

COVID-19 RESPONSE

1. OVERVIEW

Upper Canada Child Care (UCCC) strives to protect the health and safety of children and employees at all times. During the current COVID-19 epidemic, heightened measures must be implemented in order to prevent institutional spread of the COVID-19 virus. This policy has been developed in accordance with the Ontario Ministry of Education: *Operational Guidance During COVID-19 Outbreak: Child Care Re-Opening (versions 1-4)* and *Before and After School Programs Kindergarten- Grade 6: Policies and Guidelines for School Boards for the 2020-2021 School Year* to support centres in reducing the chance of virus introduction and spread within their settings.

While the focus of this policy is on measures required to safely re-open our programs, every effort should continue to be made to provide welcoming and caring environments that are responsive to the social and emotional needs of the children in our care.

2. REVIEW

- 2.1 All staff and placement students must review this policy with centre supervisor prior to start of work. A written record of the review must be signed and dated by those participating in the review.
- 2.2 Records of reviews are to be kept on file for at least three years from the time of entry.

3. SCOPE

This policy applies to all staff/placement students at all centres, and is applicable until current COVID-19 restrictions are lifted and/or amended to reflect new advice at that time.

4. DEFINITIONS

4.1 Close Contact

For the purpose of this policy, a close contact is defined as an individual who has been within less than a two metre distance for over 15 minutes without the use of PPE, or who resides in the same home.

4.2 Cohort

For the purposes of this policy, a cohort is defined as a group of children and the staff members who take care of them, who stay together throughout the duration of the program for a minimum of seven consecutive days (one week).

4.3 Personal Protective Equipment (PPE)

Clothing or equipment worn by individuals designed to protect the wearer from injury or the spread of infection or illness.

4.4 Physical Distancing

Physical distancing refers to the practice of maintaining a minimum distance of two metres between subjects.

4.5 Special Needs Resources (SNR) Services

Refers to all individuals who provide services to children requiring additional supports in the childcare environment.

4.6 Essential Service Workers

Individuals employed in sectors deemed essential in the context of the COVID-19 pandemic to help provinces/territories, Indigenous communities, and municipalities protect their communities while maintaining the reliable operation of critical infrastructure services and functions to ensure the health, safety and economic well-being of the population.

5. RESPONSIBILITY

It is the individual and collective responsibility of all employees to follow strict precautions aimed at ensuring a safe and healthy environment for everyone.

- 5.1 Centre staff are responsible for following all measures outlined, and for reporting to their managers any breach of policy.
- 5.2 Supervisors are responsible for following all measures outlined, for reviewing and monitoring the implementation of the policy, and for responding promptly to incidents in which there is a breach of policy.

6. POLICY

- 6.1 This policy is intended to be used in conjunction with UCCC's *Sanitary Practices: Infection Prevention and Control Policy, 2020-03-02 v13.0*. In the event of a conflict between this policy and the *Sanitary Practices Policy*, this policy will prevail. Similarly, if there is conflict between this policy and any other existing UCCC policy, including the *Upper Canada Child Care Program Statement*, this policy will prevail.
- 6.2 Advice of the local Public Health Unit must be followed at all times; in the event of a conflict between this policy and advice of the local Public Health Unit, Public Health Unit guidelines will prevail.
- 6.3 **Cohort Grouping**
- 6.3.1 Each cohort group will have a maximum size based on the centre's current licensed capacity. Educators and placement students are not included in the maximum group numbers, but will be assigned to one specific cohort group as much as possible. Children attending on a part time basis must be included with one group and not mixed with any other cohort.
- 6.3.2 Each cohort group will have an assigned classroom and must remain together throughout the day, without mixing with other cohort groups, including staff.
- 6.3.3 Centre staff will avoid covering for staff in other cohort groups. Where this must happen, individuals must maintain physical distancing.
- 6.3.4 Cooks will only be permitted to fill in for program staff once kitchen duties are complete, and must be assigned a specific cohort group to support.
- 6.3.5 Where Director Approval has been granted, mixed age grouping is permitted as outlined in the CCEYA.
- 6.3.6 Reduced ratios are permitted as outlined in the CCEYA, provided that cohort groups are not mixed together. Reduced ratios are not permitted for infant programs at any time.
- 6.3.7 Maximum cohort group capacity rules do not apply to Special Needs Resource (SNR) staff on site, however SNR staff should be assigned to a single cohort group. If SNR staff must support in two separate rooms, physical distancing must be maintained.
- 6.3.8 Where possible, supply staff will be assigned a single cohort group throughout the span of one week.
- 6.3.9 Supervisors, assistant supervisors, designates, cooks and all other non-program staff will limit their movement between rooms, doing so only when absolutely necessary. Where it is necessary for these individuals to be in a classroom, they will maintain physical distancing.
- 6.3.10 Staff may leave the centre for their lunch breaks, however, must practice physical distancing and/or wear a mask when they are out. Hands must be immediately cleaned when re-entering the centre.
- 6.3.11 In the event that any individual must cover for teacher absence in a cohort to which they are not regularly assigned, this should be documented in the classroom log. Information should include the individual's name and timeframe spent with the cohort.
- 6.4 **Staffing**
- 6.4.1 Supervisors will ensure that each classroom has the required number of qualified staff, as set out by the CCEYA.
- 6.4.2 Where necessary, supervisors should apply for Director Approval for unqualified staff with appropriate education and experience. Director Approvals can be requested for multiple age groups, and existing approvals can be transferred from one UCCC location to another where necessary.
- 6.4.3 Staff should work at only one child care location, including non-UCCC centres. Where a staff member must transfer between UCCC locations due to unforeseen circumstances, the centre supervisor will consult with their local Public Health Authority for guidance.
- 6.4.4 Program staff must continue to have valid certification in Standard First Aid, including Infant Child CPR. All certifications that have expired after March 1, 2020 have been automatically temporarily extended by WSIB; deadline details are made available at <https://www.wsib.ca/en/firstaid>
- 6.4.5 Centre supervisors must have a current copy (within five years) of a VSC for all staff and other persons interacting with children at the centre. If an individual is unable to obtain a current VSC due to processing delays, the centre supervisor must ensure that the individual has applied for a VSC, and must put into place a supervision plan as outlined in the *Criminal Reference Check/Vulnerable Sector Check Policy 2020-07-07 v23.0*.

