weeks.
5. The return to CCEYA group sizes and ratios will make physical distancing a greater challenge. How can we enforce physical distancing?
 - Physical distancing is encouraged during high risk activities, such as eating, sleeping, and cubby usage.
 - Suggestions to help during these times include: placing children's cots head to toe and increase space between cots; label cubbies based on cohorts and ensure children are accessing only with their cohort.
 - Additional recommendations related to physical distancing and maintaining our core values of HDLH amidst the COVID-19 pandemic are available in the new resource provided by the Ministry of Education, *Building on How Does Learning Happen* available here: <http://www.edu.gov.on.ca/childcare/building-on-how-does-learning-happen-child-care.pdf>
6. Do educators always need to wear masks/face shields?
 - As of September 1, all adults in a child care setting are required to wear medical masks and eye protection (i.e. face shield) while inside the child care premises, including hallways.
 - Full PPE (mask, gown, face shield and hand hygiene practices) is required by the screener.

7. Is eye protection/goggles an appropriate substitute instead of the face shield? I have staff who have asthma and feel it would be extremely hard to work with both mask and face shield.
 - Yes, goggles are an appropriate substitute for a face shield. It is the responsibility of the operator to acquire substitute PPE such as goggles for staff, if needed.
8. What if staff cannot wear a mask or face shield for health reasons?
 - Employers have a duty to accommodate all employees
 - Exceptions may be made for staff who cannot wear masks and/or face shields (e.g. staff may be excluded from the requirement to wear masks and/or face shields while in the child care facility)
9. Is Before and After school programming allowed?
 - Yes, Before and After School Programming will be available in September. The guidelines for this programming align with all COVID-19 Child Care Operations policies and must be followed by operators.
 - The City of Hamilton is working closely with its partners to ensure the safe return of this programming.
 - For more information, the recently released policies and guidelines for school boards are available here:
<http://www.edu.gov.on.ca/childcare/before-after-school-programs-k-gr6-policies-guidelines-en.pdf>
10. Are staff able to work at more than one location and/or attend to various programming throughout the day?
 - Staff and students should work at only one location. Supervisors should limit their movement between rooms, doing so only when necessary.
 - If this is not operationally feasible, operators must ensure that staff are properly trained on how to use PPE to minimize risk and document which staff are in each cohort daily (for contact tracing).
 - Operators should be aware of the potential implications on multiple programs if a staff member working in more than one location were to be exposed to COVID-19.
11. Can we use mixed ratios to operate at the beginning and end of the day, to meet the needs of families with children attending before and after regular programming?
 - It is recommended that children and staff remain in the same groupings throughout the day.
 - Where it is not operationally feasible, operators must ensure that staff are properly using PPE to minimize the risk and document which staff are in each grouping daily (for contact tracing).
12. Can more than one child care or early years program be offered per building?
 - Yes, more than one child care, early years or day camp can be offered per building as long as they are able to maintain separation between the groups and/or programs.

- Where space is shared, it is recommended to increase the frequency of cleaning and disinfecting of frequently touched surfaces. Common or shared spaces, such as washrooms, lobbies, change rooms, areas for classes should be cleaned and disinfected between different groups/programs.
 - It is recommended that Child Care Centres review these procedures during their Public Health Inspection prior to re-opening.
13. Is it only children, staff and essential visitors that get screened? We were screening parents as well even though they were not coming inside the building (only in the screening area)
- Only those that will be entering the building, beyond the screening area, must be screened. This typically includes children, staff and essential visitors.
 - For areas that share spaces, especially in Before and After School programming, it is recommended that joint tracking is conducted.
14. If the child only comes to the after care program, do they need to be screened again?
- The child only needs to be screened once during the day, whether in the school or child care environment, whichever the child attends first.
 - A joint tracking system should be established between the before and after care provider and the school to facilitate communication of screening completion/results.
15. Can all the screens be done electronically?
- Yes, all screening can be conducted electronically as long as the child care centres maintain the necessary records for contact tracing.
16. As part of co-operative child care, duty parents visit the program on a daily basis. Are duty parents still able to access centres?
- At this time, we discourage co-operative child care centres from allowing non-essential visitors into the program, including duty parents, to minimize the risk of exposure to COVID-19.
17. How can we ensure the accuracy of temperature checks?
- Child care operators are not required to conduct temperature checks of children, staff or visitors as part of the daily screening process.
 - Daily screening should be done, either prior to arrival or at the child care setting.
 - Operators must keep record of daily screening report and store information.
18. Can operators choose to go over and above the guideline requirements and check temperatures of children?
- Child care operators may choose to check children's temperatures, including throughout the day for monitoring purposes, but operators are not required to do so as part of the daily screening process.
19. When is a serious occurrence to the Ministry of Education required?

