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COVID-19 Enhanced Health and Safety Protocols, Policies & Procedures for Licensed Child Care Centres



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Introduction

This document outlines the enhanced health and safety measures that licensed child care centres are required to implement, and conduct staff training on, prior to reopening to prevent and reduce the spread of COVID-19.

These protocols are based on:

- The Ontario Ministry of Health [COVID-19 Guidance: Emergency Child Care Centres v. 2- May 8, 2020](#)
- The Ontario Ministry of Education [Operational Guidance During COVID-19 Outbreak: Child Care Re-Opening](#)
- The Public Services Health and Safety Association [Health and Safety Guidance for Employers of Child Care Centres](#)

This document outlines the three types of mandatory protocols for licensed child care centres:

- Daily Active Screening for COVID-19
- General Sanitary Precautions and Physical Distancing Measures
- Outbreak Management for COVID-19 Related Symptoms

Accompanying these protocols are the following forms/resources:

- COVID-19 Active Screening Form for Staff
- COVID-19 Active Screening Form for Households
- COVID-19 Active Screening Form for Essential Visitors and Vendors
- COVID-19 Re-Entry Screening Form for Previously Ill Individuals
- Sample Parent/Guardian Agreement
- Disinfection Chart for Child Care Centres
- Active Screening Poster
- Hand Washing and Use of Personal Protective Equipment Posters
- Peel Public Health Contact Information

Resources including posters for hand washing and mask use are also available on [Peel Public Health's](#) website.



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General Requirements

The maximum cohort size for each room in a child care centre (including each family age group) will not exceed the maximum licensed capacity ("a cohort"), space permitting. This includes both staff and children.

A cohort is defined as a group of children and the staff members assigned to them, who stay together throughout the duration of the program for a minimum of 7 days. Each cohort must stay together throughout the day and are not permitted to mix with other cohorts.

Staff should work at only one location. Supervisors and/or designates should limit movement between rooms, doing so when absolutely necessary. Supply/replacement staff should be assigned to specific cohorts.

Important Health Care Information to Have on Hand

Contact a health care provider, Telehealth Ontario at 1-866-797-0000 or Peel Public Health if you or another individual are experiencing symptoms of COVID-19.

Refer to Peel Public Health's website for information on symptoms, getting tested and self-isolation at <https://www.peelregion.ca/coronavirus/>. Peel Public Health can be reached at **905-799-7700, Caledon 905-584-2216**. The Public Health Call Centre is open 8:30 a.m. to 6:30 p.m., 7 days a week.

If symptoms change or worsen, the individual may need to seek medical attention. If the individual has any severe symptoms, such as difficulty breathing or chest pain, call 911.

What is COVID-19?



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COVID-19 is a new strain of coronavirus that are part of a large family of viruses that can cause symptoms similar to the common cold but can advance, in some cases, to severe respiratory illness or even death.

How the virus spreads:

COVID-19 typically spreads through:

- droplets from coughing and sneezing
- close prolonged personal contact with an infected person (e.g. being coughed or sneezed on or being within 2 meters for 15 minutes)
- touching an infected surface and then touching your mouth, nose or eyes

Common symptoms include:

- fever
- new or worsening cough
- shortness of breath

A range of other symptoms may include*:

- sore throat
- difficulty swallowing
- runny nose (without another known cause)
- nasal congestion (without another known cause)
- nausea or vomiting, diarrhea, abdominal pain
- unexplained fatigue/ malaise/ muscle aches
- headaches
- chills
- pink eye (conjunctivitis)
- new loss of sense of smell or taste
- rash (in children)
- croup (respiratory infection resulting in barking cough and difficulty breathing in children)
- lack of energy or difficulty feeding (in infants)

*The symptom list will be updated, as required, as per direction from Ministry of Health.



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Part 1: Protocols for Licensed Child Care Centres



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Daily Active Screening for COVID-19 of Persons Entering Child Care Centres

POLICY

Every person arriving at the child care centre must be actively screened daily **PRIOR** to entering the centre. The screening information must be documented on the appropriate **COVID-19 Active Screening Forms for Staff, Households or Essential Visitors and Vendors** to facilitate contact tracing by Peel Public Health in the event of a confirmed COVID-19 case or outbreak.

Daily active screening is to be completed at the centre or while in a parked vehicle (if, and when permitted). Screeners should take appropriate precautions when screening as described in the procedures below.

Individuals re-entering the child care centre (leaving and coming back on the same day) must be screened again **PRIOR** to re-entering the centre.

There should be no volunteers, students or non-essential visitors permitted to enter the child care setting. Essential visitors who will be permitted may include professionals delivering supports for children with special needs, Ministry staff and other public officials such as the fire marshal, public health inspectors, etc. Essential visitors will be required to meet all daily active screening requirements prior to entering the centre.

Individuals who were previously ill, have been symptom free for 48 hours, and have tested negative for COVID-19 must complete additional screening using the **COVID-19 Re-entry Screening Form for Previously Ill Individuals PRIOR** to also completing the daily active screening process. These individuals must provide the child care centre Supervisor/Designate with a copy of the negative COVID-19 test result.

PROCEDURES

The child care centre will be conducting active screening through a screening station.

Screening Tool:

Staff must be trained on conducting the screening using the **COVID-19 Active Screening Forms for Staff, Households or Essential Visitors and Vendors**, as well as using



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the **COVID-19 Re-entry Screening Form for Previously Ill Individuals** in situations where previously ill individuals who have tested negative are returning to the centre.

Screen POSITIVE:

Any staff/parent/child who arrives at the centre and answers **YES** to **ANY** of the questions on the active screening form will be directed to not enter the centre and to return home immediately.