6.5 Visitors

- 6.5.1 Only essential visitors will be admitted into the program. This includes, but is not limited to: municipal and licensing inspectors, food delivery services, maintenance workers etc.
- 6.5.2 Post-secondary placement students are permitted, however must be assigned to one child care centre and one cohort group.
- 6.5.3 Students will be subject to the same health and safety protocols as employees, such as screening and the use of PPE, and must review all health and safety protocols.
- 6.5.4 The provision of special needs support will be allowed to continue, and it is up to the centre supervisor and/or director to determine if services provided are essential and necessary at this time.
- 6.5.5 Telephone and video interviews should be used where possible to interact with families and others, rather than in person meetings.
- 6.5.6 Large gatherings (e.g. parent BBQs, concerts etc.) will not be held.
- 6.5.7 No volunteers will be permitted.

6.6 Cleaning and Disinfecting

It is not yet known how long the virus causing COVID-19 lives on surfaces, but early evidence suggests it can live on objects and surfaces from a few hours to days. Regular cleaning and disinfecting of objects and high-touch surfaces is critically important to help prevent the transmission of viruses from contaminated objects and surfaces.

All centres will follow cleaning and disinfecting guidelines as described in UCCC's *Sanitary Practices: Infection Prevention and Control Policy, 2020-03-02 v13.0*, according to outbreak requirements and with a number of enhanced procedures.

6.6.1 Cleaning and Disinfecting Procedures

6.6.1.1 Follow a two-step method to clean and disinfect:

1. Clean:
 - Use detergent, warm water, and scrub brushes/paper towels/cloths to clean visibly soiled surfaces. Cloths may be reused if they are laundered after each use.
 - Rinse surfaces with clean warm water to remove all detergent and remaining dirt.
 - Allow surfaces to dry prior to disinfecting to prevent the dilution of disinfectant solution.
2. Disinfect:
 - Use personal protective equipment (gloves and masks as necessary) when handling disinfectants.
 - Prepare disinfecting solutions daily according to the *Preparing Disinfecting Solutions* posting, use test strips to ensure proper concentrations, and transfer disinfecting solutions into labelled squirt bottles for surface cleaning.
 - **If using bleach, for the purposes of COVID-19, a 1000 ppm bleach/water solution should be used.**
 - Squirt or wipe on disinfectant solution and leave on the surface for the appropriate disinfecting contact time according to *Preparing Disinfecting Solutions* (noting that the surface should remain wet for the full contact time).
 - If the surface dries, staff will reapply disinfectant solution.
 - Wipe the surface dry with a paper towel or a dry clean cloth once the contact time has elapsed.

6.6.1.2 Use only disinfectants with a Drug Identification Number (DIN), unless using bleach. Follow the manufacturer's instructions, and ensure the product is not expired.

6.6.2 Environmental Cleaning

- 6.6.2.1 Frequently touched surfaces must be cleaned and disinfected at least twice a day, and as otherwise necessary. These include, but are not limited to door knobs, light switches, chairs, electronic devices, water fountains, entry keypad, gate latches, etc.
- 6.6.2.2 Low touch surfaces, such as window sills, sides of furnishing, doors etc., must be disinfected daily.
- 6.6.2.3 Cots and cribs must be cleaned and disinfected after each use.