- Suspected and confirmed cases of COVID-19 in child care centres and home child care premises must be reported to the Ministry of Education as a serious occurrence.
 - A suspected case is defined as an individual who exhibits 1 or more symptoms (includes 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)
 - 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.
20. Can cloth masks be used and how should they be cleaned?
- As of September 1, cloth masks can no longer be used. Medical masks and eye protection (e.g. face shield) are required for all adults in the child care setting.
21. What happens if there is an outbreak of COVID-19 at the school where a child care centre is located? Do we have to shut down the centre?
- In such cases, Public Health will determine whether there was a transmission risk to others in the school, including the child care centre. In consultation with Public Health, staff and children in the child care centre may be referred for testing.
 - Public Health will determine whether or not the child care facility will close.
22. What Special Needs Resourcing supports are available at this time?
- Effective September 1, Inclusion Facilitators will be resuming in-person SNR supports.
 - Resource Consultants are continuing to provide virtual supports and planning is underway to resume in-person supports shortly.
 - Child care operators should contact their assigned Resource Consultant if they have questions or concerns about a child with special needs.

Group Size and Ratios

1. How do we manage children that attend on part time basis?
 - Children are permitted to attend on part time basis, and as with children attending full time, should be included in one group and should not mix with other groups.
2. If there is a positive case of COVID-19, how does that impact centres with siblings in different groupings?

- Positive cases involving siblings in different groupings will be treated on a case by case basis on the advice of Public Health.
 - Generally speaking, if a sibling in Group 1 tests positive, all children in Group 1 will be excluded, as well as the sibling in Group 2. All other children in Group 2 will be asked to monitor but will not be excluded.
 - If another child tests positive in Group 1, only the group with the ill child will be excluded including the sibling in Group 1. The sibling in Group 2 will be required to self- monitor but will not be excluded.
3. Do members of the same family need to be placed in the same room?
- No, siblings may be placed in separate groupings.
 - Centres may wish to place siblings in the same grouping, provided that all CCEYA licensing requirements are met. Mixed age grouping and family age grouping is permitted as set out under the CCEYA where a director approval has been granted on the licence.

Float Staff

4. Can we have a float staff to cover breaks in different classrooms if they're wearing full PPE?
- A float person is permitted to relieve breaks provided that they wear a mask and eye protection the entire time they are in the classroom and practice appropriate hand hygiene.
 - It is recommended that operators take efforts to minimize the number of classrooms that float staff are entering.
5. Can the runner take the child to the doorway of the classroom, wash their hands and receive the next child?
- Yes, the screener must follow the PPE requirements to ensure both staff and children remain safe.
6. Can parents enter the child care centre to drop-off/pick-up their child?
- Parents/caregivers are not permitted to enter the child care facility beyond the screening area at this time.

Screening

1. We are seeing screening questions coming from school board, city and province. Which is authoritative for day to day operation for programs in schools?
- Screening guidelines are published by the Ministry of Health. Hamilton Public Health works closely with partners and the information shared from either source should be the same. If there is a discrepancy between information, please notify Hamilton Public Health Services.
2. What steps must be taken if a child or staff exhibits only one potential symptom of COVID-19?

