

## 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 pandemic, 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 1-6)* 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 10 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 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.
- 6.4 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>
- 6.5 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, cribs, and bed linens must be cleaned and disinfected weekly or when soiled.

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) will 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 use by separate cohorts.
- 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 use by each child.
- 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 as programmed for.
- 6.6.2.15 Unless otherwise directed by York Region Public Health (YRPH), outdoor playground structures do not need to be cleaned and disinfected between use unless visibly soiled. Groups should practice proper hand hygiene before and after use of shared playground structures, and should focus on maintaining distance and limiting total gathering size on playgrounds. Masking protocols should be followed when physical distancing cannot be maintained.
- 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 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 in 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 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, 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:
  - 6.7.1.1 medical masks
  - 6.7.1.2 eye protection: safety glasses, face shields, or goggles
  - 6.7.1.3 lab coats
  - 6.7.1.4 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 (i.e. face shields, goggles, or safety glasses) while inside the centre. All other adults (e.g. parents/guardians, visitors) will be required to wear a face covering or non-medical mask.
  - 6.7.4 All students Grade 1 and up will be required to wear cloth masks while inside the centre, including washrooms and hallways. 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 Children aged 2 to SK will be encouraged but not required to wear cloth masks while inside the centre, unless otherwise required by school administration or board.
  - 6.7.6 The use of masks and eye protection is not required outdoors **only if physical distancing can be maintained between individuals**. Masks and eye protection 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, eye protection, gowns and gloves) will be used in the following circumstances:
    - 6.7.7.1 when taking care of a symptomatic child prior to their pick-up
    - 6.7.7.2 when coming into contact with bodily fluids, if there is a risk of splashing
    - 6.7.7.3 when laundering the linens, and cleaning the classroom/isolation room of a child who becomes symptomatic during the day
    - 6.7.7.4 when conducting screening upon arrival, and escorting children to their room
    - 6.7.7.5 when cleaning and disinfecting toys, equipment, and environmental surfaces
    - 6.7.7.6 when washing dishes
  - 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 PPE 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 and/or eye protection due to a variety of reasons.
    - 6.7.11.1 Exemptions to the requirements to wear masks and/or eye protection 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 eye protection) must be provided in writing.
    - 6.7.11.3 Centre supervisors will ensure that children and staff are supported to wear masks and/or eye protection 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.
    - 6.7.11.4 Where a staff member is provided an exemption to wearing a medical mask and/or eye protection, they must not be assigned duties that require them to work directly with children, and they must maintain physical distancing from other individuals. All requests for accommodation relating to COVID-19 must be addressed in consultation with the People and Talent Department, as per standard procedure.
- 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.
  - 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 mask and eye protection while preparing food.
- 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 Educators should avoid getting close to the faces of children, where possible.
- 6.9.6 Individuals should avoid touching eyes, nose, and mouth with unwashed hands. Children should be frequently reminded and encouraged to avoid touching their faces.
- 6.9.7 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, or any other member of their household, are ill with any single new or worsening symptom associated with COVID-19. Parents and staff should report any COVID-19 related symptoms to the centre supervisor, and should seek COVID-19 testing.
- 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 Individuals will be directed to use the most current version of the YRPH COVID-19 School and Child Care Screening Tool or screening tool otherwise approved by YRPH to support meeting this requirement. Screening must include a temperature check conducted at home, prior to arrival at the centre.
  - 6.10.2.2 Screening results for all children, staff, visitors and placement students must be validated upon arrival. Individuals must provide verbal confirmation that they have completed and passed screening, and this confirmation will be logged on the appropriate *COVID-19 Screening Documentation* form, along with reported temperature reads.
  - 6.10.2.3 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 reading. Screening results and temperature reads will be logged on the appropriate *COVID-19 Screening Documentation* form.
  - 6.10.2.4 Individuals who do not pass the screening process are not permitted to attend the program and must remain at home, following the guidelines outlined in the most current version of the YRPH COVID-19 School and Child Care Screening Tool (or screening tool otherwise approved by YRPH).
  - 6.10.2.5 Parents must complete a *Parent Attestation Following Child Illness* form prior to return to care after absence due to illness. Doctor's notes will not be required for return.
- 6.10.3 A healthy child check will be conducted on school-age and kindergarten children returning from core day programs.
- 6.10.4 Parents and guardians will be advised of screening requirements prior to enrollment, and through visible signage at all entrances.

- 6.10.5 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.
- 6.10.6 Screening staff must wear full PPE, including a medical mask, eye protection, gowns and gloves, and maintain a social distance of two metres (six feet) to the best of their abilities.
- 6.10.7 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.
- 6.10.8 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.
- 6.10.9 Supervisors will arrange staggered drop-off and pick-up times for children to support physical distancing through these transitions. Parents will be reminded not to congregate during drop off and pick-up times.
- 6.10.10 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.
- 6.10.11 Staff and children will be monitored for symptoms of ill health throughout the day.
- 6.10.12 Any individual who develops 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 to facilitate contact tracing in the event of a COVID-19 outbreak. Supervisors or designates must ensure there is access to attendance records over weekends and centre closures in order to be able to provide information to Public Health within 24 hours of a request.
- 6.11.3 Centre staff will follow-up with all individuals, 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 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).
- 6.11.5 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 cohort group. Strategies should be employed to encourage physical distancing among members of the same cohort group, including:
  - 6.12.2.1 spreading children out into different areas, particularly during meal and dressing times
  - 6.12.2.2 staggering or alternating routines, including meal and snack times
  - 6.12.2.3 incorporating more individual activities, or those that encourage more space between children
  - 6.12.2.4 using visual cues to promote physical distancing: markings on floors, tables, and walls
  - 6.12.2.5 avoiding planning activities that involve sharing toys and materials