- 6.6.2.4 Shared items, such as phones, tablets, binders, brooms etc. must be cleaned and disinfected after each use.
 - 6.6.2.5 High-touch electronic devices (e.g. keyboards, tablets, and smartboards) must be cleaned with 70% alcohol (i.e. alcohol prep wipes). Staff will ensure the wipe makes contact with the surface for one minute for disinfection.
 - 6.6.2.6 High traffic areas, such as cubbies and hallways where children congregate during transitions will be cleaned and disinfected twice a day.
 - 6.6.2.7 Bathrooms (toilets, potties, sinks, counters and taps) will be cleaned and disinfected after each cohort use. Only one cohort group should access shared washrooms at a time.
 - 6.6.2.8 Staff washrooms will be cleaned and disinfected after each use.
 - 6.6.2.9 Tables, countertops, and high chairs that are used for food service must be cleaned and disinfected before and after food is served, and at any other time as necessary.
 - 6.6.2.10 Garbage cans should be easily accessible, lined with plastic, and emptied regularly.
 - 6.6.2.11 Toys and equipment must be cleaned and disinfected at least once per day and as often as necessary. Mouthed toys will be removed from the play area immediately, and will be cleaned prior to their return. It is encouraged that each cohort group has their own supply of equipment, however toys that are rotated between groups will be cleaned and disinfected between each use by separate cohort groups.
 - 6.6.2.12 Toys and equipment that are made of materials that are difficult to clean and disinfect will be removed from the play area. These include plush toys, dress up clothes, books, cardboard puzzles etc.
 - 6.6.2.13 Sensory materials, and loose parts that cannot be easily cleaned, must be assigned to individual use. They may be used throughout the day by placing them in a bag labelled with the child's name in between use, and discarded at the end of each day. Individual sensory bins must be cleaned and disinfected between uses.
 - 6.6.2.14 Open art shelves will be made inaccessible. Educators will provide art materials to children for individual use upon request, or will set out materials for individual use according to program plan.
 - 6.6.2.15 Outdoor toys and playground structures must be cleaned and disinfected after use by an individual cohort group. Only on-site playground structures may be used.
 - 6.6.2.16 Cleaning must be done according to the schedule outlined in *COVID-19 Cleaning and Disinfecting Guidelines*. Records of all cleaning and disinfecting must be kept on the appropriate cleaning and disinfecting logs: *COVID-19 Classroom Cleaning and Disinfecting Log*, *COVID-19 Kitchen Cleaning and Disinfecting Log*, *COVID-19 Washroom Cleaning and Disinfecting Log*.
 - 6.6.2.17 Existing practices will be reviewed on an ongoing basis to determine where enhancements might be required, including frequency and time of cleaning and disinfecting, areas to be cleaned and/or disinfected, child safety, staffing, signage and use of PPE.
 - 6.6.2.18 Centre supervisors will make arrangements with school principals to establish coordinated enhanced cleaning and disinfecting practices for shared spaces upon the resumption of school.
- 6.6.3 Laundry**
- 6.6.3.1 Linens, towels, and washcloths must not be shared between children, and must be laundered daily.
 - 6.6.3.2 Washing will be done with regular laundry soap and hot water (60°C - 90°C) and laundry will be dried thoroughly.
 - 6.6.3.3 Staff must clean and disinfect laundry hampers, or wash laundry bags that come into contact with heavily soiled laundry.
 - 6.6.3.4 Gowns should not be shared between staff, and should be laundered daily or immediately after supervising a symptomatic child.
 - 6.6.3.5 Laundry duties should be assigned to one to two staff members weekly to limit the number of individuals using laundry facilities. Surfaces in the laundry room must be cleaned and disinfected between uses by individual employees.
 - 6.6.3.6 Clothing and linen from an unwell/infected child can be washed with other laundry. Linens and children's clothing soiled with fecal material should be washed separately. Laundry

should be handled in a manner that minimizes possible spread of infection. Full PPE (gown, gloves, mask, and eye protection) will be used when handling laundry from an unwell child.