- Children and staff must still be excluded from the child care centre if they display at least one symptom.
 - Parents/guardians of symptomatic children should call in to Public Health's COVID-19 line at 905-974-9848 option 2 for testing.
 - Please refer to the section on reporting.
3. A child or staff can experience mild cold symptoms (i.e. fever, runny nose, etc.). When does it become a suspected case of COVID?
- Even with mild symptoms, we must exclude child/staff from the centre at this time. However, if the child/staff has seasonal allergies, they are permitted. We will continue to learn more about the symptoms and the exclusion policy may need to be updated.
4. How do centres identify running noses/nasal congestion caused by seasonal allergies?
- Medical assessment is needed in these circumstances.
5. Are children with consistently runny noses permitted to attend?
- At this time, we will be excluding children/staff that exhibit 1 or more of the COVID-19 symptoms, unless it is due to seasonal allergies.
 - Children that have a negative COVID-19 test and continue to experience these symptoms, will be dealt with on a case by case basis in consultation with the operator, parent/guardian and family physician if applicable.
6. Does screening need to take place outside or can parents enter the building and be screened outside of the classroom doors?
- Screening prior to entry will look different for each program. Consideration and initial planning must evaluate unique layout challenges in your setting and will be best assessed during the on-site PH inspection.
7. If child or staff present one of the symptoms, do they have to self isolate for 2 weeks or can they return when the symptoms go away?
- Testing should be recommended for children with symptoms. Exclusion time frame will be based on the results of the test. Direction will be provided by Public Health:
 - i. Children/staff who test negative for COVID-19 must be excluded until 24 hours after symptom resolution
 - ii. Children/staff who test positive for COVID-19 must be excluded from child care centre for 14 days after the onset of symptoms and clearance has been received from the local public health unit
8. If a parent works within healthcare with the potential of being exposed or in contact with a positive COVID-19 patient, should they be excluded?
- Only those that have had close unprotected contact with a COVID-19 positive individual will be excluded. If a parent working in a healthcare setting, has had contact with a COVID-19 patient and used appropriate PPE, they will not be excluded.

9. Does the screening checklist need to be signed by the parents or simply documented in the centre's daily screening log?
 - Completing a daily screening log is sufficient.
10. Does the screening area require a table?
 - A screening area is required. A table, chairs, cart, furniture, etc. is not a requirement for the screening area. The following 2015 Ontario Fire Code requirements apply to exits, access to exit, entrances and corridors:
 1. Division B 2.1.2.2. activities that create a hazard and that are not allowed for in the original design shall not be carried out in a building unless approved provisions are made to control the hazard.
 2. Division B 2.4.1.1.(2) combustible materials shall not be accumulated in any part of an elevator shaft, ventilation shaft, means of egress, service room or service space, unless the location, room or space is designed for those materials. Examples (such as masks, gloves and other items).
 3. Division B 2.7.1.7. (1) means of egress shall be maintained in good repair and free of obstructions.
 - Where it is feasible, centres may wish to consider using shaded outdoor space for the screening area. If not possible, all materials in the screening area should be minimized in order to comply with the Fire Code. An example of this would be having a staff conduct the screening with a clipboard in the front foyer of the building. The screener should put on all required PPE prior to entering the screening area in order to minimize the storage of PPE in the screening area. Tables and chairs should not be used in indoor screening areas since this could block the means of egress.
 - Any concerns about Fire Code should be forwarded to your Fire Prevention Officer.
11. Do parents need to be screened if they are not entering the facility?
 - Parents do not need to be screened.
12. Are screeners required to wear gloves?
 - Gloves are not required for the screener role. Routine hand hygiene is recommended.
13. Do screeners need to wear a face mask if they are wearing a face shield?
 - Yes, a surgical/procedure mask, gown, and face shield/goggles must be worn. Gloves are optional.
14. Can parents fill out a screening form with the questions at home and bring it in or do the questions need to be asked by the screener at the time of drop off?
 - Daily screening should be done, either prior to arrival or at the child care setting.
 - Operators must keep record of the daily screening report and store that information.
15. If an individual presents symptoms but is not tested, when can they return to the child care?

- Individuals who are not tested must be excluded for 14 days from the onset of their symptoms.
- However, if an individual provides a doctor's note indicating they are not ill, they can return to the child care setting.

