



Kids' Campus Child Care Centre COVID – 19 Pandemic Policies and Procedure Manual



Kids' Campus Child Care Centre

COVID – 19 Pandemic Policies and Procedure Manual

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| Section: COVID – 19 Pandemic Procedures | Policy: Purpose of the Kids’ Campus Child Care Centre COVID–19 Pandemic Procedure Manual |
| Policy Number: 1.1 | Approved Date: |

Purpose

The purpose of this document is to provide clear direction for all staff to follow when dealing with COVID – 19, that is aligned with the requirements of the Durham Regional Health Department, to reduce the risk of transmission and to support and ensure that children, families, and staff remain healthy. The policies and procedures will be implemented in addition to already established policies and procedures.

Procedures

- 1.0 All staff will review the Kids’ Campus Child Care Centre COVID – 19 Pandemic Policies and Procedures upon return to employment.
- 2.0 All staff will review the Kids’ Campus Child Care Centre COVID – 19 Pandemic Policies and Procedures carefully and refer to it whenever questions arise. Questions or clarifications arising from the manual should be directed to your Supervisor, Program Manager and Executive Director. All staff will be provided the opportunity to discuss this manual to obtain any necessary clarification.
- 3.0 Each staff will be required to sign a COVID -19 Policy Review Statement (**Appendix 1**) indicating that he/she has read and understood the Kids’ Campus Child Care Centre COVID – 19 Pandemic Policies and Procedures or updates.
- 4.0 The Kids’ Campus Child Care Centre COVID -19 Pandemic policies and procedures may be changed or updated as new guidance and direction is given from the Province of Ontario, Ministry of Education, and the Local Health Department. All staff will be given copies of the amended changes forthwith.
- 5.0 The Supervisor and staff will complete the re-opening checklist (**Appendix 2**) the Supervisor will ensure that all areas are completed prior to re-opening the child care centre.
- 6.0 All families will receive a reopening or COVID-19 updated parent newsletter (**Appendix 3**) that outlines the following:

- Inform families of the new COVID – 19 health and safety measures and expectations.
- Share any updated / new policies with families
- Explain that all children will be screened daily and how screening will be done.
- Request that parents try to have the same adult drop-off/pick-up their child as much as possible.
- Inform parents that Kids' Campus Child Care Centre considers an adult to be anyone over 18 years of age for pick up.
- Remind parents to label all items with the child's name.
- Explain updated exclusion procedure for ill children.
- Provide center contact information
- Explain the importance of an emergency pick-up person other than immediate family that the child lives with.
- Inform families of what items are allowed to be brought into the child care centre
- Explain how parents will pick-up their child at the end of the day. (i.e. call center number provided and staff will bring child to the entrance door for pick up)

7.0 The Kids' Campus Child Care Centre Pandemic Policies and Procedures will be posted on the Kids' Campus Website and will be updated as changes are made.

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| Section: COVID – 19 Pandemic Procedures | Policy: COVID – 19 Personnel Responsibilities |
| Policy Number: 1.2 | Approved Date: |

Purpose

To identify the procedural expectations of the personnel (both Supervisors and Staff) during the COVID – 19 pandemic.

Procedures

1.0 All staff are responsible for adhering to the policies and procedures of the organization and the COVID – 19 Pandemic Procedures.

2.0 Role of a Supervisor:

- Complete all regular duties, tasks, responsibilities.
- Offer support to staff as required ensuring that all safety protocols are being followed.
- Ensure a copy of the COVID -19 Pandemic Procedures are placed in a binder that is accessible to all staff, visitors, and parents, when required.
- The supervisor or designates should limit their movement between rooms and their entry into program spaces or cohorts only do so when necessary.
- Personal Protective Equipment that includes eye protection and masks must be worn at all times while in the child care centre which includes the program spaces, hallways, and staff room. PPE can be removed in the staff room, if physical distancing is being practiced for the purpose of eating however this time should be limited.
- Ensure all staff know how to use personal protective equipment (PPE) correctly.
- Ensure all COVID-19 posters from public health are posted and visible.
- If families are arriving at the same time and the COVID Screener calls for assistance, the supervisor will designate a staff member to assist.
- Immediately report to Public Health if a child or staff is confirmed positive for COVID-19. Follow all directions of Public Health.

- A serious occurrence to the Ministry of Education must be filed by head office when a child or staff tests positive for COVID- 19.
- The Region of Durham and the School Boards (Durham District School Board or Durham Catholic District School Board) must be informed by Head office when a child or staff is confirmed with COVID-19.
- Orientate new staff to the center. Review the fire/emergency plan, all children's emergency health information, allergies, medical plans, and Individual Support Plans.
- Track all child and staff absences and the reason for absence/symptoms of ill health and record in the day book and on children's Ill health form (**Appendix 4**).
- Report any issues to head office
- **Forward all media requests to headoffice@kidscampus.ca**

3.0 Role of Staff:

- Staff should work at only one location.
- All staff will be required to wear the following PPE when in the child care centre, the program room, staff room, and hallways except when eating. Masks may be removed while eating.
 - Medical Mask
 - Eye Protection (face shield or goggles)
- All staff will be required to wear the following PPE when outside if a 2-meter distance can not be maintained.
 - Medical Mask

Staff will be responsible to log their arrival and departure times on the provided staff log in sheet.

- Staff will welcome children assist them with washing their hands when entering the classroom and direct them to their cubby to store their personal belongings.
- Staff will wipe all children's wipeable belongings with an approved disinfectant.
- Designated RECE or designate will administer all prescription medications.
- Each group should stay together throughout the day and should avoid mixing with other groups. The same group of children should be kept together with the same staff as much as possible. (this is called cohorting)
- Supply staff/replacement staff should be assigned to a specific group to limit staff contact with multiple groups of children.
- Staff should not enter other cohorts unless the classroom is empty.
- Staff will ensure attendance is taken for all children which must include arrival and departure times.
- Staff will track and record child and staff absences, the reason for absence, and any symptoms being displayed on an ill health form and in the day book.