COVID-19 testing will be required for any staff/parent/child/household member experiencing new or worsening symptoms before returning to the centre. Staff or children with a pre-existing medical condition that corresponds to a COVID-19 symptom (e.g. asthmatic cough, rash) should have this documented in their file. Only medical notes from physicians or nurse practitioners that indicate that the individual is free from communicable disease are acceptable. Individuals who choose not to have COVID-19 testing must be excluded from the child care setting for 14 days.

The Supervisor/Designate will provide contact information for [Peel Public Health](#) for information on symptoms, getting tested and self-isolation. When calling Peel Public Health, the Supervisor should collect as much information as possible, including:

- Who is symptomatic (child/parent/household member/staff) and age (if child)?
- Type of symptoms?
- Date and time of onset of symptoms?
- Circumstances when symptoms began?
- Where symptoms experienced (child care centre or at home)?
- How long has child attended the child care centre?
- Did individual answer YES to any other screening questions?

The Supervisor/Designate will contact Peel Public Health for any information and actions for staff and other parents/guardians while test results are pending. Peel Public Health will provide the following advice on return to child care for the staff/child once the staff's/child's/household member's test results are known:

- Staff and children must self-isolate for 14 days from the start of symptoms (unless tested negative for COVID-19). Any siblings of the child attending the child care centre must also be excluded from child care.



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- **If tested negative for COVID-19**, the staff/child may return to the centre 48 hours after symptoms resolve if they have not been exposed to a confirmed or suspected case of COVID-19.
 - **If tested positive for COVID-19**, staff/child will be required to continue self-isolation for 14 days from the start of symptoms. Peel Public Health will confirm when staff/child can return to the child care centre.
- Staff or children who have been identified as a close contact of a confirmed or suspected case of COVID-19 should be excluded from the child care setting for 14 days after their last exposure, regardless of their test result.
 - The need to isolate close contacts while test results are pending will be assessed on a case by case basis.

Screen NEGATIVE:

If screened negative (**NO** to **ALL** questions), the parent/staff may take a temperature (if not taken at home) at the screening table and then sanitize their hands.

- If screened negative (**NO** to **ALL** questions), the parent/staff may take a temperature at the screening table and then sanitize their hands.
- Once the child(ren) have passed the active screening requirements, the child(ren) will be escorted into the child care centre by staff. Parents/guardians are discouraged from entering the centre. Pick-up and drop-off of child(ren) should happen outside the child care centre unless it is determined that there is a need for a parent/guardian to enter the setting.

Screening at a Station:

The Supervisor is required to ensure that the following steps are completed:

- Identify/set up the screening station and assign staff to conduct the screening:
 - Place the screening table at the front entrance.
 - Only ONE entrance/exit is to be used for access to the centre to ensure that each person is screened.
 - Staff conducting the screening must maintain a minimum 2-meter distance from the person being screened as much as possible or be separated by a physical barrier (such as a plexiglass barrier), and wear personal protective equipment (PPE) (i.e., surgical/procedure mask, eye protection (goggles or face shield)). Staff should follow [guidance](#) provided on how to properly put on and take off PPE.



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- Place posters or signage outside the front entrance and drop-off area identifying the screening process.
- Implement measures to physically separate or impose physical distance of at least 2 meters between persons. This could be done by using physical partitions, visual cues or signage to limit close contact.
- Place hand sanitizer at the screening table. Ensure it is visible to every person entering the building. Once a person has passed the active screening, s/he must complete hand hygiene with the hand sanitizer (minimum 60% alcohol content) or by handwashing with soap and water.
- Temperature must be recorded for every person entering the centre if a fever is present. Individuals will be asked to self-monitor temperature at home and to report their temperature upon arrival as part of the screening process. In the event that individuals have not taken a temperature in advance of arriving at the centre, the screening station must have a forehead thermometer or a digital thermometer with a supply of single use tips available. A waste container must be available at the screening table to dispose of thermometer tips, which can be disposed of in the regular garbage afterward. Disinfectant must also be available at the screening table to disinfect the thermometer in-between uses. Thermometers may be disinfected with 70% isopropyl or ethyl alcohol (i.e. alcohol prep wipes). Allow to air dry before use.
- Staff will request that staff/parents/essential visitors taking their temperature apply hand sanitizer before and after using the thermometer and before and after disinfecting it.
- If screening is conducted in an enclosed space and a physical distance of 2 meters cannot be maintained or plexiglass barrier not used, parents/guardians and staff must wear face coverings.

Screening Upon Entry

(1) Screening of Supervisor and Staff

The Supervisor/Designate must ensure that all staff are informed of, and sign off on, the screening policy prior to beginning work at the child care centre. Active screening must be completed for **all** staff at the site each day. The Supervisor/Designate will develop the active screening schedule and assign staff to conduct active screening of parents/guardians and children for each day.



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A Supervisor/Designate will be onsite at the child care centre at all times. The Supervisor/Designate will be the first staff to arrive at the centre. The Supervisor/Designate will self-screen at home using the **COVID-19 Active Screening Form for Staff** and will answer the screening questions in writing and complete the temperature check, to ensure s/he is well enough to report to work. If unable to report to work, the Supervisor/Designate will ensure a back up staff is called into work.

Once the Supervisor/Designate has completed the self-screening at home, s/he will arrive at the centre and complete active screening for the second staff to arrive at the site. Once screened, the second staff to arrive will confirm the written screening completed by the Supervisor/Designate. The Supervisor/Designate will then complete active screening for all staff. The Supervisor/Designate on duty will ensure that active screening is completed for all staff for every staffing shift.

Staff are required to stay home if they are experiencing **ANY** of the symptoms identified on the active screening form and to report their absence to their Supervisor/Designate immediately.

Any staff who arrive at the centre and answer **YES** to **ANY** of the questions on the active screening form will be directed by the Supervisor/Designate not to enter the centre and to return home immediately.