- 6.12.2.6 decluttering spaces by removing/rotating materials, and extra chairs/furniture where possible
- 6.12.2.7 reminding children not to touch one another (e.g. encourage greetings other than hugs, hand touching etc.)
- 6.12.2.8 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)
- 6.12.2.9 moving activities outdoors, including meal and snack times as much as possible to allow for more space
- 6.12.2.10 increasing distance between sleeping equipment and placing cots head to toe
- 6.12.2.11 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 cohort 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.
- 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 Staff will limit the number and types of personal items that can be brought into the child care setting to only items that are necessary (e.g. no toys, books, etc.). All personal belongings should be labelled to avoid inadvertent sharing, and should be kept in a designated space. Where possible, cubbies should be spread out, using every other cubby or more.
- 6.12.9 Children must use their own personal sunscreen and other skin care products. Staff will help children to apply where necessary, will wear gloves, and practice proper handwashing between children.
- 6.12.10 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.
- 6.12.11 Where staff are required to carpool for work purposes, YRPH COVID guidelines for carpooling must be followed.

### 6.13 Interactions with Infants and Toddlers

- 6.13.1 Supporting physical distancing with infants and toddlers can be encouraged by:
  - 6.13.1.1 planning activities that do not involve shared toys: ensuring that there are multiples of specific toys available (e.g. dolls, trucks etc.)
  - 6.13.1.2 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 be sent home daily for cleaning.
- 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 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 become ill while at the child care centre will be sent home immediately, advised to use the most current version of the YRPH COVID-19 School and Child Care Screening Tool or screening tool otherwise approved by YRPH and follow instructions which may include seeking medical advice or going for COVID-19 testing.
  - 6.14.4 If a child becomes ill 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 most current version of the YRPH COVID-19 School and Child Care Screening Tool or screening tool otherwise approved by YRPH 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.
  - 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 child 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 Children above the age of two should wear a mask, if tolerated and it can be worn properly.
  - 6.14.9 A staff member will remain with the child until a parent can pick up. The staff member supervising the child will wear a medical 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 will need to be off for 14 days, or until notice of negative result for the child.
  - 6.14.10 Once the child has been removed from their classroom, all high-touch surfaces and toys will need to be cleaned and disinfected with outbreak level disinfectant. Remaining children in the group 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.
  - 6.14.11 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.
  - 6.14.12 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.
  - 6.14.13 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.
  - 6.14.14 Child care staff and children who were exposed to an individual who becomes 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.
  - 6.14.15 Staff or placement students who have been in close contact with a sick child should self-monitor for symptoms for the next 14 days. They should be advised to avoid being in contact with vulnerable persons or centres where there are vulnerable persons (e.g. long-term care homes).
  - 6.14.16 Staff/placement students/children who are being managed by York Region Public Health (e.g. confirmed cases of COVID-19, household contacts of cases) should follow instructions from Public Health to determine when to return to the facility (note that individuals do not need to provide a doctor's note or proof of negative test results to return to care). Supervisor will follow Public Health guidance regarding communication with centre families and school personnel.
- 6.15 Case Reporting and Outbreak Management**
- 6.15.1 Supervisors will notify York Region Public Health immediately when they become aware that:
    - 6.15.1.1 a staff/student/attendee/essential visitor has tested positive for COVID-19

**6.15.1.2** a staff/student/attendee/essential visitor has symptoms of COVID-19 and was exposed to someone known to have COVID-19

**6.15.1.3** a staff/student/attendee/essential visitor has symptoms of COVID-19 and has travelled in the last 14 days prior to symptom onset

**6.15.2** Cases should be reported to York Region Public Health by using the following link (accessible 24 hours a day, 7 days/week): [www.york.ca/COVID19SchoolChildCareForm](http://www.york.ca/COVID19SchoolChildCareForm). A Public Health representative should respond back within 24 hours of receiving a report. General questions or further support should be directed to: **School Services line at 1-877-464-9675 ext. 76681** or **SchoolServices@york.ca**. (monitored 8:30 a.m. to 4:30 p.m., Monday to Sunday.)

**6.15.3** An outbreak may be declared by York Region Public Health 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.

#### **6.16 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 York Region Public Health Unit.

#### **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:

**6.17.1.1** returning children previously served through emergency care

**6.17.1.2** essential service workers who had not previously accessed emergency care

**6.17.1.3** families where all caregivers must return to work and work outside of the home

**6.17.1.4** families with special circumstances that would benefit from children returning to care (i.e. special needs)

**6.17.1.5** 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**

**6.18.1** Centre supervisors will meet with school principals prior to school start to determine appropriate co-ordination of the following:

**6.18.1.1** classroom locations

**6.18.1.2** communication procedures in the event of symptomatic children

**6.18.1.3** transitions to care

**6.18.1.4** alternate spaces for inclement weather

**6.18.1.5** cleaning routines

#### **6.19 Communications 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 York Region Public Health.

**6.19.3** Unless necessary, in-person communication with parents will be limited. Video conferencing and telephone communication will be used where possible.

## **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**

- 8.1** Ontario Ministry of Health: *COVID-19 Guidance: Emergency Childcare Centres V2*
- 8.2** Public Services Health and Safety Association: *Health and Safety Guidance During COVID-19 for Employers of Child Care*
- 8.3** York Region Public Health: *COVID-19 Information For Re-opening Licensed Child Care Centres*