Reporting

1. Do we report when a child has more than 1 symptom and does not attend the child care centre or only when they are sent home with a symptom?
 - Child care centre licensees and home child care providers have a duty to report all suspected or confirmed cases of COVID-19 as a serious occurrence to the Ministry of Education.
 - i. A suspected case is defined as a child or staff who exhibits 1 or more symptoms.
 - Child care centres do not need to report a child who fails screening to Public Health.
 - There are two instances that centres must report to Public Health:
 - i. Clusters of suspected cases (e.g. two or more children or staff with COVID-19 symptoms within a 48-hour period).
 - ii. Cases of COVID-19 among staff or child attendees that are laboratory-confirmed or probable (i.e. symptoms occurring among a staff or child who has been exposed to a person with confirmed COVID-19, or, travelled to an affected area in the 14 days prior to symptom onset.).
 - Parents/guardians of symptomatic children should call in to Public Health's COVID-19 line at 905-974-9848 option 2 for testing.

Personal Protective Equipment (PPE)

1. Could a plexiglass barrier be used (e.g. "screening station") for screening to alleviate the need of masks and face shields for screeners?
 - Plexiglass barriers can be used at screening stations; however, in order to perform full screening, the screener will need to be in close proximity to the child/staff and will require full PPE to do so.
2. What is the most appropriate face covering for parents/children that read lips?
 - Remove mask and maintain a 2-metre distance from the parent/child.
2. Can ASCY share where operators can order more PPE that will be needed after start up?

- The City will continue to work with ASCY to distribute thermometers, reusable cloth masks, face shields, eye protection and reusable cloth gowns.
 - Once centres receive their initial supply of PPE, they will be responsible for obtaining their own supply of gloves, cleaning and disinfection products including bleach test strips, and soap/hand sanitizer.
 - Centres may wish to use the Ontario Workplace PPE Supplier Directory at <https://covid-19.ontario.ca/workplace-ppe-supplier-directory>.
3. How often can you reuse cloth gowns and where can we retrieve reusable gowns?
 - Reusable gowns must be washed on daily basis, when visibly soiled, or after caring for an ill child.
 4. How will departure work? Is it in the same way as arrival screening?
 - No screening at departure
 - Physical distancing is to be maintained and staff should escort children out to a parent/guardian.
 5. The guidelines indicate that gowns, goggles, masks and gloves need to be worn when cleaning up bodily fluids, does this include diaper changing?
 - Staff should continue to follow regular protocols for diaper changing.
 - Refer to infectious disease guidelines available at: <https://www.hamilton.ca/sites/default/files/media/browser/2018-12-07/infection-control-guidelines-child-care-centres.pdf>
 6. What information can we provide to parents to reassure them of safety precautions?
 - Operators should share all COVID-19 related policies with families.
 - All policies have been developed based on the guidance documents from the Ministry of Health and the Ministry of Education.
 7. Does the use of Alcohol Based Hand Rub pose a fire safety concern?
 - Advice from Fire Prevention has indicated that the dispensing of alcohol based hand rub must occur under the direct supervision of staff. A wall mount dispenser may be used at the main entrance with a capacity of no more than 1.2 L. Stock of alcohol based hand rub which is not immediately being used must be stored in a room which is protected by a 1-hour fire separation and a 45 minute fire resistance rating door.
 - All operators must continue to meet all Fire Code requirements. Any questions about the Fire Code should be directed to your Fire Prevention Officer.
 8. Are parents required to wear masks as they drop off their children now that masks are mandatory in Hamilton?
 - Masks are required in the drop-off area if physical distancing cannot be maintained. If the drop off area allows for 2-metres of separation and is outdoors, then masks would not be required.

Cleaning & Disinfecting

1. Can carpets be used and what cleaning is required for carpets?
 - Carpeting is allowed. Regular cleaning and when required steam cleaning/carpet cleaning should be completed.
 - Refer to Infectious Disease Control Guidelines for Child Care Centres, available here:
<https://www.hamilton.ca/sites/default/files/media/browser/2018-12-07/infection-control-guidelines-child-care-centres.pdf>
2. Is it necessary to have separate detergent and disinfectant containers for each washroom, even if they are side-by-side?
 - Yes, labelled containers are required.
3. Do we need to wash linen daily?
 - Linens are to be laundered after each use. Laundry can be done based on your supply of linens.
 - Cot covers are to be designated to one child and are to be laundered weekly or more often if necessary.
4. Can centres continue to utilize loose parts?
 - Child care centres must identify the toys that cannot be disinfected and remove them. Specific issues can also be addressed during the on-site PH inspection.
5. Do couches need to be removed? If so, is it possible to cover the couches in plastic instead?
 - There is no requirement to remove couches.
 - Refer to Infectious Disease Control Guidelines for Child Care Centres, available here:
<https://www.hamilton.ca/sites/default/files/media/browser/2018-12-07/infection-control-guidelines-child-care-centres.pdf>
6. How long is a disinfectant solution good for? Can centres use a solution in a container with cloths for one time use wipe downs? Is there a concern with the spray bottles and the amount of disinfectant that the children will be breathing in?
 - Solutions are to be changed daily unless otherwise indicated by manufacturer's instructions. A bucket of disinfectant can be used so long as the cloths are changed after each use and the disinfectant solution is not double dipped. Once the cloth has been used, it cannot be placed back in the disinfectant solution.
 - Efforts can be made to clean and disinfect while children are outside or when they are not in close proximity to areas being cleaned.
7. If bleach is our chosen disinfectant, do we use it at a high level (1:10) concentration at all times or only in "high touch" and potentially contaminated areas?

