

COVID-19

Additional Considerations for Before and After School Programs

Before and after school programs should follow the health and safety requirements set out by the Ontario Ministry of Education for core school program delivery as well as guidance provided by the school board and local public health.

It is crucial, when developing your program plans for this school year, to consult the [Before and After School Programs Kindergarten – Grade 6 POLICIES AND GUIDELINES FOR SCHOOL BOARDS FOR THE 2020-2021 SCHOOL YEAR](#).

Cohorting for Before and After School Programs and Groups

It may not be possible to limit before and after school program students to their groups from the core day. In circumstances where the students from different school day classes must interact to participate in the before and after school program, the following is recommended:

- Make best efforts to group the before and after school program class with the same core day class. (This requires co-operation between the school board and the care providers.)
- If maintaining core day groups isn't possible, children should be grouped by grade level and each group should have their own space.
 - JK/SK
 - Grades 1-3
 - Grades 4-8
- Make use of large, well ventilated spaces (gyms) or outdoor spaces as much as possible.
- Only one group should access the washroom at a time.
- Staff should only work with one cohort and at one location only.

If children are from the same school can we mix the age groups to create a new cohort?

The goal is to not create any new cohorts. It is crucial to group the before and after school program class with the same core day class. If maintaining core day groups isn't possible, children should be grouped by grade level and each group should have their own space. Groups should be: JK/SK, Grades 1-3, and Grades 4-8.

Can we allow children to share a child care space now (i.e. child A – Monday & Tuesday then child B on Thursday & Friday)? Does this apply to all age groups?

Part time children are permitted to attend on a part time basis and as with children attending full time, should be included in one group and not mix with other groups. This applies to all age groups.

In many programs we do not have the same children using before AND after care. It would be a small group that uses both. How do we handle that?

Children should be grouped based on their core day cohorts as much as possible. If maintaining core day groups isn't possible, children should be grouped by grade level and each group should have their own space. Groups should be: JK/SK, Grades 1-3, and Grades 4-8.

Are we still using the term 'cohort' as of September 1st? If yes, please clarify what a cohort means, including any requirements for staff in a cohort?

As of September 1, 2020, providers can return to their maximum group size. The term cohort describes each group as they would stay together and not intermingle with other groups/cohorts. Staff would not be included in the maximum group size; however they would still be assigned to a cohort.

Are we able to mix children in 2 different cohorts at any time of the day? If not, any exceptions for siblings?

Mixing cohorts should not happen at any point during the day. If the only children left to be picked up at the end of the day are one group of siblings they could be together; however they would have to be in a space that has been cleaned or outside.

Can children from different schools attend another school's school-age care on a PD day, Christmas break, etc.?

Combining students from different schools brings risk. If it is a service that needs to be offered operators should follow the [Ministry of Health's Day Camp Guidance](#).

How can we make our program safe for the children and staff when the children who will be attending our program go into several different classes throughout the day? For example, we have students from kindergarten, Grades 1 and 2 coming from different classrooms during the day.

Making best efforts to group the before and after school program group with the same core day class is helpful for a lower risk environment. If maintaining core day groups isn't possible, children should be grouped by grade level, and each group should have their own space. Groups should be: JK/SK, Grades 1-3, and Grades 4-8.

Screening

Consistent communication - between before and after school program providers and core day school staff - about the screening process and development of symptoms is important.

If a person does not pass screening, this does not need to be reported to public health.

Operators must maintain daily records of anyone entering the space and approximate length of stay. These records must be available upon request to aid contact tracing in the event of a confirmed COVID-19 case or outbreak.

Are there any changes to the screening process?

All individuals including children attending before and after school, staff, parents/guardians, and visitors must be screened each day before entering the program. An individual who has been screened for symptoms prior to the before school program does not need to be re-screened for the core day program. Similarly, an individual who has been screened prior to the before school program or core day program, does not need to be re-screened for the after school program.

If possible, daily screening should be done electronically (e.g., via online form, survey, or email) prior to arrival.

If students are screened at the school/program location, screeners should take appropriate precautions when screening and escorting students to the program, including maintaining a distance of at least 2 metres (6 feet) from those being screened, or being separated by a physical barrier (such as a plexiglass barrier).

If a 2-metre distance or a physical barrier is **not** available, PPE (i.e., medical mask and eye protection (i.e., face shield)) should be worn. Before and after school care program providers, should utilize the screening tool provided by the school board, in a manner consistent with the school requirements.

Does the screen include the same questions?

Before and after school care program providers, should utilize the screening tool provided by the school board, in a manner consistent with the school requirements.

What is the screening process for school-age children? If children have been screened at the before school program OR for school, do they need to be re-screened for after school program?

An individual screened for symptoms prior to the before school program would not need to be re-screened for the core day program. Similarly, an individual screened prior to the before school program or core day program, would not need to be re-screened for the after school program.

If someone in the child/staff's household has any of the listed symptoms are they required to stay home, and for how long? Is this the same for siblings when one sibling has symptoms?