6.7 Use of Masks and Personal Protective Equipment (PPE)

- 6.7.1** A supply of the following PPE that can support current and ongoing operations will be maintained at all centres:
- Medical masks
 - Eye protection: face shields or goggles
 - Lab coats
 - Gloves
- 6.7.2** All staff and placement students will be trained on the proper use of PPE, including how to put on, remove and discard.
- 6.7.3** All staff and placement students will be required to wear medical face masks and eye protection, in the form of a face shield or goggles, while inside the centre. All other adults (i.e. parents/guardians, visitors) will be required to wear a face covering or non-medical mask.
- 6.7.4** All students Kindergarten age and up will be required to wear cloth masks while inside the centre. Masks are to be provided by parents, along with a method to store them when not in use (e.g. ziplock bag). Parents may choose to provide a medical mask for their child.
- 6.7.5** All toddler/preschool children aged two and up will be encouraged but not required to wear cloth masks while inside the centre.
- 6.7.6** The use of masks is not required outdoors **only if physical distancing can be maintained between individuals**. Masks must be worn outdoors if individuals are not able to maintain a distance of two metres from one another.
- 6.7.7** Full PPE (masks, face shields, gowns and gloves) will be used in the following circumstances:
- When taking care of a symptomatic child prior to their pick-up
 - When coming into contact with bodily fluids, if there is a risk of splashing
 - When laundering the linens, and cleaning the classroom/isolation room of a child who becomes symptomatic during the day
- 6.7.8** Masks are not recommended in general for children under the age of two years.
- 6.7.9** Masks must be changed when they become wet or visibly soiled.
- 6.7.10** Supervisors will consider ways to support staff lunch breaks, and provide mask breaks where necessary in a safe manner (i.e. in a space that allows for adequate social distancing).
- 6.7.11** It is recognized that in rare cases, some children and adults will not be able to wear masks due to a variety of reasons.
- 6.7.11.1** Exemptions to the requirements to wear masks will be made for circumstances where a child or adult cannot tolerate wearing a mask due to medical, physiological, or developmental reasons.
- 6.7.11.2** Requests for exemptions to wearing masks (and/or face shields) must be provided in writing.
- 6.7.11.3** Centre supervisors will ensure that children and staff are supported to wear masks to the greatest extent possible. Supervisors may discuss with a staff member or a child's parents, in consultation with the individual's health care provider, whether alternate face coverings might work.

6.8 Food Preparation and Provision

- 6.8.1** Food handlers must be in good health and practice proper hand hygiene and respiratory etiquette.
- 6.8.2** Food handlers will maintain compliance with *Ontario Regulation 493/17 Food Premises*.
- 6.8.3** Only one staff may be in the kitchen at a time. A staff member will be assigned to support with kitchen duties during the time the centre cook is not on shift. In the event that more than one individual must be in the kitchen at any given time, physical distancing will be maintained and medical masks will be worn.
- 6.8.4** Meal and snack trolleys will be delivered to, and left outside classrooms for staff to access.
- 6.8.5** No outside food will be accepted, except where required and special precautions for handling and serving the food are put in place. Bagged lunches must be packed in a manner that does not require staff to handle items.

- 6.8.6 Self-serve practices will be discontinued. Meals and snacks will be served in individual portions to the children, and there should be no shared items, such as utensils, available. If food is provided family style, educators must serve all items.
- 6.8.7 No cooking or food preparation activities will be conducted with the children.
- 6.8.8 Children and educators must practice proper hand hygiene before and after eating.
- 6.8.9 Where possible, children should practice social distancing while eating.
- 6.8.10 Centre cook must wear appropriate PPE (gloves, gown, and mask) while handling dirty dishes.
- 6.8.11 Food suppliers will be limited. Cooks and staff will not go grocery shopping for the centre unless necessary.

6.9 Hand Hygiene and Respiratory Etiquette

- 6.9.1 Handwashing with soap and water is the preferred method for cleaning hands. Additional hand hygiene opportunities will be incorporated into the daily schedule. All individuals must clean their hands upon entering the facility, and after touching, eating, or preparing food. Individuals must wash hands after using bathroom, returning from playing outside and sneezing/coughing into hands, and when hands are visibly soiled.
- 6.9.2 Educators will teach and role model proper handwashing procedures for the children, will encourage these in a fun and relaxed way, and will supervise and assist children as necessary.
- 6.9.3 When there is no access to soap and water alcohol based hand sanitizer (ABHR) containing a minimum of 60-90% alcohol solution can be used, however this will not be effective if hands are visibly soiled. Children must be supervised when using ABHR. To ensure proper use, staff will follow the manufacturer's directions.
- 6.9.4 All individuals will follow proper cough and sneeze etiquette. Individuals should cough or sneeze into a sleeve or cover their mouth and nose with a tissue and throw the tissue out immediately. All individuals will wash hands afterwards.
- 6.9.5 Individuals should avoid touching eyes, nose, and mouth with unwashed hands. Children should be frequently reminded and encouraged to avoid touching their faces.
- 6.9.6 Employees will ensure supplies of hand soap, paper towels, hand sanitizer, tissues and lined garbage receptacles are available and easily accessible, and available postings are in place.