Any essential visitor or third-party vendor (such as caterers or cleaning services) granted entry into the child care centre **MUST** also complete the daily active screening process prior to entering the site using **the COVID-19 Active Screening Form for Essential Visitors and Vendors**. Entry into the child care centre should only be permitted if there is a need to enter the setting.

Any third-party vendors (such as cleaning services) that arrive at the child care centre after- hours must self-screen prior to entering the site by completing the **COVID-19 Active Screening Form for Essential Visitors and Vendors**. They must also record their time of arrival and departure upon entering and leaving the child care centre. Staff must advise third-party vendors of proper hand hygiene and cleaning and disinfection practices when using the thermometer.



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All child care centres are responsible for maintaining daily attendance records of any essential visitor or vendor entering the centre and the approximate length of their stay. Records are to be kept on the premises for at least one month. 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.

(2) Screening of Parents, Guardians and Children

The Supervisor/Designate must inform all parents/guardians whose children are placed in child care of the screening requirements prior to the family beginning child care at the site.

Child care centres are strongly encouraged to request that parents/guardians confirm their understanding of, and consent for, all screening requirements, using a **Parent/Guardian Agreement** provided by the child care centre.

In particular, it is strongly recommended that child care centres obtain from parents/guardians their acknowledgment of, and consent for, the following:

- Acknowledgement that children who are ill should not attend the child care centre.
- Acknowledgement that children should not attend child care if any member of their household is ill with COVID-19 related symptoms.
- Agreement that any child or his/her family members experiencing symptoms should be tested for COVID-19 before the family can return to child care.
- Understanding of the information provided on the active screening procedure.
- Agreement to all screening requirements and to accurately respond to all screening questions, including the reporting of temperatures daily for all persons screened. Misrepresentation on any screening questions, including temperatures or masking fevers with medication could result in the termination of the child care placement.
- Agreement to not administer any medication to their child that may mask the symptoms of illness, such as Tylenol or Advil, prior to dropping child off at the child care centre.
- Agreement to exclude child(ren) from child care immediately upon observing any signs or symptoms of illness in any family member until medically deemed able to return to care.



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- Consent to provide copies of any of child(ren)'s COVID-19 test results to child care centre.

Confidentiality of Personal Health Information Collected for COVID-19 Screenings

It is important to note that Peel Public Health:

- is required by Ontario's *Personal Health Information Protection Act (PHIPA)* to respect and protect the privacy of the individuals being screened for COVID-19;
- will only disclose a positive case to a child care centre if it is needed to manage the exposure risk to others.

Child care staff are required to protect all personal health information collected for the COVID-19 screenings and/or information provided by Peel Public Health regarding a positive COVID-19 test result to reduce exposure. Parent and child privacy are paramount; therefore child care staff are encouraged to treat families in a respectful manner which protects the privacy of their family. COVID-19 screening results must only be shared with Peel Public Health. All screening documents completed must be stored in a secure area (i.e. locked office and filing cabinet). Privacy is everyone's responsibility.

Parents/guardians who are health care workers may have come into close contact with confirmed and/or suspected cases of COVID-19. These individuals will be permitted to send their child(ren) to the child care centre as long as they exhibit no symptoms and have consistently worn appropriate personal protective equipment (PPE) while caring for patients. However, they should self-monitor for symptoms and identify themselves to the child care centre so that screening staff may document accordingly.

Parents/guardians who travelled internationally as part of their essential work (e.g., truck drivers, flight attendants) are able to send their child(ren) to the child care centre as long as they do not have symptoms. However, they should self-monitor for symptoms and identify themselves to the child care centre so that screening staff may document accordingly.



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(3) Re-entry Screening of Previously Ill Individuals Tested Negative for COVID-19

If a previously ill child, parent/guardian or staff person has:

- 1) tested **NEGATIVE** for COVID-19 **AND**
- 2) remained symptom-free for at least 48 hours,

they can return to the child care centre (unless they have had close contact with a confirmed COVID-19 case or symptomatic person(s), in which case, they will need to self-isolate for 14 days from the last time they had close contact with the confirmed or suspected case).

The parent/guardian or staff person must provide a copy of the COVID-19 test result to the child care centre Supervisor/Designate to verify the negative result. Upon return to the centre, the previously ill child must complete the re-entry screening conducted by screening staff over the phone with the parent/guardian using the **COVID-19 Re-Entry Screening Form for Previously Ill Individuals**. The Supervisor/Designate will conduct re-entry screening for previously ill staff.

If **YES** was answered to **ANY** of the questions in **Step 2** of the re-entry screening form, staff must refuse the individual entry into the child care centre. The individual will need to self-isolate for 14 days from the last time they had close contact with the confirmed or suspected COVID-19 case.

If **NO** was answered to **ALL** questions in **Step 2** of the re-entry screening form, staff may proceed with conducting active screening on the individual.

Note: Individuals tested positive for COVID-19 require direction from Peel Public Health on when they can return to the child care centre.

The active screening policy and forms will be updated as advised by Peel Public Health. Documentation of the information collected during active screening must be recorded on the **COVID-19 Active Screening Forms for Staff, Households, Essential Visitors and Vendors** or the **COVID-19 Re-entry Screening Form for Previously Ill Individuals** in situations where previously ill individuals with a negative test result are returning to the centre. The Supervisor/Designate is responsible for ensuring that this



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information is recorded as required, maintained on the premises, and managed in accordance with the child care provider's relevant privacy and document management practices as set out in the *Child Care and Early Years Act* (i.e. O. Reg. 137/15: at least three years from the date "the record" is made).