- Yes 1:10 bleach should be used for disinfection of all areas including high touch surfaces. Contact time of 2-3 minutes should be maintained.
 - Solutions should be prepared daily using unscented, 5.25-6% bleach. Test strips should be able to detect 5,000 parts per million.
8. What are the minimum requirements for the use of hand sanitizer?
- Public Health recommended the use of alcohol-based hand rubs with 70% alcohol since this formulation is also effective against norovirus. This is of benefit to child care centres in the event of a norovirus outbreak.
9. Do we need to have a staff in each class for cleaning?
- Based on the recommended ratios, it is recommended that child care centres assign cleaning responsibilities throughout the day to staff within the cohort.
 - Child care centres may also choose to have a designated cleaner. This person may move between rooms for cleaning purposes, while children are not in the room. This designated cleaner is not considered part of any cohort.

Facility Usage

1. What happens if multiple groups must share the same washroom facility?
- Only one cohort should access the washroom at a time, and it is recommended that the facilities be cleaned in between each use, particularly if different cohorts will be using the same washroom.
2. Can fans be used in kitchen areas?
- Yes, fans can be used in kitchen areas, however some precautions should be taken.
 - Fan use should be minimized as much as possible (e.g., using the fan on the lowest setting). Adjustments should also be made to direct the airflow upwards, away from surfaces and occupants to help gradually mix exhaled respiratory droplets while minimizing turbulence. These devices also require regular maintenance, e.g., surface cleaning including the blades. Staff should follow the manufacturer's directions for maintenance and cleaning.

Multi-Service Buildings

3. Do all staff in the building need to be included on the screening logs?
- Anyone entering the child care centre must be screened.
4. Can management staff visit multiple centres during this time and what are the Public Health expectations to do this?
- Complete screening at each site prior to entering centre, perform hand hygiene and wear a mask and eye protection when going into facilities.
5. We have shared facility for kitchen and bathrooms (for both staff and children), will this be an issue?

- Bathrooms and kitchens are to be cleaned and disinfected by the designated cleaner between cohorts/users/programs.
6. For a shared space such as a church, what are the guidelines regarding that classroom being used during weekends by other groups?
- If the space is not being used at the same time, there is no concern. Shared space must be cleaned and disinfected by the designated cleaning staff between users/programs.

Testing

23. Are educators required to have a COVID-19 test prior to starting back to work?

- Based on local data trends the number of positive cases in Hamilton is extremely low and the risk of transmission by a staff member in a child care centre is exceedingly low. Public Health strongly recommends against testing of asymptomatic staff prior to returning to work. Testing provides limited information. It is a snapshot of the person's status at the moment they are tested and can be falsely negative if the staff member has been exposed to the virus and is incubating an infection. It is in our best interest to focus on preventive measures that are being implemented at the child care centre. As well, it is extremely important that all who work in child care centres consistently practice measures to prevent exposure to COVID virus outside of the workplace, especially practicing hand hygiene, physical distancing, coughing/sneezing into a tissue or your elbow and using masks and eye protection when in indoors where physical distancing may be difficult.

24. What is the turnaround time on testing? If we have to exclude a child and they have to be tested before they return, how long can they expect that to take before they are cleared to come back?