- Show newly enrolled children around classroom, washrooms, introduce them to the other children, and staff. Help them to engage in an activity.
- Provide play-based activities based on children's age and interests.
- Complete program tasks – Programming Sheet, learning outcomes, observation sheets, goal setting etc.
- Staff will assist with cleaning and disinfecting.
- During lunch breaks staff will observe social distancing and wash their hands before starting work again.

4.0 Role of Students and Volunteers

- Kids' Campus Child Care will not be permitting students and volunteers at this time.

5.0 Vulnerable Sector Checks

- All employees or other persons interacting with children are required to obtain a Vulnerable Sector Check. If an individual is unable to obtain a Vulnerable Sector Check proof of applying for the VSC must be provided prior to employment and the individual will not be left unsupervised with children until a Vulnerable Sector Check is received by Kids' Campus Child Care.

6.0 Certification in Standard First Aid Training

- All employees included in ratio are required to have Standard First Aid Training, including Infant and Child CPR. Currently the WSIB has indicated that if your certification expired after March 1, 2020, it will automatically be extended until June 30th, 2021.

7.0 Provision of Special Needs Resources Services

The provision of in-person special needs services in child care settings should continue where appropriate. It will be jointly determined by the child care centre and the family if the services being provided are essential and necessary during this time. If these services are deemed essential all appropriate screening of the individual, physical distancing and PPE requirements must be followed.

8.0 Food Provisions

- All food will be provided by the child care centre as all food from home is prohibited.
- There will be no self serving, staff are to serve individual portions to the children.
- Children will not prepare food or provide food to be shared.

9.0 Visitors

- Only essential visitors will be permitted into the program.

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| Section: COVID – 19 Pandemic Procedures | Policy: Daily Active Screening / Health Checks |
| Policy Number: 1.3 | Approved Date: |

Purpose

Every child, staff and essential visitor arriving at the childcare centre must be actively screened including temperature checks, the information must be documented on the Active COVID – 19 Screening form for Children (**Appendix 5**) or Active COVID – 19 Screening form for staff and visitors (**Appendix 6**).

Procedures

- 1.0 All families will be informed of the screening process prior to returning to child care or upon registration and will be provided with updates to the process when changes are made. There will be visible signage at the drop off area to indicated active screening is taking place.
- 2.0 Prior to active screening all staff must complete training on how to properly wear personal protective equipment.
- 3.0 Prior to beginning active screening at the child care centre, set up is required. The Supervisor and /or assigned Screener are required to ensure that the following steps are completed:
 - Post sign provided by Durham Region that identifies the screening process at screening area (**Appendix 7**), PPE Poster (**Appendix 8**) and the Hand sanitizing poster (**Appendix 9**)
 - Identify and set up the screening station and assign additional staff to conduct the screening if required.
- 4.0 Set up screening area:
 - Place screening table at the front entrance of the foyer, visually blocking the entrance into the center (if possible).
 - Only ONE entrance/exit is to be used for access to the center to ensure that each person is screened.
 - Set up markings on the ground to indicate where individuals are to stand (as required) if more than one family, staff or adult is waiting in the screening area to ensure they are maintaining a physical distance of at

least 2 meters(6 feet) from one another or kindly ask them to return to their vehicle and wait until they are directed by the COVID screener to approach.

- Screeners must take appropriate precautions when screening, including maintaining a distance of at least 2 meters (6 feet) from those being screened, and wear personal protective equipment medical mask and eye protection (goggles or face shield).
- Staff must be trained on conducting the screening and using the active screening surveillance form.
- Place hand sanitizer of at least 60 % - 90% in the screening area. Ensure the signage on the proper use of the hand sanitizer is visible to every person. Dispensers should not be within reach of young children. (in locations that can be assessed by young children.) Children should be supervised when using the hand sanitizer.
- A waste container must be available at the screening table to dispose of any materials, these materials can be disposed of in the regular garbage afterward.

5.0 All staff, children, and essential visitors or inspectors will be actively screened in the designated entrance to the child care centre.

6.0 If school staff arrive at the school and try to enter through the child care entrance screener must call the custodian on duty to allow entry

7.0 The screener must follow the screening checklist for each person and record the outcome on the Active Screening Surveillance form.

8.0 Screening Procedure Process:

- Staff, children, and essential visitors upon arrival will go to the screening station where they will be greeted in a friendly manner.
- Ensure that no more than ONE family, staff, essential visitor, or inspector is at the screening table.
- If more than ONE family, staff, essential visitor, or inspector tries to approach the screening area kindly ask them to stand on the markers or kindly ask them to return to their vehicles and wait until they are directed by the COVID screener to approach.
- The COVID Screener will do a visual check on anyone entering the facility.
- When a child is being screened and answers “YES” to any of the screening questions the screener must refuse entry to the child and any siblings. Please refer to The Results of Screening for Children (**Appendix 10**). When the adult is being screened and answers

“YES” to any of the screening questions or the adult is ill (vomiting, diarrhea, fever, runny nose, sore throat) the screener must refuse entry into the child care centre. Please refer to Results of Screening for adults (**Appendix 10**).

9.0 Thermometers

- A bin will be on the table with the thermometer in it – Adults will be directed to take the thermometer from the bin and place it back in the bin after use.
- Screener will disinfect the thermometer and bin by using a disinfectant spray or wipe in between each use.
- Screener must follow the directions for contact time of disinfectant.
- Thermometer will be placed back in the bin.
- A temperature is considered anything higher than 37.8 C or 100 F.