6.10 Screening

- 6.10.1 Staff, students, and parents will be reminded that they must not attend the child care centre when they are ill, and that they should report any symptoms associated with COVID-19 to the centre supervisor. Parents of ill children and staff who are ill will be encouraged to seek COVID-19 testing, or to seek medical assessment from their primary care provider if an alternate diagnosis is suspected.
- 6.10.2 All individuals must be screened prior to entering the child care centre. This includes, but is not limited to, centre staff, placement students, children, maintenance staff, food delivery services, contracted cleaning staff, Inclusion Support staff, caterers and government agency employees (e.g. Ministry of Education Program Advisors, Public Health inspectors, fire inspectors).
 - 6.10.2.1 Parents will be responsible for screening their children daily prior to arrival, and will be directed to use the Provincial MOH screening tool for children at [COVID-19 school and child care screening](#). Screening must include a temperature check conducted at home.
 - 6.10.2.2 Staff, placement students and visitors will be directed to use the Provincial MOH screening tool for employee or visitor at [COVID-19 school and child care screening](#). Screening must include a temperature check of the individual attending the centre prior to arrival.
 - 6.10.2.3 Screening results for all children, staff, visitors and placement students must be validated with the centre screener upon arrival, and confirmation will be logged on the appropriate *COVID-19 Screening Documentation* form. Validation may be provided in one of the following ways:
 - Verbal confirmation will be given that screening has been conducted and that the individual has passed.
 - Individuals will provide email verification that they have completed and passed an online screen. (This method of validation will be required for children attending the program after-school only.)
 - 6.10.2.4 In the event that screening has not been completed in advance, active (in-person) screening will be conducted upon arrival, and prior to entering the child care centre, including a

temperature check. Screening staff will use the relevant Provincial MOH online screening tool at [COVID-19 school and child care screening](#).

- 6.10.2.5** Individuals who do not pass the screening process are not permitted to attend the program and must remain at home, following the guidelines provided by the SMDHU.
 - 6.10.2.6** Parents must complete a *SMDHU COVID-19 Attestation Form for Return to School, Child Care or Sport/Recreation* form prior to return to care after absence due to COVID-19 related symptoms. Doctor's notes will not be required for return.
 - 6.10.2.7** An ill individual who has a known alternative diagnosis provided by a health care provider may return to the centre if they do not have a fever and their symptoms have been improving for at least 24 hours.
 - 6.10.2.8** In the absence of an alternative diagnosis, if parents choose not to take their child for testing, they will be required to remain away from the centre for 10 days from on-set of symptoms, AND have symptoms improving for at least 24 hours and be free of fever (without using medication), before returning to school.
- 6.10.3** A *Screening Documentation Form* will be maintained to record confirmation of screening and temperature readings. Records will be kept on site for two months from date of screening.
 - 6.10.4** A healthy child check will be conducted on school-age and kindergarten children returning from core day programs.
 - 6.10.5** Parents and guardians will be advised of screening requirements prior to enrollment, and through visible signage at all entrances.
 - 6.10.6** An entrance to the centre will be designated as the drop-off and pick-up location, and a screening/reception station will be set up at this entrance.
 - 6.10.7** Screening staff must wear a medical face mask and eye protection, and maintain a social distance of two metres (six feet) to the best of their abilities.
 - 6.10.8** Screening stations must be equipped with 60-90% alcohol based hand sanitizer (to be kept out of reach of children), thermometer, single-use covers (where appropriate), and cleaning and disinfecting materials. Thermometers must be covered with single-use protective covers, or cleaned and disinfected with a disinfectant wipe before re-use.
 - 6.10.9** Visual marking cues (e.g. tape, pylons) should be placed two metres apart leading to screening station to promote social distancing while families wait to be screened.
 - 6.10.10** Supervisors will arrange staggered drop-off and pick-up times for children to support physical distancing through these transitions.
 - 6.10.11** Unless it is necessary to support the individual needs of a child, parents will not be permitted to enter the centre. A staff member will escort the child to their classroom once they have passed the screening process.
 - 6.10.12** Staff, placement students, and children will be monitored for symptoms of ill health throughout the day.
 - 6.10.13** Individuals who develop symptoms of ill health within 14 days of attending the centre will be required to report those symptoms to the centre.

6.11 Attendance Records

- 6.11.1** In addition to daily classroom attendance logs, centres will maintain attendance records of all individuals entering the child care centre. This includes, but is not limited to, centre staff, placement students, children, maintenance staff, food delivery services, contracted cleaning staff, Inclusion Support staff, caterers and government agency employees (e.g. Ministry of Health Program Advisors, Public Health inspectors, fire inspectors).
 - 6.11.1.1** Records for staff and visitors are maintained on the form: *COVID-19 Screening Documentation-Staff/Visitors*, and will include: name, date, and time of arrival/departure, reason for visit, rooms/areas visited, contact information (for visitors), confirmation of screening pass and temperature check results.
 - 6.11.1.2** Records for children are maintained on the form: *COVID-19 Screening Documentation-Children*, and will include: name, date, confirmation of screening pass and temperature check results.
- 6.11.2** Records must be kept up-to-date and available on site to facilitate contact tracing in the event of a COVID-19 outbreak.