- Locally, testing results are available within 24- 48 hours. However, testing results may be influenced by local and provincial testing campaigns.
- Exclusion of sick children:
 - Ill children/staff, if not tested, must be excluded for 14 days from onset
 - Children/staff who test negative for COVID-19 must be excluded until 24 hours after symptom resolution.
 - Children/staff who test positive for COVID-19 must be excluded from child care centre for 14 days after the onset of symptoms and clearance has been received from the local public health unit.

25. If we report a potential case in a child or staff to Public Health will we be provided with results? Or will it be the responsibility of the staff or family to advise us of the results?

- Child care centres do not need to report a child who fails screening to Public Health.

- There are two instances that centres must report to Public Health:
 - i. Clusters of suspected cases (e.g. two or more children or staff with COVID-19 symptoms within a 48-hour period).
 - ii. Cases of COVID-19 among staff or child attendees that are laboratory-confirmed or probable (i.e. symptoms occurring among a staff or child who has been exposed to a person with confirmed COVID-19, or, travelled to an affected area in the 14 days prior to symptom onset.).
 - If the testing shows that children/staff are infected with COVID, then this will be made known to the child care centre, as the remainder of the grouping will have to go into self-isolation and will be followed by Public Health as close contacts of a confirmed case
 - If the testing shows that children/staff are not infected with COVID, this will also be important to share with the child care centre, as there could well be anxiety amongst children, their families and staff. To make sure we are not violating the confidentiality of personal health information, we will ask the parent/guardian to inform the centre of a negative test result or get their permission to inform the centre.
 - Child care centres and home child care providers must also report suspect or confirmed cases of COVID-19 to the Ministry of Education as a Serious Occurrence.
26. What happens if there is an outbreak or if one child or family has COVID-19? Do we have to shut down the centre and do all the children and families need to be tested for COVID-19?
- Refer to the Child Care Operations – Outbreak Response Plan.
- Management of a Single Case in a Child/Staff.** A single positive symptomatic case in a child/staff results in an outbreak being declared at the child care centre. All members of the grouping are to be excluded from the child care centre for 14 days. In consultation with Public Health, group members may be referred for testing.
- Management of cases in multiple cohorts.** If there are additional positive cases in other cohorts, the facility will close. In consultation with Public Health, all staff and children in the child care centre may be referred for testing. Public Health will determine when the outbreak is over and children/staff will be permitted to return to the centre.
27. If a child is showing symptoms of COVID-19 is it mandatory for a parent to be tested? If they choose not to what is our protocol? How long should they be off before returning?
- It is not mandatory for children or parents to be tested for COVID-19.

- Ill children/staff, if not tested, must be excluded for 14 days from onset of their symptoms.

Programming

28. Can we sing with children if we maintain appropriate physical distancing?

- The concern with singing while indoors, is the potential for respiratory droplets to spread beyond two metres. Even with appropriate physical distancing, infectious respiratory droplets from an infected individual could spread beyond two metres-- respiratory droplets could be passed to children and staff; especially those are asymptomatic.
- Singing outdoors can occur safely with appropriate physical distancing between each member of the cohort—however, this may not be operationally feasible.

29. Does the cook in the centre need to pack every child's food separately or is one common serving allowed if the educator serves the children?

- It is important that the number of people touching utensils and food is limited. Staff in the cohort can continue to serve the children their lunch/snacks. Children should not serve themselves at this time.

30. Can children bring in bagged lunches?

- 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).
- Refer to the [Ministry of Education Child Care Centre Licensing Manual](#) for conditions on Director approvals.

31. Is everyone getting an amended licence? Do we need it before we open?

- Child care centres should continue to operate under their existing licence.
- All child care centres are required to submit an attestation document to the Ministry of Education at least two days prior to reopening.

32. We have several families that have not had transition visits and/or new families that may start with our program. Can we conduct after hours visits with families on an individual basis as long as we ensure everything is disinfected after?

- Yes. Consideration must be given for the family's individual situation, adherence to COVID-19 precautions & screening practices in place at the child care centre and the enhanced cleaning & disinfection of surfaces following the site visit.
- Priority must be given to families that were in receipt of child care on March 17 when centres were required to close. New families should only be accepted once spaces have been offered to existing families.