10.0 Screening of children during their scheduled drop off time:

Parents are no longer being screened.

- The screener will ask all the questions on the screening form for children and record the answers beside the child’s name and room location.
- The screener will refuse entry to the child and any siblings as well as refer to results of screening questions for any question that received an answer of “YES”.
- Then the screener will ask each parent / guardian to take the temperature of their child and show the screener the results. The screener will record the results on the active screening surveillance form.

If the child passes the screening:

- A designated staff member will take each child into the child care centre. During this time, parents are allowed into the child care centre.

If a “YES” is answered during a child’s screening:

If you answered "YES" to any of the screening questions:

Your child should stay home to isolate until:

- They receive a negative COVID – 19 test result.
- They receive an alternative diagnosis by a health care professional.
- It has been 10 days since their symptom onset, and they are feeling better.

All asymptomatic household contacts including siblings of a symptomatic child are required to quarantine until the symptomatic child:

- receives a negative COVID 19 test result.
- Receives an alternative diagnosis by a health care professional.
- If the symptomatic child test positive or is not tested and does not receive an alternative diagnosis from a health care professional the symptomatic child must isolate (including household contacts) for 10 days from symptom onset, and all household contacts must isolate until 14 days from their last contact with the symptomatic child.

Symptomatic Children can return to child care:

If they test negative and

- they do not have a fever (without using medication).
- It has been 24 hours since the symptoms started improving.
- They were not in close physical contact with someone who currently has COVID 19.

If they test positive

- They can return to child care only when they are cleared by the local public health unit.

If they do not get tested

- They must isolate for 10 days. They may return earlier if **all** the following apply:
 - A doctor diagnosed them with another illness.
 - They do not have a fever (without using medication)
 - It has been at least 24 hours since their symptoms started improving.

The Supervisor will complete the following if a child does not pass the screening:

- Inform the Program Manager if a child fails the screening process.
- Create a list of other children and staff in the center who came into contact with the symptomatic staff or child, so that they can be identified as a close contact, cohort (i.e. grouped together) and monitored for symptoms until testing is confirmed.
- Continue to monitor for symptoms of any children or staff that have been in close contact with the suspected case until laboratory tests, if any, have been completed or until directed by Public Health.

11.0 Screening of children arriving afterschool.

- Any parent of child who was not screened by Kids' Campus Child Care Centre in the morning, but their child will be arriving afterschool will need to screen their child in the morning before leaving for school and complete the COVID -19 School and child care screening tool (<https://covid-19.ontario.ca/school-screening/>) as well as complete the Kids' Campus online Afternoon screening confirmation tool which is located on the Kids' Campus website.
- **Question #1:** I am confirming that I have completed the online Kids' Campus Child Care screening tool for my child prior to them attending school today?
- **Questions #2:** The results of my child's online COVID – 19 school and child care screening.
- The confirmation form is located on the Kids' Campus Child Care Centre website (**Appendix 11**). The form will need to be submitted by the parent/guardian no later than 12:00 pm daily in order for the child to enter the Kids' Campus program in the afternoon.
- Any child who was not screened by a Kids' Campus Child Care Centre staff in the morning but has attended school will go through a simplified screening process prior to entering the Kids' Campus program.
- The child will have their temperature taken and recorded by a screener ensuring the child's temperature is under 37.8 degrees.
- The staff will complete a general visual health scan as well as ask general health questions and record the answers (**Appendix 12**)
- If a child is arriving to the afterschool program and was not at school the child must be accompanied by a parent/guardian and will be required to go through the full screening process.

If child answers **NO** to **ALL** general health questions and passes the temperature check

- The child will be permitted to enter the afterschool program.

If child answers **YES** to **ANY** of the general health questions or does not present to be visually healthy or fails the temperature check

- The COVID Screener must refuse entry to the child and escort them to the school office as we will not take ill children from school.
- If the child is arriving off the bus the COVID screener will designate a staff to take the child to the ill isolation area.

12.0 Screening of Staff

- Staff will be screened upon entry or re-entry to the child care centre
- The screener will ask all the questions on the screening form and record the answers beside the staff members name and room location.
- If any staff member answers 'YES' to any of the screening questions, or refuses to answer, then they have failed the screening and cannot enter the building.
- The screener will then ask each staff member to take their own temperature and show the screener the results of the temperature taking. The screener will record the results on the active screening surveillance form.

If any staff answers **NO** to **ALL** active screening questions and passes the temperature check

- The staff will now be able to enter the center.
- Staff will log their arrival time on the staff log in sheet as well as log when they leave the centre at the end of the day

If any staff answers **YES** to **ANY** of the active screening questions or fails the temperature check

If you answered "YES" to any of the screening questions:

The staff should stay home to isolate until:

- They receive a negative COVID – 19 test result.
- They receive an alternative diagnosis by a health care professional. **Please note staff are required to provide a doctors note for clearance.**
- It has been 10 days since their symptom onset, and they are feeling better.

All asymptomatic household contacts of a symptomatic staff are required to quarantine until the symptomatic staff:

- receives a negative COVID 19 test result.
- Receives an alternative diagnosis by a health care professional. **Please note staff are required to provide a doctors note for clearance.**
- If the symptomatic child test positive or is not tested and does not receive an alternative diagnosis from a health care professional the symptomatic child must isolate (including household contacts) for 10 days from symptom onset, and all house hold contacts must isolate until 14 days from their last contact with the symptomatic child.

Symptomatic Staff can return to work:

If they test negative and

- they do not have a fever (without using medication).
- It has been 24 hours since the symptoms started improving.
- They were not in close physical contact with someone who currently has COVID 19.

If they test positive

- They can return to work only when they are cleared by the local public health unit.