- 6.11.3 Centre staff will follow-up with all individuals, including visitors, to determine the reason for any unplanned absences, and determine if the absence is due to illness to note any symptoms (e.g. fever, sore throat, cough).
- 6.11.4 Non-essential visitors will not be permitted access to the child care centre.
- 6.11.5 Attendance records will be monitored for patterns or trends (e.g. children and child care staff in the same group or cohort absent at the same time or over the course of a few days).
- 6.11.6 Attendance records will be kept on site for a period of 1 (one) year.
- 6.12 **Environmental Set-Up and Physical Distancing**
 - 6.12.1 It is recognized that physical distancing between children in a child care setting is difficult, and that it is critically important to maintain a warm and caring environment for children. Physical distancing should be encouraged, but should not compromise supervision, or a child's physical or emotional safety.
 - 6.12.2 When setting up environments and transitions, physical distancing of at least two metres must be maintained between cohort groups, and should be encouraged, where possible, between children and staff of the same group. Strategies should be employed to encourage physical distancing among members of the same group, including:
 - spreading children out into different areas, particularly during meal and dressing times
 - staggering or alternating routines, including meals and snacks
 - incorporating more individual activities, or those that encourage more space between children
 - using visual cues to promote physical distancing: markings on floors, tables and walls
 - avoiding planning activities that involve sharing toys and materials
 - decluttering spaces by removing/rotating materials, and extra chairs/furniture where possible
 - reminding children not to touch one another (e.g. encourage greetings other than hugs, hand touching etc.)
 - incorporating games and activities that support children's understanding of physical distancing (e.g. have children spread their arms out and spin slowly in a circle while avoiding touching their friends)
 - moving activities outdoors, including meal and snack times, as much as possible to allow for more space
 - increasing distance between sleeping equipment and placing cots head to toe
 - avoiding activities involving singing, shouting or speaking loudly indoors
 - 6.12.3 Each cohort group will have their own assigned indoor space, separated by other groups by a physical barrier to reduce the spread of respiratory droplets, and to reinforce physical distancing. If the assigned spaces are not divided by full walls and doors, a temporary physical barrier should be erected that is a minimum of eight feet high, starting from the floor, and is as wide as the space/room will allow. Each group must have a separate entrance to their individual space.
 - 6.12.4 Children and staff should not be engaged in moderate to vigorous physical activity indoors. Gymnasiums should only be used for moderate activity where physical distancing measures and current masking protocols for children and program staff can be followed. When moderate to vigorous physical activity takes place outdoors, children and staff should maintain physical distancing. Masks should not be worn for high intensity activity.
 - 6.12.5 When using common spaces, such as entrances, hallways and washrooms adjacent to classrooms, physical distancing of at least two metres must be maintained between cohort groups. Visual cues should be utilized to support traffic flow and to block off use of play space accordingly.
 - 6.12.6 In shared outdoor space, cohort groups must maintain two metre physical distancing between one another. Educators should consider, where possible, establishing visual markers (e.g. pylons) between cohort group play spaces.
 - 6.12.7 If cohort groups are not able to maintain physical distancing between each other in the playground, centres should stagger use of the playground between cohort groups, or utilize alternate outdoor locations such as school fields, community walks etc.
 - 6.12.8 Shared spaces and structures that cannot be cleaned in between cohort groups should not be used.
 - 6.12.9 Staff will limit the number and types of personal items that can be brought into the child care setting to necessary items only (i.e. no toys, books, etc.). All personal belongings should be labelled to avoid inadvertent sharing. Where possible, cubbies should be spread out, using every other cubby or more.