Required Forms

- COVID-19 Active Screening Form for Staff (**Appendix 1.1**)
- COVID-19 Active Screening Form for Households (**Appendix 1.2**)
- COVID-19 Active Screening Form for Essential Visitors and Vendors (**Appendix 1.3**)
- COVID-19 Re-entry Screening Form for Previously Ill Individuals (**Appendix 1.4**)
- Parent/Guardian Agreement (**Appendix 1.5**)



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General Sanitary Precautions and Physical Distancing Measures to Prevent the Spread of COVID-19 for Licensed Child Care Centres

POLICY

Child care centres must be thoroughly cleaned prior to re-opening their operations. Centres must strictly maintain routine infection prevention and control practices (refer to the [“Preventing and Managing Illnesses in Child Care Centres”](#) guidelines), as well as adhere to additional sanitary precautions and physical distancing measures in all aspects of care to prevent the spread of COVID-19 as described in this policy.

Child care providers are responsible to communicate the requirements under this policy to any third-party vendors contracted for cleaning services at the child care centre (if applicable).

PROCEDURES

Hand Washing:

Staff should wash their hands with soap and warm water frequently, and **must** wash their hands in the following situations:

- When they arrive at the centre and before they go home
- Before and after breaks
- After using the toilet
- Before handling food, preparing bottles, feeding children
- Before and after eating and drinking
- Before and after touching their own or someone else's face
- After sneezing or coughing into hands
- Before and after giving or applying medication or ointment to a child or self
- Before and after diaper check or changing diapers, assisting a child to use the toilet, and using the toilet
- Before and after contact with bodily fluids (i.e. runny noses, spit, vomit, blood)
- After cleaning and handling garbage



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Children should wash their hands with soap and warm water frequently, and **must** wash their hands in the following situations:

- When they arrive at the centre and before they go home
- Before and after eating and drinking
- After a diaper change and using the toilet
- After playing outside
- After handling shared toys/items
- After sneezing or coughing into hands

Staff should follow and role model the following steps for proper **hand washing**:

- Wet hands
- Apply soap
- Lather for at least 15 seconds (or as long as the “Happy Birthday” song).
Rub between fingers, back of hands, fingertips, under nails
- Rinse well under running water
- Dry hands well with paper towel or hot air blower
- Turn taps off with paper towel, if available

Staff should increase monitoring of hand washing supplies to ensure all sinks in washrooms, kitchens, and classrooms are well stocked at all times (i.e. soap, paper towels, waste receptacles). Ensure hand sanitizer or alcohol-based hand rub (containing at least 60% alcohol) is available at the designated entrance for the centre and throughout the centre. Ensure hand sanitizer is readily accessible in areas where hand washing facilities are not available. However, hand sanitizer dispensers should not be in locations that can be accessed by young children.

When hands are not visibly soiled, staff should follow these steps for cleaning hands using **hand sanitizer**:

- Apply hand sanitizer (at least 60% alcohol-based)
- Rub hands together for at least 15 seconds
- Work sanitizer between fingers, back of hands, fingertips, and under nails
- Rub hands until dry



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Hand sanitizer must only be used on children who are over the age of two and must always be used under staff supervision. Staff must ensure that the product has completely evaporated from the child's hands before allowing the child to continue their activity.

Other personal hygiene measures include avoiding touching your eyes, nose or mouth and avoiding high-touch areas, where possible, or ensuring you clean your hands afterward.

Disposable Gloves, Masks and Eye Protection

Masks alone will not prevent the spread of COVID-19. The use of non-medical masks (cloth masks) may not protect you but may help protect those around you.

Staff must wear surgical/procedural masks, gloves and eye protection (face shield, goggles or wrap-around safety glasses):

- When cleaning and disinfecting blood or bodily fluids spills if risk of splashing
- When caring for a sick child
- Conducting active screening at screening station

Staff should wear a surgical/procedural mask or cloth mask/face covering when physical distancing (of 2 meters or greater) is difficult to maintain, such as but not limited to:

- Providing direct care (e.g. diapering or feeding)
- Holding or carrying a child
- Assisting a child with dressing

Masks must be worn by staff who become sick (they should also immediately go home). Masks should be worn by sick children (if tolerated) until their parent or guardian arrives to take them home. Masks should not be placed on children under age 2 or on anyone who has trouble breathing, is unconscious, or otherwise unable to remove the mask without assistance. Masks may not be tolerated by everyone based on underlying health issues, behavioural issues or beliefs. If the mask interferes with the ability to breathe or speak clearly, maintain a two-meter distance as much as possible.



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Both masks and gloves may cause a false sense of security, particularly if they are not used properly. Individuals may contaminate themselves when putting masks on and taking them off if not handled correctly. Hands must be washed or sanitized before putting on and after taking off a mask.

Gloves must be worn as per routine practice such as when cleaning up vomit and diarrhea and disinfecting surfaces and must be disposed after use. Where possible, wear gloves when interacting with high-touch areas. Do not touch your face with gloved hands. Take care when removing gloves. Ensure you wash your hands after removing them. Disposable gloves do not replace hand washing.

Attached to this document, you will find tip sheets from Public Health Ontario and Public Health Agency of Canada describe appropriate **mask** and **glove** use. The BC Centre for Disease Control has tips on disinfecting **eye protection**.

Cleaning and Disinfecting

Cleaning and disinfecting reduce the spread of germs. Some germs can live for hours, days or weeks on toys, counters, diapering table, door knobs, computer key boards and other surfaces.

Cleaning with soap and water removes dirt and grease that can hide and protect germs from disinfectants. Cleaning will substantially reduce the number of germs that may be on surfaces.

Disinfecting after cleaning will kill most of the germs that were left behind. Cleaners and disinfectant products and methods already used by child care centres are effective against COVID-19.