If they do not get tested

- They must isolate for 10 days. They may return earlier if **all** the following apply:
 - A doctor diagnosed them with another illness and provided a doctors note.
 - They do not have a fever (without using medication)
 - It has been at least 24 hours since their symptoms started improving.

The Supervisor will complete the following if a staff does not pass the screening:

- Inform the Program Manager who will ensure a backup staff is called into work.
- Create a list of all children and staff in the center who came into contact with the symptomatic staff or child, so that they can be identified as a close contact, cohort (i.e. grouped together) and monitored for symptoms until testing is confirmed. Continue to monitor for symptoms of any children or staff that have been in close contact with the suspected case until laboratory tests, if any, have been completed or until directed by Public Health.

13.0 Screening of essential visitors or inspectors:

- The screener will ask all the questions on the screening form and record the answers. The screener will add the visitors name, contact information, arrival, and departure time as well as the reason for the visit, on the Record of Visitors form.
- If any individual answers YES to any of the screening questions, or refuses to answer, then they have failed the screening and cannot enter the building.
- The screener will then ask the essential visitor or inspector to take their own temperature and show them the results of the temperature

taking. The screener will record the results on the active screening surveillance form.

If the essential visitor or inspector answers **NO** to **ALL** active screening questions and passes the temperature check

- The essential visitor or inspector will be able to enter the child care centre
- The Supervisor or COVID Screener will ensure the essential visitor or inspector has filled out the record of visitor form which includes their name, contact info, organization, date, arrival time, departure time and reason for visit

If the essential visitor or inspector answers **YES** to **ANY** of the active screening questions or fails the temperature check

If you answered "YES" to any of the screening questions:

The essential visitor or inspector should stay home to isolate until:

- They receive a negative COVID – 19 test result and t
- They receive an alternative diagnosis by a health care professional.
- It has been 10 days since their symptom onset, and they are feeling better.

All asymptomatic household contacts of a symptomatic adult are required to quarantine until the symptomatic adult:

- receives a negative COVID 19 test result.
- Receives an alternative diagnosis by a health care professional.
- If the symptomatic child test positive or is not tested and does not receive an alternative diagnosis from a health care professional the symptomatic child must isolate (including household contacts) for 10 days from symptom onset, and all house hold contacts must isolate until 14 days from their last contact with the symptomatic child.

Symptomatic essential visitor of inspector can return to child care:

If they test negative and

- they do not have a fever (without using medication).
- It has been 24 hours since the symptoms started improving.
- They were not in close physical contact with someone who currently has COVID 19.

If they test positive

- They can return to child care only when they are cleared by the local public health unit.

If they do not get tested

- They must isolate for 10 days. They may return earlier if **all** the following apply:
 - A doctor diagnosed them with another illness.
 - They do not have a fever (without using medication)
 - It has been at least 24 hours since their symptoms started improving.

14.0 Screening of COVID Screener:

- The COVID Screener will self-screen at home using the active screening surveillance form and complete their temperature check, to ensure they do not have symptoms of COVID-19.
- The COVID Screener will be the first person to arrive at the center.

If COVID Screener answers **NO** to **ALL** active screening questions and passes the temperature check

- Once the COVID Screener has completed the self-screening at home, he/she will proceed to work. When the second staff arrives, they will go through the screening process. Once screened, the second staff will confirm the written screening and temperature check was completed by the COVID screener by initialing the form beside the screeners name.

If COVID Screener answers **YES** to **ANY** active screening questions or fails, the temperature check

The staff should stay home to isolate until:

- They receive a negative COVID – 19 test result.
- They receive an alternative diagnosis by a health care professional.
- It has been 10 days since their symptom onset, and they are feeling better.

All asymptomatic household contacts of a symptomatic staff are required to quarantine until the symptomatic staff:

- receives a negative COVID 19 test result.
- Receives an alternative diagnosis by a health care professional.

- If the symptomatic child test positive or is not tested and does not receive an alternative diagnosis from a health care professional the symptomatic child must isolate (including household contacts) for 10 days from symptom onset, and all house hold contacts must isolate until 14 days from their last contact with the symptomatic child.

Symptomatic Staff can return to work:

If they test negative and

- they do not have a fever (without using medication).
- It has been 24 hours since the symptoms started improving.
- They were not in close physical contact with someone who currently has COVID 19.

If they test positive

- They can return to work only when they are cleared by the local public health unit.

If they do not get tested

- They must isolate for 10 days. They may return earlier if **all** the following apply:
 - A doctor diagnosed them with another illness and provided a doctors note.
 - They do not have a fever (without using medication)
 It has been at least 24 hours since their symptoms started improving.

The COVID Screener will complete the following if they have answered YES to any of the screening questions:

- Inform the Program Manager who will ensure a backup screener is called into work.

The Supervisor or designate will complete the following if the COVID Screener has answered YES an any of the screening questions:

- Create a list of children and staff in the center who came into contact with the symptomatic staff or child, so that they can be identified as a close contact, cohort (i.e. grouped together) and monitored for symptoms until testing is confirmed. Continue to monitor for symptoms of any children or staff that have been in close contact with the suspected case until laboratory tests, if any, have been completed or until directed by Public Health.

15.0 When children, staff, essential visitors, or inspectors do not pass the screening process and are not permitted to attend the program, this does not need to be reported to local public health.

- if a child has a chronic condition (i.e., asthma, allergies), the parents can add a doctors note to the child's file that states the symptoms are not new, what the chronic illness is and the symptoms pertaining to the illness and that the child has exhibited these symptoms in the past.. This note is to be keep on the child's file.
- if a staff has a chronic condition (i.e., asthma, allergies), they can add a doctors note to their file that states the symptoms are not new, what the chronic illness is and the symptoms pertaining to the illness and that they has exhibited these symptoms in the past.. This note is to be keep on their staff file.