33. Are children permitted to bring in personal belongings such as backpacks and spare clothes?

- It is recommended that personal belongings are minimized during this time. The storage of personal belongings that are brought in may look

different depending on the requirements and physical layout of each centre.

34. Are child care centres permitted to use wicker baskets for storage?

- Wicker baskets are not recommended at this time since they are difficult to clean and disinfect. It is recommended that operators explore alternatives for storage.

35. Can children bring in their own drink containers/water bottles?

- Yes, children can bring in their own drink containers or water bottles as long as they are clearly labelled with their name and are not shared.

Outdoor Play

1. Many child care centres have naturalized outdoor classrooms with wood chips, mud kitchens, etc. In such situations, what are Public Health expectations?

- After a review of the scientific evidence and consultation with colleagues, Hamilton Public Health services will permit the use of naturalized playgrounds at child care centres. Specific issues related to use and cleaning/disinfection will be addressed during on-site PH inspections.

2. Are outdoor picnics allowed?

- Yes, as long as you address physical distancing and food provisioning amongst cohorts including consideration for safe food handling practices.

3. Since we can't have water play for the children, can we use a sprinkler for the hot days?

- As per the [Ministry of Education Child Care Licensing Manual \(September 2019\)](#):

Water/swimming safety: The Ministry supports play-based learning and sensory exploration and encourages the use of on-premises splash pads, sprinklers, hoses or water tables, under close supervision of adults at all time, as safer alternatives during cooling or play / sensory activities.

- Consideration must be given to diligent cleaning & disinfection of any shared toys.

4. If two cohorts of children are using an outdoor playground that is separated by a chain link fence, what additional precautions are required to maintain physical distancing between the two cohorts?

- Child care operators need to ensure that the children in different groupings are physically distancing (i.e. not reaching through the fence to interact with other children). There are a number of potential options to achieve this including the use of plexiglass, moving toys away from the fence, putting up a barrier such as a tarp, or use of pylons. Physical barriers such as tarps or plexiglass are one option, but are not required as long as proper supervision occurs.

5. Are tarps required to be used for chain link fences?

- No, tarps are not a requirement as long as physical distancing can be practiced and children are supervised by an educator. A physical barrier, such as a tarp, may be an option to encourage physical distancing.
6. Are children permitted to sing if outdoors?
- Singing outdoors can occur safely with appropriate physical distancing between each member of the cohort—however, this may not be operationally feasible.

Workforce

1. Are staff allowed to wear their regular clothes to work, or should they wear scrubs during this time?
 - Yes, staff can wear their regular clothes to work.
2. Are additional staff required at the end of the day to ensure that if a child develops symptoms there is an additional staff available to supervise that child in an isolation room?
 - Child care operators must ensure there are enough staff to maintain ratios while also being able to care for a child that must isolate due to potential COVID-19 symptoms.
3. What is the deadline for certification required by Workplace Safety and Insurance Board?
 - The Workplace Safety and Insurance Board (WSIB) has indicated that all certifications that expire after March 1, 2020 are automatically temporarily extended until December 31, 2020

Financial

1. Are families responsible for paying child care fees if the child is excluded due to potential COVID-19 symptoms?
 - If the child is in receipt of fee subsidy, the City of Hamilton will continue to provide fee subsidy for that child. COVID-19 related absences will not count towards the maximum absence total.
 - If the family is fee paying, regular sick policies should apply.
2. Who is responsible for paying child care fees if an entire classroom or centre is shut down as a result of a positive COVID-19 case?
 - As per the August 24th letter to Early Years Operators from the City of Hamilton, the City is receiving \$7.5 million from the Ministry of Education to support child care and early years operators during this time.
 - The City is in the process of determining how the funding will be allocated in order to meet our local community needs. More information will be shared in the coming weeks.

Public Health Inspection

1. Is an inspection from Hamilton Public Health required prior to opening and if so, how do we go about the booking an inspection?
 - Yes, an inspection by Public Health is required to reopen child care centres in Hamilton.
 - To book an inspection, send an email to: ccss@hamilton.ca to provide an approximate date for when your centre will be ready for a Public Health inspection, your planned reopening date and the best contact number to reach you. Once we receive this information, a Public Health inspector will contact you to book an inspection.
 - Public Health inspections are not required for before and after school programs.