Only use disinfectants with a Drug Identification Number (DIN) and labelled as a broad-spectrum viricide. Low-level hospital grade disinfectants may be used. Check expiry dates and always follow the manufacturer's instructions. Particular attention should be paid to contact time, dilution, material compatibility, shelf-life, storage, first aid, and PPE. Health Canada has developed the following list of hard surface disinfectants for use against COVID-19:

<https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html>.



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Note that vinegar is not a disinfectant and should not be used for disinfecting in child care centres. Vinegar does not kill germs!

The Supervisor/Designate will set up a schedule to ensure all cleaning and disinfecting duties are consistently completed and documented.

The 6 steps for cleaning and disinfecting are:

1. Clean with soap and water.
2. Rinse with clean water.
3. Apply the disinfectant according to the manufacturer's instructions on the label.
4. Allow the surface or object to soak in the disinfectant for the required contact time. Refer to the **Disinfection Chart for Child Care Centres in Appendix 1.6** for the required contact times when using household bleach and water. A disinfectant with a Drug Identification Number (DIN) can also be used.
5. Rinse with clean water if required according to manufacturer's instruction on the label. Rinsing is not required when using household bleach and water.
6. Let air dry.

Refer to Public Health Ontario's "[COVID-19 Cleaning and Disinfection for Public Settings](#)" guidelines for more information.

Toys and Equipment:

Staff must ensure that all toys and equipment are in good repair, clean and sanitary. The Supervisor/Designate must be advised of any concerns regarding toys and equipment.

- Group water/sensory tables must not be used. Only individual sensory play is permitted (i.e. each child has their own separate bin).
- Ensure each child's individual sensory play toys are cleaned and disinfected between use.
- If sensory materials (e.g., playdough, water, sand, etc.) are offered, they should be provided for single use (i.e. available to the child for the day) and labelled with child's name, if applicable.
- Remove toys that cannot be easily cleaned and disinfected, such as plush toys.



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- Toys and equipment should be cleaned and disinfected at a minimum between cohorts.
- Mouthed toys should be cleaned and disinfected immediately after child is finished using it.
- Shared spaces and structures that cannot be cleaned and disinfected between cohorts should not be used.
- Staff are encouraged to have designated toys and equipment (e.g., balls, loose equipment) for each room or cohort. Where toys and equipment are shared, they should be cleaned and disinfected prior to being shared.
- It is recommended that items such as books, puzzles, and cardboard/boxboard that are absorbent and cannot be easily cleaned and disinfected are removed.
- Follow provincial and municipal guidance or laws with respect to use of community playgrounds.
- Outdoor play at licensed child care sites is encouraged in small groups which facilitate physical distancing. Any outdoor play equipment that is used must be cleaned and disinfected before and after use, and as required. Play structures can only be used by one cohort at a time.
- Staff should find alternate outdoor arrangements (e.g. community walk), where there are challenges securing outdoor play space. Staff should follow physical distancing practices when possible.
- Tables and chairs being used are to be cleaned and disinfected before and after use and as often as needed.
- Should any child present with symptoms of COVID-19, all toys and equipment accessed by the child will be removed from the room to be cleaned and disinfected as soon as possible.

Cots

- Children will have a cot assigned to them. Cots will be placed to support physical distancing practices (ideally 2 meters/6.5 feet spatial separation if feasible). If space is tight, place children head-to-toe or toe-to-toe.
- Cots and cribs must be cleaned and disinfected between each user and after each use.
- Cot sheets and blankets must be changed between each user.
- Sheets and blankets if used by same user must be cleaned weekly or more frequently as needed.



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- Ensure cot sheets and blankets belonging to different children are labelled with the child's name and stored separately in bags or bins in clean dry areas to prevent mold growth and kept out of the way of everyday activities.
- Families will be permitted to bring their own blankets and/or sleeping bags for children. The centre should strive as much as possible to launder these items before use. If not possible, ensure parents/caregivers launder all items prior to bringing them to the centre, and store them separately in a clean bag. Items must be laundered weekly or more frequently as needed.

Additional Infection Control Practices

- Regularly clean and disinfect high-touch surfaces including door knobs, light switches, faucet handles, hand rails, and electronic devices at least twice daily (for 7 a.m. – 6 p.m. operations) to prevent the transmission of viruses from contaminated objects and surfaces. Additional cleaning and disinfecting may be required based on daily need.
- High touch electronic devices (i.e. keyboards, tablets) may be disinfected with 70% alcohol (i.e. alcohol prep wipes) while ensuring the dilute solution makes contact with the surface for at least one minute.
- Ensure washroom facilities are frequently cleaned and disinfected.
- Low-touch surfaces (any surfaces at the location that have minimal contact with hands), must be cleaned and disinfected daily (i.e. window ledges, doors, sides of furnishings, etc.).
- Carpets are to be vacuumed daily when the rooms are available, i.e., during outdoor play.
- Ensure garbage is kept in waterproof containers lined with plastic garbage bags. Staff must dispose of garbage daily. Any blood-soiled items must be discarded in sealed bags.
- Personal belongings (e.g., backpack, clothing, etc.) should be minimized. If brought, belongings should be labeled and kept in the child's cubby/designated area.
- Toothbrushes, bottles, sippy cups, and pacifiers must be individually labelled and stored separately (not touching each other), they must not be shared among children. The plastic handle of the toothbrush and the pacifier must be washed in soap and water upon arrival to the centre.
- Label individual hygiene items such as toothpaste tubes and store them separately. The tubes must be wiped with a disinfecting wipe then rinsed, upon



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arrival to the centre. If many children are using toothpaste from the same tube, the toothpaste must be dispensed onto separate paper towels and then applied to the brush.