Those who test positive for COVID-19 must be:

- Excluded for 14 days after the onset of symptoms and clearance has been received from Public Health.
- Please be advised that children and staff must remain at home if close contacts living in the same home as the child or staff including siblings or parent if someone has received a positive test result for COVID – 19 until all close living contacts have received clearance from Public Health Unit.
- Children and staff who were in isolation due to a positive COVID – 19 test from a close contact living in the same household and received their isolation clearance letter will be able to return to program.
- Immediately contact Executive Director or Program Manager for more information about reporting to the Ministry of Labour, and to discuss their return to work for staff.
- When a child or staff member test positive for COVID -19 (**Appendix 13**) refer in to info sheet.

16.0 Close Contacts as deemed by public health:

- Sibling can continue to attend the center if the child who was deemed a close contact is asymptomatic (i.e., no symptoms), unless otherwise directed by Public Health. They should be monitored for symptoms, and if the close contact child should become symptomatic, the sibling and household contacts should be excluded from program.

17.0 Reporting

All licensees are to report all Positive COVID-19 results for:

- A child who received child care at a home child care premises or a child care centre,
- A home child care provider,
- A home child care visitor,
- A staff member at a child care centre

To the public health unit and provide any materials to the public health officials to support case management and contact tracing and other activities in accordance with all applicable legislation which includes the Municipal Freedom of Information and Protection of Privacy Act.

Public health officials will determine any additional steps required regarding how to monitor for other possible infected staff/providers and children as well as the declaration of an outbreak and closure of rooms or the entire child care setting.

Regional Health Unit Contacts for Reporting:

Durham Health Connection Line at 1-800-841-2729 and press “3” to speak to a **Health Inspector** (not the public health nurse) and leave a message for them to call back during business hours – 8:30am-6:00pm.

- After hours you can call (905) 576 9991.

Please also contact if there is a confirmed case of COVID – 19:

- Durham Region, Children’s Services
- Durham District School Board
- Durham Catholic District School Board

18.0 Serious Occurrences Reporting: The Executive Director or Program Manager must report a serious occurrence when a child, staff, or student (if applicable) has had a confirmed case of COVID-19, (a positive test result) to Ministry of Education Program Advisor by submitting a Serious Occurrence – Confirmed case of COVID -19

17.0 The Executive Director or Program Manager must report a room, centre, or premise closure due to COVID – 19 to Ministry of Education Program Advisor by submitting a serious occurrence unplanned disruption of service in CCLS.

18.0 If a closure is ordered by the local public health unit and a serious occurrence has already been submitted for a confirmed case of COVID-19 the existing serious occurrence must be updated to reflect the closure.

- 19.0 If additional individuals at the child care program develop a confirmed case of COVID-19 the serious occurrence must be revised to include the additional case, however if the Serious Occurrence has been closed a new serious occurrence will need to be submitted.
- 20.0 Supervisors must post the serious occurrence notification form unless local public health advises otherwise.
- 21.0 The health department will advise us as to what communication should go out to Parents and guardians to advised them that their child has had exposure to COVID- 19.
- 22.0 If a positive case has been reported in the workplace. All affected staff will be notified that they have had possible exposure to COVID-19. The health department will advise us as to what communication should be given to all affected staff that work at the child care centre.
- 23.0 All communications regarding ill individuals will remain confidential.
- 24.0. The child care centre must keep and maintain all Active Screening Forms with record of results on premises and ensure they are kept for 1 year.

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| Section: COVID – 19 Pandemic Procedures | Policy: General Sanitary Precautions COVID – 19 |
| Policy Number: 1.4 | Approved Date: |

Purpose

In addition to routine sanitary practices and cleaning protocols all staff must increase cleaning and disinfecting routines during COVID – 19 Pandemic as the risk of environmental contamination is higher. Local Public Health advice, and guidelines will be followed for cleaning and disinfecting.

Cleaning, Disinfecting and Sanitizing

Existing practices will be reviewed to ensure that enhancements are not required regarding frequency and timing of cleaning and disinfection.

Cleaning – removing all visible dirt from the surface of an object. Use detergent/soap and water and do not forget to rinse off detergent/soap residue with water before disinfecting.

- Use detergent and warm water to clean surfaces including ones that are visibly soiled.
- Rinse surface with clean water to ensure detergent is removed.
- Let surface dry.

Disinfecting – reduces germs on a surface. Done after cleaning. Use the regular public health recommended concentration of disinfectant (Enviro Solutions 65) for the task (2000ppm). Before using, ensure that the disinfectant (Enviro Solutions 65) is not expired, and that you are leaving disinfectant (Enviro Solutions 65) to remain on surfaces for the correct contact time 5 minutes (I.e. don't wipe disinfectant off immediately after spraying, wait until it dries). Use a disinfectant with a Drug Identification Number (DIN).

- Use soap and warm water to clean surfaces including ones that are visibly soiled.
- Rinse surface with clean water to ensure detergent is removed.
- Use Enviro Solutions 65 on surfaces that was just cleaned by spraying the solution on a cloth or paper towel.
- Wipe the surface area and let sit for correct contact time 5 minutes.
- Rinse surface with clean water to ensure disinfectant is removed.

- Let surface dry

Disinfecting for Blood and Bodily Fluids– reduces germs on a surface. Done after cleaning. Use the regular public health recommended concentration of disinfectant (Oxivir TB Wipes) for the task. Before using, ensure that the disinfectant (Oxivir TB Wipes) is not expired, and that you are leaving disinfectant (Oxivir TB Wipes) to remain on surfaces for the correct contact time of 1 minute (I.e. don't wipe disinfectant off immediately after spraying, wait until it dries). Use a disinfectant with a Drug Identification Number (DIN).