- 6.12.10** Children must use their own personal sunscreen and other skin care products. Staff will help children to apply where necessary, will wear gloves and non-medical masks, and practice proper handwashing between interactions with children.
- 6.12.11** Educators must practice physical distancing in common areas of the childcare centre, including hallways, staff rooms, storage rooms etc., and must not congregate to talk or eat. Staff should communicate with one another using centre phones, walkie talkies, and where necessary, personal cell phones. Physical distancing must be practiced when in person conversations are necessary.
- 6.13 Interactions with Infants and Toddlers**
- 6.13.1** Supporting physical distancing with infants and toddlers can be encouraged by:
- Planning activities that do not involve shared toys: ensuring that there are multiples of specific toys available (e.g. dolls, trucks etc.)
 - When possible, moving activities outside to allow for more space
- 6.13.2** Where possible, staff will place children in alternating cribs for naps; staff will mark cribs that should not be used.
- 6.13.3** Food and personal items must not be shared; label all items, such as bottles, pacifiers, sippy cups etc. with the child's name. These items should remain at the centre, and the staff will take responsibility for cleaning and disinfecting.
- 6.13.4** Staff should continue to feed bottles and solids to infants who are not able to do so themselves.
- 6.13.5** Personal strollers and wagons must be left in a designated space outside of the centre, which is away from children's play spaces and high traffic areas.
- 6.14 Management of Ill Staff, Placement Students, and Children**
- 6.14.1** Any individual who is symptomatic, does not pass screening, or has been advised to self-isolate by a Public Health Unit, must not be permitted to attend the centre.
- 6.14.2** Staff, students, and children will be monitored closely throughout the day for signs or symptoms of illness. If an individual develops any new or worsening COVID-19 related symptom while in the child care centre, they must be immediately separated from others.
- 6.14.3** Staff and placement students who develop any new or worsening COVID-19 related symptom while at the child care centre will be sent home immediately, advised to use the Provincial MOH online screening tool at [COVID-19 school and child care screening](#) and follow instructions which may include seeking medical advice or going for COVID-19 testing.
- 6.14.4** If a child develops any new or worsening COVID-19 related symptom while in program, they will be isolated until a family member or emergency contact can pick them up. Parents will be notified immediately, and asked to pick up the child as soon as possible. Parents will be advised to use the Provincial MOH online screening tool at [COVID-19 school and child care screening](#) and follow instructions which may include seeking medical advice or going for COVID-19 testing. Non-symptomatic siblings of an ill child must also be picked up and remain at home following Public Health guidelines. (Centres should consult with SMDHU to confirm as this may change according to evolving circumstances).
- 6.14.5** Where possible, an ill child will be isolated in a separate room. If this is not available, they must be kept a minimum of two metres from others. The designated room or space in which the child is isolated must have soap and running water, or have 60-90% alcohol based hand sanitizer available.
- 6.14.6** The symptomatic person should be provided tissues and reminded of respiratory etiquette and proper disposal of tissues.
- 6.14.7** Doors and/or windows should be opened to increase air circulation, if it can be done so safely.
- 6.14.8** If the ill person is a child, a staff will remain with the child until the parent or guardian picks them up.
- 6.14.9** Children above the age of two should wear a mask, if tolerated and it can be worn properly.
- 6.14.10** The staff member supervising the child will wear a medical face mask, gown and eye protection and maintain physical distancing of two metres from the child as much as possible. The staff member should avoid contact with respiratory secretions and perform meticulous hand hygiene. If appropriate PPE is not available, staff providing direct care for the ill child may need to self isolate for 14 days, and must seek direction from SMDHU.
- 6.14.11** Once the child has been removed from classroom, all high touch surfaces and toys will need to be cleaned and disinfected with outbreak-level disinfectant. Remaining children in the room should perform hand hygiene. Items that cannot be laundered or cleaned and disinfected (e.g. books, puzzles, paper) should be removed and stored in a sealed container for a minimum of seven days.