- For creams and lotions during diapering, staff must never put hands directly into lotion or cream bottles. They must use a tissue or single-use gloves. Upon arrival to the centre, wipe the cream/lotion container with a disinfecting wipe.
- Children should bring their own sunscreen where possible and it should not be shared. Staff may provide assistance to apply sunscreen to any child requiring it and should exercise proper hand hygiene when doing so (for example washing hands before and after application).
- Reinforce messages with children to not share their food or drinks with others.
- Staff should change meal practices (if meals or snacks are provided) to ensure there is no self-serve or sharing of food at meal times.
 - Utensils should be used to serve food.
 - Meals should be served in individual portions to children
 - There should be no items shared (i.e., utensils)
- 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).
- When holding infants and toddlers, use blankets or cloths over staff's clothing and change the blankets or cloths between children.
- Avoid getting close to faces of all children, where possible.
- Avoid singing activities indoors and ensure physical distancing for singing activities outdoors.
- Do not plan activities with exposure to animals or pets.

Physical Distancing Measures

Child care centres must put children and staff in cohorts/groups of 10 or less at any given time to manage physical distancing and limit the number of people in close contact. Each cohort must stay together throughout the day and are not permitted to mix with other cohorts. Maintain physical distancing of at least 2 meters (6 feet) or more between persons, including staff, parents and children.

Physical distancing may be difficult to maintain in the child care setting; however, additional steps should be taken to limit the number of people in close contact (i.e. within minimum 2- meters of each other).



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If feasible, consider the following physical distancing measures:

- Staggering the children's arrival and departure times, spreading out the use of the outdoor play area to allow smaller numbers of children to play together and thus avoid large groups.
- Eliminate large group activities.
- Make sure that the children are distanced from each other during meal time, dressing time, table work, and nap time, as much as possible. Stagger these times if possible.
- Ideally, try to avoid activities involving direct contact between the children as much as possible (i.e. holding hands or cuddling each other), as well as toy sharing (i.e. rather than playing a table game in which all the children touch the tokens or dice, it should be one child in the group who handles the material). Incorporate more individual activities or activities that encourage more space between children.
- Limit the number of children who are in the communal areas at the same time (i.e. alternate the groups of children in the activity rooms or cubby area).
- Large rooms can be divided into multiple spaces. When dividing a room create a clear barrier with cones, chairs, and tables to ensure a minimum 2-meter distance between the groups.
- Incorporate outside time in daily activities and open windows (weather permitting). Outdoor play is encouraged and should be offered in staggered shifts if possible. In shared outdoor space, cohorts must maintain a distance of at least 2 meters between groups and any other individuals outside the cohort.
- Recognizing that physical distancing is difficult with small children and infants, additional suggestions include:
 - planning activities that do not involve shared objects or toys;
 - when possible, moving activities outside to allow for more space; and
 - avoiding yelling or singing activities indoors.



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Staffing Considerations

- Staff should work at only one child care location.
- Staff should be assigned to dedicated work areas as much as possible. Sharing phones, desks, offices and other tools and equipment are discouraged. Disinfect after each use.
- If documents must be exchanged, leave them on a clean surface while maintaining a two- meter distance.
- Limiting the total number of workers onsite during child care centre hours and where they are assigned to work.
- Supervisors and/or designates should limit their movement between rooms, doing so when absolutely necessary.
- Supply/replacement staff should be assigned to specific cohorts.
- Staff should consider implementing a process for containing and laundering work clothing. Alternatively, staff should practice good laundry hygiene practices with their clothing as it could potentially be a source of contamination.
 - Place possibly contaminated laundry, including non-medical cloth masks and facial coverings, into a container with a plastic liner and do not shake.
 - Wash with regular laundry soap and hot water (60-90°C) and dry well.
 - Clothing, linens and non-medical cloth masks and facial coverings can be washed with other laundry.
- Child care centres should consider implementing a system for virtual and/or telephone consultations when and where possible.
 - Non-essential face-to-face meetings should be postponed or converted to virtual appointments.
- Alter the workplace layout of the floor by moving furniture or using visual cues such as tape on the floor to enhance physical distancing.
- Lunchrooms and break rooms must be arranged to follow physical distancing practices. Consider staggered lunch and break times to reduce the number of child care staff gathering.



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Outbreak Management for COVID-19 Related Symptoms Licensed Child Care Centres

POLICY

To protect the health and well-being of children and staff within the child care centre, all children should be monitored while in care for emerging signs or symptoms of any illness, including COVID-19. Children or staff who become ill while at the child care centre must return home as soon as possible. The Supervisor must initiate the centre's illness management policies, including the following measures related to outbreak management for COVID-19. One positive confirmed case of COVID-19 in a child care centre is considered an outbreak.

PROCEDURES

Health Checks for Children in Care

Staff must ensure that all children in care are monitored for illness, with a temperature taken as appropriate, including for the following signs and symptoms of COVID-19:

- Fever (temperature $\geq 37.8^{\circ}\text{C}$)
- New or worsening cough
- Shortness of breath or difficulty breathing
- Lethargy (lack of energy) or difficulty feeding (if an infant and no other diagnosis)
- Any of the following symptoms:
 - Sore throat
 - Difficulty swallowing
 - Pink eye (conjunctivitis)
 - Chills
 - Rash
 - Headaches
 - Unexplained fatigue/malaise/ muscle aches
 - Abdominal pain
 - Croup (respiratory infection resulting in barking cough and difficulty breathing)
 - Diarrhea
 - Nausea/vomiting
 - Decrease or loss of sense of taste or smell



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- o Runny nose without other known cause
- o Nasal congestion without other known cause

Staff must ensure that hand hygiene is performed before and after each health check with each child. Staff are only required to conduct and document the health check or take a temperature if symptoms are noted. Staff must document any symptoms observed on the child's **Illness Tracking Form**.