- Use soap and warm water to clean surfaces including ones that are visibly soiled.
- Rinse surface with clean water to ensure detergent is removed.
- Use Oxivir TB Wipes on surfaces that was just cleaned.
- Wipe the surface area and let sit for correct contact time 1 minute.
- Rinse surface with clean water to ensure disinfectant is removed.

Sanitizing - is used for food contact surfaces and tables where food is being served. Done after 4 step disinfecting procedure. Use the regular public health recommended concentration of sanitizer for the task (400 ppm in spray bottle and 200ppm in sink). Before using, ensure that the sanitizer is not expired and that you are leaving sanitizer on surfaces for the correct contact time (I.e. do not wipe sanitizer off immediately after spraying, wait until it dries).

- Use soap and warm water to clean surfaces.
- Rinse surface with clean water to ensure detergent is removed.
- Use Food Service 2000 on surface that was just cleaned by spraying the solution on a cloth or paper towel.
- Wipe the surface and let sit for correct contact time 1 minute.
- Rinse surface with clean water to ensure sanitizer is removed.

Procedures:

- 1.0 Clean and disinfect upon ENTRY to the child care centre for all staff, essential visitors, or inspectors:
 - Any hard surfaces such as water bottles, travel mugs, cell phones and lunch containers.
- 2.0 Clean and disinfect upon ENTRY to the child care classrooms for every child:
 - Any hard surfaces such as water bottles, containers, electronic devices, backpacks, diaper sleeves, diaper wipe containers, Ziploc bags with extra clothing etc.

- 3.0 Staff must ensure that all toys and equipment are in good repair, clean and sanitary. The Supervisor or designate must be advised of any concerns regarding toys and equipment.
- 4.0 All toys used at the centre must be made of materials that can be cleaned and disinfected easily. Avoid absorbent materials like plush toys, sponges, dress up clothes, as well as any porous items and toys that take in water when being cleaned such as toys with squeakers and play food that fills with water.
- 5.0 Should any child present with symptoms of COVID-19, all toys and equipment accessed by the child will be removed from the room to be cleaned and disinfected as soon as possible.
- 6.0 When possible do cleaning and disinfecting when children are outside (to avoid children breathing in sprayed chemicals).
- 7.0 Clean and disinfect toys in a 4 bucket or sink system. Toys must be cleaned and rinsed prior to disinfecting. Alternatively, toys can be cleaned and disinfected in a mechanical dishwasher. Only use the dishwasher in the kitchen when it is not being used for any other purpose (i.e., washing dishes or food preparation)
- 8.0 Whole centre, toys and equipment cleaning and disinfecting frequencies.

Classrooms Cleaning, Disinfecting and Sanitizing

- Before re-opening the childcare centre clean and disinfect
- Clean and disinfect after leaving a shared space room and before entering a shared space room (school boards are responsible for the cleaning and disinfecting of all shared spaces before the program begins and after the program closes.)
- Cleaning a disinfect all exclusive program spaces at least twice daily and more often if required.
- Before eating clean and disinfect tables & then clean and sanitize tables
- After eating, clean and disinfect tables.
- Other tables and chairs being used are to be cleaned and disinfected a minimum of twice a day or more often when needed.
- Spills must be cleaned and disinfected immediately.
- Floors must be kept clean and dry throughout the day. They must be swept and mopped, as necessary at least a minimum of twice a day.
- Clean, and disinfect all high touch areas (light switches, shelving, containers, handrails, door knobs, sinks, tables for eating and

countertops. These surfaces should be cleaned and disinfected a minimum of twice a day, or more often depending on the frequency of use and extent of soilage such as when visibly dirty, or after contact with body fluids/saliva from mouth, mucus from sneezing, etc.

- Books and cardboard puzzles can be available, but after use by a single child the book or puzzle needs to be placed in a bucket for 72 hours before being available to another child.
- After a child puts a toy in their mouth, sneezes, or coughs on toys, take toy out of rotation and place in the mouth toy bucket to be cleaned and disinfected.
- Infant toys must be cleaned and disinfected daily when in use.
- Toddler toys must be cleaned and disinfected daily when in use.
- Preschool toys must be cleaned and disinfected daily when in use.
- Kindergarten and School Age toys must be cleaned and disinfected daily when in use.
- No shared sensory play is permitted. Only individual sensory play is permitted e.g., each child has their own separate bin or playdough that is cleaned and disinfected or disposed of after each use.
- Shared equipment such as phones, IPADS, attendance binder etc. must be disinfected between each user.
- Electronics should be disinfected with an alcohol prep wipe after each use. Ensure disinfectant is allowed to sit for the correct contact time.
- Vinyl mats are to be cleaned and disinfected a minimum of twice a day.
- Empty garbage throughout the day and disinfect the container daily.

Outdoor Cleaning and Disinfecting

- Outdoor toys must also be cleaned and disinfected between each group (cohort).
- Sandbox is to be closed at all times.
- Outdoor toys and equipment that cannot be cleaned and disinfected between each group (cohort) must be taken out of rotational play.
- If toys are being used by only one cohort they are to be cleaned and disinfected weekly unless you are on outbreak.

Kitchen Cleaning, Disinfecting and Sanitizing

- Before re-opening the childcare centre.
- Spills must be cleaned and disinfected immediately.

- Clean, and disinfect all high touch areas (light switches, cupboards, handles on fridge, stove, freezer, dishwasher, door knobs, sinks. These surfaces should be cleaned and disinfected a minimum of twice a day , when visibly dirty, or after contact with body fluids/saliva from mouth, mucus from sneezing.
- Clean and disinfect all trolleys after each use.
- All dishware, cutlery, serving utensils will be cleaned and sanitized after each use.
- Floors must be kept clean and dry throughout the day. They must be swept and mopped, as necessary and at least a minimum of twice a day.
- Empty garbage's throughout the day and disinfect the container daily.