- 6.14.12 Once the child has been taken home, all surfaces in the isolation area within two metres of the ill child should be cleaned and disinfected with outbreak level disinfectant, as well as items used by the child. All linens used by the child should be laundered, and soiled clothing sealed in a plastic bag and sent home.
- 6.14.13 Those areas which an ill individual has been in briefly (e.g. hallways, rooms that the individual has passed through) should be cleaned, but do not require disinfecting. Washrooms used by the individual must be cleaned and disinfected.
- 6.14.14 Disposable cleaning materials (e.g. wipes, paper towels) should be used. If these are not available, cleaning materials (clothes etc.) should be laundered after use.
- 6.14.15 Child care staff, students, and children who have been exposed to an individual who became ill with symptoms (i.e. suspected COVID-19 case) may remain at the centre but must continue to be grouped together (i.e. cohorted) and monitored for signs and symptoms of illness.
- 6.14.16 Immediate notification to SMDHU is required where there is sufficient concern that any attendee, staff, or placement student may have COVID-19 (i.e. centre has been informed of an individual with a positive diagnosis). Centre supervisor will record the illness on the *COVID-19 Surveillance List*. Individual reports of illness will be reported to SMDHU using the *COVID-19 Child Care Reporting Form*.
- 6.14.17 SMDHU will clearly communicate testing recommendations when a case is identified or outbreak is declared. Supervisor will follow Public Health guidance regarding communication with centre families and school personnel.
- 6.14.18 Management of an individual case/outbreak in a child care centre will be based on an individual risk assessment by SMDHU at the time, and informed by the Ministry of Health COVID-19 Guidance: School Outbreak Management. Control measures could include:
 - 6.14.18.1 identification and exclusion (if applicable) of contacts
 - 6.14.18.2 exclusion of case cohorts (e.g. classroom) or multiple cohorts as needed for various lengths of time
 - 6.14.18.3 recommendations for increasing environmental cleaning and further limiting activities
 - 6.14.18.4 recommendations for testing contacts (staff and children), including those with no symptoms
 - 6.14.18.5 enhanced surveillance recommendations
- 6.15 **Case and Outbreak Management**
 - 6.15.1 For the purposes of COVID-19, an outbreak will be declared when within a 14-day period, there are two or more laboratory confirmed COVID-19 cases in children, staff, or other visitors with an epidemiological link (i.e. cases within the same cohort group) where at least one case could have reasonably acquired their infection in the child care centre. In the event of an outbreak, the centre supervisor will follow all Public Health directions.
 - 6.15.2 Upon notification that an individual who has attended the centre has been diagnosed with COVID-19, or where there are multiple ill individuals within a cohort, the supervisor should report this immediately to SMDHU.
 - 6.15.3 SMDHU will manage individual and case outbreaks, including providing direction on communication with staff, visitors and families.
 - 6.15.4 Management of an individual case/outbreak in a child care centre will be based on an individual risk assessment by SMDHU at the time, and informed by the Ministry of Health COVID-19 Guidance: School Outbreak Management. Control measures could include:
 - 6.15.4.1 identification and exclusion (if applicable) of contacts
 - 6.15.4.2 exclusion of case cohorts (e.g. classroom) or multiple cohorts as needed for various lengths of time
 - 6.15.4.3 recommendations for increasing environmental cleaning and further limiting activities
 - 6.15.4.4 recommendations for testing contacts (staff and children), including those with no symptoms
 - 6.15.4.5 enhanced surveillance recommendations
- 6.16 **Serious Occurrence Reporting**
 - 6.16.1 Where a child, staff, or placement student is confirmed to have COVID-19, a Serious Occurrence Report will be submitted. Details provided will include measures taken, including voluntary room or centre closures pending Public Health follow up.

- 6.16.2** Where there is a Public Health closure order, due to suspected or confirmed COVID-19, a Serious Occurrence Report will be submitted.
- 6.16.3** Serious Occurrence reports will be completed following the most current Ministry of Education guidelines provided for *Submitting and Revising a Serious Occurrence Report for Confirmed Cases of COVID-19 and Public Health Directed Closures*.
- 6.16.4** A Serious Occurrence Notification Report will be posted, unless otherwise directed by SMDHU.
- 6.17 Prioritizing Access**
- 6.17.1** Where need for care exceeds the limited capacity of a centre, the following circumstances will be considered to establish priority for placement:
- Returning children previously served through emergency care
 - Essential service workers who had not previously accessed emergency care
 - Families where all caregivers must return to work and work outside of the home
 - Families with special circumstances that would benefit from children returning to care (i.e. special needs)
 - Other unique circumstances
- 6.17.2** A needs survey will be conducted of all families to identify who requires care, and when. A follow up prioritization survey will be conducted if it is determined that needs exceed availability. Demand for care will be assessed on an on-going basis as the COVID-19 outbreak and operational advice evolves.
- 6.18 Communication with Schools**
Centre supervisors will meet with school principals prior to school start to determine appropriate co-ordination of the following:
- Classroom locations
 - Communication procedures in the event of symptomatic children
 - Transitions to and from care
 - Alternate spaces for inclement weather
 - Cleaning routines
- 6.19 Communication with Parents**
- 6.19.1** This policy will be provided to each family prior to the resumption of care for their child(ren), along with further written communication outlining screening procedures, daily routines, exclusionary guidelines for ill staff, placement students, and children, etc.
- 6.19.2** Parents will be notified by email of any confirmed cases or centre outbreaks of COVID-19, and will be provided with electronic copies of all supporting communication issued by the Simcoe Muskoka District Health Unit.
- 6.19.3** Unless necessary, in-person communication will be limited.

7. ENFORCEMENT

An employee found to have violated this policy may be subject to disciplinary action, up to and including termination of employment.

8. SUPPORTING DOCUMENTS

Ontario Ministry of Health: *COVID-19 Guidance: Emergency Childcare Centres V2*

Public Services Health and Safety Association: *Health and Safety Guidance During COVID-19 for Employers of Child Care*

Simcoe Muskoka District Health Unit:

- *SMDHU Guidance My Child Did Not Pass the COVID-19 Daily Screening. Now What?*
- *Protocol When Student/Staff Tests Positive for COVID-19*
- *COVID-19 Return to School or Child Care: Protocol for Employees/Visitors*
- *SMDHU: COVID-19 Supplemental Guidance Document For School / Child Care Settings*
- *SMDHU COVID-19 Attestation Form For Return To School, Child Care or Sport/Recreation*
- *When COVID-19 Symptoms Develop at School or Child Care*