Children Who Display COVID-19-Related Symptoms During Care

If **ANY ONE** of the symptoms related to COVID-19 are present in a child, the child must be immediately excluded from the child care centre and sent home. If the child has siblings who attend the same child care centre, all siblings must also be excluded.

Staff are required to:

- Isolate the child with symptoms immediately from other children and staff into a separate room/area. If a separate room is not available, the sick child should be kept separated from others at a minimum distance of 2 meters in a supervised area until they can go home.
- The child should be supervised by only one staff person until the child leaves while maintaining a physical distance of 2-meters if possible.
- Ensure the child wears a surgical-type or non-medical face mask (if tolerated) to cover the child's nose and mouth. Cloth face coverings should not be placed on children under age 2 or on anyone who has trouble breathing, is unconscious, or otherwise unable to remove the mask without assistance. The staff caring for the child should also wear a face mask. Hands must be washed before and after taking off a mask.
- In addition, staff should perform hand hygiene and attempt to not touch their face with unwashed hands. Disposable gloves may be used when there is close contact with the child. Staff must ensure that they wash their hands or use hand sanitizer (if hands not visibly soiled) immediately upon removal of the gloves. The most important measures are proper hand hygiene and maintaining a 2-meter distance as much as possible.
- Staff should also wear eye protection (e.g. safety glasses or face shield)
- Respiratory etiquette should also be practiced while the child is waiting to be picked up. Tissues should be provided to the child and disposed of properly after use in a lined, covered garbage container.



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- Increase ventilation if possible (e.g., open windows).
- Keep the child comfortable by providing a separate cot and toys. Clean and disinfect the cot and all toys after the child leaves the centre.
- Staff will notify the parent/guardian to arrange for immediate pick-up of the child. If a parent cannot be reached, an emergency contact person will be contacted to pick up the child.
- Staff will document the symptoms observed, the date and time that symptoms occurred, and the program room the child attended on the **Illness Tracking Form**.
- Once the child has been picked up, the Supervisor/Designate will ensure that the room/area where child was separated to and any other areas/surfaces that the child had contact with are thoroughly cleaned and disinfected.
- The child should be excluded from child care and self-isolate for 14 days (unless tested negative) from the start of symptoms and be tested for COVID-19 before returning to child care. The Supervisor will provide the parent/guardian with contact information for Peel Public Health for information on symptoms, getting tested and self-isolation.
 - **If tested negative**, and free of symptoms for 48 hours, the child must pass re-entry screening (refer to **COVID-19 Re-Entry Screening Form for Previously Ill Children/Staff**) to return to child care.
 - If **tested positive**, Peel Public Health will provide direction on when the child can return to child care.

Staff Who Display COVID-19-Related Symptoms While at Work

Any staff person who presents with symptoms of COVID-19 including fever, new or worsening cough or shortness of breath and other symptoms as described in the **COVID-19 Active Screening Form for Staff** must not return to the centre. If a staff person becomes ill while at the child care centre:

- Staff should isolate themselves as quickly as possible until they are able to leave the centre and wear a surgical-type or non-medical face mask covering the nose and mouth.
- COVID-19 testing will be required for any staff experiencing symptoms before returning to work. The Supervisor will provide the staff person with contact information for Peel Public Health for information on symptoms, getting tested and self-isolation.



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- Staff must remain off work and self-isolate for 14 days from the start of symptoms (unless tested negative). If the staff person tests negative, they should not return to work until free of symptoms for 48 hours.
- **If staff person tests negative for COVID-19**, and is free of symptoms for 48 hours, s/he must pass re-entry screening (refer to **COVID-19 Re-Entry Screening Form for Previously Ill Children/Staff**) to return to work.
- **If staff person tests positive**, Peel Public Health will provide direction on when s/he can return to work.

When a child or staff person becomes ill, the Supervisor will report the illness to:

- **Peel Public Health**
 - The Supervisor/Designate will contact Peel Public Health to notify them of a potential COVID-19 case and seek advice regarding the information that should be shared with staff and parents/guardians of children enrolled at the child care centre.
 - Other children and staff in the centre who had close contact with a child or staff person who became ill should be grouped together. Peel Public Health will provide any further direction on testing and isolation of close contacts.
 - Children or staff who have been identified as a close contact to a confirmed case of COVID-19 should be excluded from the child care setting for 14 days.
 - If the child care centre is located in a shared setting (e.g. in a school), follow Peel Public Health's advice on notifying others using the space of the suspected illness.
- **Ministry of Education**
 - Notify the Child Care Quality Assurance and Licensing Branch Regional Manager.
 - Follow the regular Serious Occurrence (SO) reporting requirements (including submitting a SO report in CCLS and posting the SO notification form). (See page 35 for Reporting Requirements)
- **Region of Peel Early Years and Child Care Services Division**
 - Notify Service System Manager that Serious Occurrence filed with the Ministry of Education by emailing: EarlyYearsSystemDivision@peelregion.ca.



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Instructions for a Child or Staff with Confirmed COVID-19 Illness

If the Supervisor/Designate is notified that a staff person or child has tested positive for COVID-19, the following steps will be taken:

- Continue to exclude the confirmed case from the centre until further notice.
- Supervisor will call Peel Public Health to discuss the situation and necessary measures to be taken. Public Health will provide advice and steps necessary to prevent a large outbreak.
- Provide Peel Public Health with the most current ***Illness Tracking Form***.
- Notify cleaning staff to increase cleaning and disinfection practices. Refer to the **General Sanitary Precautions and Physical Distancing Measures to Prevent the Spread of COVID-19 Policy**.
- Use a disinfectant with a Drug Identification Number (DIN), check expiry date, and follow manufacturer's instructions.
- If using bleach, for the appropriate concentration of bleach and water, refer to the **Disinfection Chart for Child Care Centres** found in **Appendix 1.6** of this document.
- In consultation with Peel Public Health, child care centres must consider a single, symptomatic, laboratory confirmed case of COVID-19 in a staff person or child as a confirmed COVID-19 outbreak. Outbreaks should be declared in collaboration between the centre and Peel Public Health.
- Consult with Peel Public Health to prepare and provide fact sheets and letters to parents/guardians and staff about the situation and the response measures taken by the child care centre.