Washrooms Cleaning and Disinfecting

Classroom Washrooms

- Washrooms, including sink faucets, toilet flush handle, mirrors and soap dispensers should be cleaned and disinfected frequently throughout the day, at a minimum of 2 times a day , if more than one group has accessed the washroom it must be cleaned and disinfected between each group, if visibly dirty, or after contact with body fluids, urine, stool, mucus from sneezing, etcetera.
- Washroom floors should be cleaned and disinfected at a minimum of twice a day.

Staff Washrooms

- Washrooms, including sink faucets, toilet flush handle, and soap dispensers should be cleaned and disinfected by staff after each use and frequently throughout the day (minimum x2 a day).
- Washroom floors should be cleaned and disinfected at a minimum twice a day.

9.0 Cleaning and Disinfecting Body Fluids:

- Treat all body fluids (e.g., saliva, urine, stool, vomit, mucus, blood), as potentially infectious.
- Wear disposable gloves, a medical mask, eye protection and a gown as there may be contact with another person's body fluid such as when cleaning cuts or scrapes, cleaning up blood, vomit and/or stool from surfaces or contaminated linens, and changing diapers with diarrhea.

- In addition to the above should wear gloves, gown, eye protection and a medical mask when cleaning up stool or vomit from a contaminated surface if there is a chance of body fluid splashing.

How to Clean and Disinfect Body Fluids:

1. Wash hands.
2. Put on disposable gloves, eye protection, gown, and medical mask.
3. Clean up body fluids using a disposable absorbent cloth (e.g., paper towel).
4. Clean the area with soap and warm water, then rinse off detergent/soap with water.
5. Disinfect the area using Oxivir TB Wipes the manufacturer recommended concentration and contact time of the disinfectant.
6. Contaminated clothing will be placed in a plastic bag and then tied closed and sent home for cleaning. Normal detergent and laundry cycles are effective.
7. Discard contaminated paper towels, gloves, mask, etcetera. in a plastic bag. Tie bag closed and place with regular trash. Place reusable gown in a separate plastic bag and tie (the gown will need to be laundered before next use)
8. Wash hands after removing gloves.

10.0 Hand Hygiene/Washing

- Hand washing is the best way to prevent the spread of illness for staff and children. Ensure an adequate supply of liquid soap and paper towels or a hot air hand dryer is in every washroom.
- Staff are responsible for supervising children to ensure they are hand washing correctly.
- Monitor all sinks in classroom, washrooms, kitchen/food preparation area to ensure there is an adequate supply of soap and paper towels if applicable.

| When staff must hand wash | When children must wash hands |
|---|--|
| <ul style="list-style-type: none"> • After arriving to work, & before leaving. • Before & after using gloves. • Before & after handling food, preparing bottles, feeding children, & eating/drinking. • Before & after handling breast milk. • After coughing, sneezing, • Before and after blowing your nose or helping a child. • Before and After touching own or someone else's face. • After using the toilet or helping each child to use the toilet. • Before and after each child's diaper check/change. • Before and after contact with bodily fluids • Before & after administering medication, lotions, creams, to self or child etc. • Before and after cleaning/bandaging cut, scrape, wound. • After cleaning & disinfecting. • After handling toxic materials • After taking a toy that has been put in child's mouth, sneezed, or coughed on out of rotation. • When hands are dirty. • After playing outside. • After changing garbage bags, taking out garbage. | <ul style="list-style-type: none"> After arriving at the center, & before leaving. Before & after eating/drinking. After coughing, sneezing Before and after wiping their nose. After using toilet. After diaper change. After playing outside. When hands are dirty. After handling shared toys/items. |

Steps for Handwashing

1. Wet hands with warm water.
2. Apply liquid soap.
3. Lather for at least 15-20 seconds.
4. Rub between fingers, back of hands, fingertips, under nails.
5. Rinse well under warm running water.
6. Dry hands well with paper towel or hot air blower.
7. Turn taps off with paper towel, if available.
8. Ensure Hand Washing Sign is posted (**Appendix 14**).

11.0 The cleaning schedule (**Appendix 15**) and cleaning sign off (**Appendix 16**) must be posted in the classroom.

12.0 Ensure the following additional protocols are in place when Toileting and Diapering.

- Provide a basket for each diapered child to store their diapers, creams, etc.
- Clean and disinfect bins at the end of each day.
- Purchase back-up diapers in case a family is not prepared.
- Use a tissue or disposable glove to apply creams, lotions, etc.
- Wash hands before and after using gloves.
- Use a new pair of gloves to diaper each child.
- Assist child to wash hands after toileting and each diaper change.
- Clean and disinfect diaper change table after each child.
- Increase frequency of cleaning and disinfecting toilets, sinks, and after each toileting routine.
- Provide a garbage can with lid, lined with a garbage bag, and take garbage outside after every round of diaper changes.
- Ensure Toileting Procedure (**Appendix 17**) and Diapering procedure is posted (**Appendix 18**).

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| Section: COVID – 19 Pandemic Procedures | Policy: Personal Protective Equipment (PPE) Procedures COVID – 19 |
| Policy Number: 1.5 | Approved Date: |

Purpose

Kids' Campus Child Care Centre is committed to providing a safe and healthy environment for children, families, and staff. Kids' Campus Child Care Centre will take every reasonable precaution to prevent the risk of communicable diseases within our location.

Personal Protective Equipment

Personal protective equipment (PPE) is designed to protect the user from coming into contact with harmful chemicals, body fluids, and the germs that spread illness. PPE includes items like disposable vinyl gloves, gowns, face shields/ goggles, medical masks.

All adults in a child care setting (i.e., child care staff and essential visitors) are required to wear medical masks and eye protection (face shield or goggles) while inside the child care centre including hallways and staff rooms (unless eating- but time with masks off should be limited and physical distance should be maintained.)