If someone in the child or staff member's home has symptoms, everyone who lives in the household should be [self-monitoring](#). There is no need for them to self-isolate unless someone in the home has a positive test.

If a child presents to after school program with symptoms, who is responsible for isolating and contacting parents, the school or the child care provider?

Children do not need to be screened when coming from the core day of school. School personnel will be vigilant throughout the school day and will be visually monitoring all children for possible symptoms. Should a child become symptomatic during the school day, they would be isolated at school and parents would be called to come pick them up. Therefore it should be highly unlikely a child will present at afterschool programs with signs of illness. In the event a child becomes symptomatic after the school day has ended, the child care operators would be responsible for following their policies to isolate the child and contact parents for pick up.

Are there discussions of a system wide Lambton County online screening tool for all licensed child care?

Before and after school care program providers, should utilize the screening tool provided by the school board, in a manner consistent with the school requirements.

Cleaning and Disinfection

What is the enhanced cleaning that needs to be done for before and after school?

School boards are required to ensure that the classroom is cleaned and disinfected after the core day program ends and the before and after school program begins. Providers may consider scheduling outdoor play during the time cleaning and disinfecting takes place. It is recommended you follow your current cleaning protocols remembering that cleaning toys between cohort use is a must. Other items to remember include, checking expiry dates of cleaning and disinfectant products and following the manufacturer's instructions.

Operators should keep a cleaning and disinfecting log to track and demonstrate cleaning schedules. Before and after care providers should utilize the cleaning/disinfection solutions provided to them by the school board and in accordance with manufacturers recommendations.

Personal Protective Equipment

It is crucial to incorporate, perform and promote frequent hand hygiene within the before and after school program.

Do educators need to wear masks and eye protection at all times indoors? Same applies to children ages 9 and up?

All adults in a child care setting (i.e., child care staff, home child care providers, home child care visitors, and students) are required to wear medical masks and eye protection (i.e., face shield) while inside in the child care premises, including in hallways.

All children in grades 4 and above are required to wear a non-medical or cloth mask while inside in the child care premises, including in hallways.

Children JK to Grade 3 are encouraged, but not required, to wear a mask while inside in the child care premises, including in hallways.

The use of masks is not required for outdoor play for adults or children if physical distancing of 2 metres can be maintained between individuals.

Can goggles replace a face shield?

Staff are permitted to wear goggles in place of a face shield. It should be noted that the Ministry is only providing face shields, so goggles would need to be purchased by the operators.

Are staff required to wear medical masks or can they use homemade?

All adults in a child care setting (i.e. child care staff, home child care providers, home child care visitors, and students) are required to wear **medical masks and eye protection** (i.e. face shield) while inside in the child care premises, including in hallways.

Is there any documentation required for an educator or child unable to wear a mask due to health issues?

Not at this time. It should be documented on the operator's notes that they are exempt.

Do kitchen staff and supervisors have to wear a mask and face shield at all times?

All adults in a child care setting (i.e., child care staff, home child care providers, home child care visitors, and students) are required to wear medical masks and eye protection (i.e. face shield) while inside in the child care premises, including in hallways.

Must program staff wear a mask and face shield at all times?

All adults in a child care setting (i.e. child care staff, home child care providers, home child care visitors, and students) are required to wear medical masks and eye protection (i.e., face shield, goggles) **while inside in the child care premises, including in hallways**. Staff would be permitted to take their break outdoors and remove their PPE safely if they are 2 metres from any other people.

What do we do if a child refuses to keep a mask on during the child care program?

Reasonable exceptions to the requirement to wear masks are expected to be put in place by providers. Exceptions to wearing masks indoors could include circumstances where a physical distance of at least 2 metres can be maintained between individuals, situations where a child cannot tolerate wearing a mask, reasonable expectations for medical conditions, etc.

Meal Provisions

If meals or snacks are provided, ensure children have their own individual meal or snack and have the children sit in an arrangement that encourages physical distance. Food must **not** be shared or served buffet style.

Can children use their own labelled water bottles and eat food brought from home to school?

Children can use their own water bottle if it is kept at the child care location and washed daily. 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).

It might be easier to operate the school-age programs, spending as much time outside as possible. Will there be instructions on how to provide snacks safely outdoors, any useful snack food tips, etc.?

Visit [Health Canada's Summer Food Safety Tips](#) for information on keeping children safe from food poisoning when eating outdoors.

Food Provision

- Change meal practices 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 the children.
 - There should be no items shared (i.e., serving spoon).
- Food should not be provided by the family/outside of the regular meal provision of the program (except where required and special precautions for handling and serving the food must be put in place).
- Children should neither prepare nor provide food that will be shared with others.
- Ensure proper hand hygiene is practiced when staff are preparing food and for all individuals before and after eating.
- Where possible, children should practice physical distancing while eating.

- There should be no sharing of utensils.
- Ensure children are seated while eating.