Occupational Health and Safety for Staff

- When the Supervisor/Designate is notified that a staff person has tested positive for COVID-19, they should consult with Peel Public Health to determine when the staff can return to work. Staff should also report to their Employee Health/Occupational Health and Safety department prior to returning to work.
- If the staff person's illness is determined to be work-related – in accordance with the Occupational Health and Safety Act and its regulations – the Supervisor must provide a written notice within four days of being advised that the staff person has an occupational illness, including an occupationally-acquired infection, or if a claim has been made to the Workplace Safety and Insurance Board (WSIB) by



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or on behalf of the staff with respect to an occupational illness, including and occupational infection, to the:

- Ministry of Labour;
 - Joint health and safety committee (or health and safety representative); and
 - Trade union, if any.
- Any instances of occupationally acquired infection shall be reported to WSIB within 72 hours of receiving notification of the illness.
 - Child care centres should establish an infectious disease preparedness and response plan, which should consider and address levels of risk associated with the workplace and job tasks within the child care centre and any office staff. This includes how the child care centre will operate during and throughout the recovery phase following the pandemic including sanitization of the workplace, equipment and resources, how employees report illness, how to ensure social distancing and how work will be scheduled.

Refer to [Health and Safety Guidance during COVID-19 for Employers of Child Care Centres](#).

Closure of the Child Care Centre

The decision to close the child care centre will depend on several factors and will be determined on a case-by-case basis in consultation with Peel Public Health. Case scenarios could include, but are not limited to a case with an ill staff person with exposure to multiple children, or two or more cases within the child care centre.

Required Forms

- [Illness Tracking Form](#)



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Part 2: Resources for Licensed Child Care Centres



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Peel Public Health Contact Information

For Reports of Illness Contact: 905-799-7700, Caledon 905-584-2216

Call Centre Business Hours:

- **8:30 a.m. – 6:30 p.m., 7 days a week**, with after-hours coverage provided by an On-Call Nurse.
- **Please Note:** from 8:30 a.m. – 9:00 a.m. you may encounter a delay due to staff shift changes during this time.

When calling to report illness, please indicate that you are a **licensed child care centre**.

For Other Questions

For other public health-related questions about the COVID-19 Enhanced Health and Safety Protocols:

Contact: 905-791-7800, Toll-free: 1-888-919-7800

Business Hours: 8:30 a.m. – 4:30 p.m., Monday to Friday

COVID-19 Assessment Centres

For more information on COVID-19 Assessment Centres including testing criteria, hours of operation and procedures, please visit the Provincial website: <https://covid-19.ontario.ca/assessment-centre-locations/>

Please Note:

- Since the hours and testing criteria/eligibility of Assessment Centres may change, please contact the Assessment Centre or visit their website to confirm.
- Not all Assessment Centres will test babies/small children.
- **In Mississauga**, children **under the age of 8** can only be tested in the emergency departments at Mississauga Hospital and Credit Valley Hospital.
- **In Brampton and Caledon**, children **2 years of age or under** can only be tested in the emergency departments at Brampton Civic Hospital and Headwaters Health Care Centre.



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Mississauga

Trillium Health Partners Assessment Centres
Mississauga Hospital
Clinical Administrative Building
15 Bronte College Court
Mississauga, ON J4Y 0K7

Credit Valley Hospital
Valley House
2200 Erin Mills Parkway
Mississauga, ON L5M 7S4



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Submitting a Serious Occurrence

A Serious Occurrence is required to be submitted under the category **“suspected/confirmed case of COVID-19”** when:

One of the following individuals has a **confirmed** case of COVID-19 **OR** a **suspected** case involving the individual exhibiting **2 or more symptoms AND** the individual has been **tested**, or has indicated that they will be tested for COVID-19:

- a **child who receives child care** at a child care centre,
- a **parent of a child** or
- a **staff** member at a child care centre
- a **student** at a child care centre,

Ø Where a serious occurrence has been reported for a suspected case (as defined above) and the individual's test results are positive, licensees must update the original serious occurrence report submitted to add this information.

Ø Where a serious occurrence has been reported under this category and that report remains open in CCLS, should a second individual develop a suspected or confirmed case, licensees must update the existing/open serious occurrence report to add this information; i.e. new serious occurrence is NOT required to be submitted where there is an existing report that remains open. However, where a second individual develops a suspected or confirmed case and there is not an open serious occurrence report under this category, the licensee must submit a NEW report.

Ø Please note: should the entire child care, part of the child care (i.e. a program room) close due to a “confirmed or suspected case” (as defined above), a separate serious occurrence for an unplanned disruption of service is NOT required to be submitted. Licensees must include this information in the Serious Occurrence report and/or update the serious occurrence report when the closure occurs.



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A Serious Occurrence is required to be submitted under the category **“Unplanned Disruption of Service”**, with the sub-type of **“Other emergency relocation or temporary closure”** when:

The entire child care, part of the child care (i.e. one or some of the program rooms) closes for reasons that may be related to COVID-19 that do NOT include a confirmed or suspected case (as defined above). For example, where a program room closes due to an individual who is exhibiting only 1 symptom is being tested for COVID-19, a serious occurrence for an “unplanned disruption” would be reported.

Please note: A second serious occurrence under the category “suspected/confirmed case” is required to be reported should the incident develop into a “confirmed case” of COVID-19. The “unplanned disruption of service” serious occurrence will then be closed by the Program Advisor.