Snack suggestions:

Vegetables and Fruit

- Unsweetened fruit cups or fruit sauces
- Baggies of raw veggies: mini carrots, cherry tomatoes, cucumber wheels, celery sticks, sweet pepper rings, broccoli or cauliflower crowns
- Raisins
- Melon, pineapple
- Whole fruit - apples, bananas, clementines, grapes, pears
- Sliced oranges

Whole Grains

- Whole grain crackers
- Whole grain bread sticks
- Whole grain bagels cut in quarters
- Whole grain bread
- Baggies of whole grain cereal (i.e. Cheerios, Shreddies)
- Whole grain tortilla
- Whole grain English muffin

Protein Foods

- Milk
- Yogurt cups, tubes
- Cheese, cheese strings
- Hummus
- Hard boiled, peeled egg

Spreads/dips/sauces - use in moderation

- Cream cheese
- Margarine
- Jam/jelly/honey
- Salad dressing (i.e. Mayo, Ranch)

STAFFING

Scheduling qualified staff in before and after school programs is very difficult under normal circumstances. Can we have different staff work in the before school program and the after school program? Are there any exceptions to mixing staff in different cohorts when we've exhausted all options and will have to close a program because of staff illness/absenteeism? If this is permitted, what are the PPE requirements?

Sharing staff is not recommended as it is not best practice; however, if operationally, there is no other choice and staff need to work in more than one cohort the following needs to take place:

- Documentation (every time) of the need to share staff and who has been shared
- Date sharing occurred
- Locations staff worked at
- Start and end time of crossover

If an outbreak occurs at one of the locations that shared staff works within, Lambton Public Health must be notified and all staff cross over must stop immediately.

Staff should don and doff PPE (mask and eye protection) appropriately when moving between spaces.

If staff are working in more than one cohort, are they able to interact with the children (be included in the child to staff ratios) or be the cleaner? What PPE would be required?

If staff must work in more than one cohort assigning them to a role within the second room that has little or no interaction with the children would be the best option. If they must interact with the children they need to don new PPE for each space and perform good hand hygiene.

Can a staff person be the screener and then work in a cohort when screening is complete?

Where possible, daily screening should be done electronically (e.g., via online form, survey, or email) prior to arrival. If an in-person screening station is needed; a staff person could fill the role of screener and then be assigned to a cohort. This staff person should wear full PPE while screening, doff their PPE and perform hand hygiene, and don new PPE before entering their assigned cohort.

How many cohorts can a supply staff work within one week? For a child care with multiple sites, can a supply staff work at one site one week and another next?

Staff should be limited to the least amount of sites possible to prevent spread. Assigning supply staff to a site for a period of time is beneficial. Supply staff should be on the attendance record for any cohort they work with.

Can supply staff work at more than one job? Can they work at more than one child care or also be on the school supply list?

Working at many different sites is not be recommended. The least amount of movement of staff lowers the risk of spread. If the staff person is working between a child care agency and a school board, they should consult each employer for their policy. If a staff person is working for more than one employer, it should be documented for contact tracing.

Can a before and after school staff cover a lunch in another room during the day?

If necessary, a staff person assigned to before and after school care could do lunch time coverage in another room, in the same building; however they should maintain a 2-metre distance from the children in the room.

Can a staff person work in the before and after school program and also do recess coverage for the school? Both of these assignments would be in the same school.

If both coverage assignments are in the same school the staff person could fulfill them. The staff person should practice physical distance during recess coverage and wear the appropriate PPE for the environment. There should be new PPE used for each environment.

Shared Spaces and Equipment

What are the procedures for using shared space in a school when it's been used for a designated cohort and then we bring children from 3 or 4 cohorts into this space?

School boards are required to ensure that the classroom is cleaned and disinfected after the core day program ends and the before and after school program begins. Providers may consider scheduling outdoor play during the time that the cleaning and disinfecting takes place.

What are the disinfecting requirements for school playgrounds when they are used for child care school age programs?

Play structures should only be used by one group at a time. There is limited evidence to support the cleaning and disinfecting of playground equipment; therefore, children would perform hand hygiene **before and after** using playground equipment.

What protocols need to be in place when sharing a classroom with another cohort? For example, sharing a kindergarten classroom with an after school program.

School boards are required to ensure that the classroom is cleaned and disinfected after the core day program ends and the before and after school program begins. Providers may consider scheduling outdoor play during the time that the cleaning and disinfecting takes place.

Before and after care providers, should refrain from using learning tools and materials belonging to the classroom teacher, and provide and utilize their own toys, supplies, equipment etc. These supplies should be stored in a separate area, and cleaned and disinfected as required. If toys, equipment (sports equipment, games etc.) are used among cohorts, they must be disinfected between cohort uses.

Case Management and Outbreaks

Will you be providing the steps to follow should a child in a school age program test positive for COVID-19?

If a child tests positive, follow up with Lambton Public Health as per protocols. All close contacts of the case, including members of the cohort (staff and children), must self-isolate and not return for 14 days from last exposure. The whole centre does not need to close unless the outbreak spreads to another room/cohort.