The use of medical masks is required outdoors for adults (i.e., child care staff and essential visitors) if physical distancing of a least 2 metres can not be maintained between individuals.

All children in grades 1 and above are required to wear a non – medical or cloth mask while inside in the child care premises, including hallways.

The use of non -medical masks or cloth mask is required outdoors for children in grades 1 and above if physical distancing of a least 2 metres can not be maintained between individuals.

All children aged 2 to Kindergarten are encouraged but not required to wear a mask while inside in the child care premises, including hallways.

The use of non -medical masks or cloth mask is encouraged outdoors for children in kindergarten if physical distancing of a least 2 metres can not be maintained between individuals.

Masks are not recommended for children under the age of two.

Parents / guardians are responsible for providing their children with a mask; however, the child care will have a limited number of masks for children who may have forgotten to bring in a mask. Parents will be advised that children will be required to have a way to store their masks when not in use. Example would be putting the mask in their pocket.

PPE must be worn per routine practices such as when cleaning up body fluids or disinfecting surfaces and must be disposed of, after use.

Procedures

1.0 Personal protective equipment is to be worn to protect the individual from infected droplets and contaminated surfaces. PPE used in the child care centre can include:

- Masks – protects around the nose and mouth.
- Eye protection – protects the eyes from splashes, sprays, and droplets.
- Gloves – gloves and good hand hygiene protect you and others .
- Gowns – Long-sleeved own protect clothing from becoming contaminated.

2.0 Masks

Wearing a mask can help to prevent the spread of some respiratory illnesses, but it can also become a source of infection if not worn or discarded properly. If you need to wear a mask, you should also be sure to clean your hands frequently with soap and water or 60% - 90% food grade alcohol-based hand sanitizer. Masks can also be worn to prevent spread from an infected person to others by containing infected droplets (source control).

All adults in a child care setting (i.e., child care staff) are required to wear medical masks and eye protection (face shield, goggles) while inside the child care centre, including hallways and staff rooms.

The use of medical masks is required outdoors for adults (i.e., child care staff and essential visitors) if physical distancing of a least 2 metres can not be maintained between individuals.

All children in grades 1 and above are required to wear a non – medical or cloth mask while inside in the child care premises, including hallways.

The use of non -medical masks or cloth mask is required outdoors for children in grades 1 and above if physical distancing of a least 2 metres can not be maintained between individuals.

All children ages 2 to Kindergarten are encouraged but not required to wear a mask while inside in the child care premises, including hallways.

The use of non -medical masks or cloth mask is encouraged outdoors for children in kindergarten if physical distancing of a least 2 metres can not be maintained between individuals.

Masks are not recommended for children under the age of 2 years old.

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.

Masks must be worn when:

Medical Mask

- For all adults working in the child care program, in hallways, staff rooms and kitchen.
- For all adults when outdoors if a distance of 2 meters cannot be maintained between individuals
- Working within screening area
- When entering program space or coming into contact with a cohort that you are not assigned to (Cook, Supervisor, COVID Supervisor, Inspector)
- Escorting children from the screening area into a program room
- In the exclusion room with ill children
- When cleaning blood and bodily fluid spills if there is a risk of splashing
- When changing diapers with diarrhea

Non – Medical or Cloth Masks

- All children in grade 1 and up will be required to wear a non – medical mask or cloth mask while inside in the child care centre including hallways.
- All children in grade 1 and up are required to wear a non medical mask or cloth mask outdoors when a distance of 2 meters cannot be maintained between individuals.
- All children kindergarten are encouraged but not required to wear a mask while inside in the child care premises, including hallways.
- All children ages 2 to Kindergarten are encouraged to wear a non medical mask or cloth mask outdoors when a distance of 2 meters cannot be maintained between individuals.
- Parents / guardians are responsible for providing their children with a mask.

Reminders:

- Masks must be worn properly at all times. This includes:
 - on the face properly covering the mouth and nose
 - Not lifted or dropped to the chin or around the neck
 - All straps must be securely fastened
- Once the mask is secure. DO NOT touch or move it.
- Staff must wear medical masks (3 ply masks). Cloth masks can only be worn by children.
- Masks are single use only unless staff follow the proper protocol for removing a mask.
- Change your mask if it becomes moist or dirty.

Mask Exemptions

- Infants, Toddler, preschoolers, and kindergarten children are not required to wear a mask indoors or outdoors, however masks are encouraged for children aged 2 to kindergarten.
- Children enrolled in Kindergarten are not required to wear a mask indoors or outdoors, unless the local school board has added additional guidance making masks mandatory for this age group.
- Children can remove masks for eating and outdoors, if 2-meters of physical distancing can be maintained.
- Staff can remove mask and goggles in the designated staff area, when social distancing can be practiced for the purpose of eating (however this time should be limited)
- Individuals with a medical condition that makes it difficult to wear PPE are not required to wear a mask or eye protection indoors or outdoors. This can include but is not limited to:
 - Medical condition, mental health condition, cognitive condition or disability that prevents wearing a mask or face covering.
 - Medical condition that makes it difficult to breathe or someone who is unconscious or incapacitated.
 - Individuals who are hearing impaired or are communicating with a person who is hearing impaired, and where the ability to see the mouth is essential for communication.
- Individuals who are unable to put on or remove a mask without assistance are not required to wear a mask or eye protections indoors or outdoors.

- Individuals who require accommodation in accordance with the *Ontario Human Rights Code* are not required to wear a mask indoors or outdoors.

Note: Kids' Campus staff are required to obtain a doctor note that provides written proof that an exemption applies to an individual. This note of exception will be kept in their confidential record/file, staff will also fill out a verification for Staff PPE Exclusion Form (**Appendix 19**).

To put on the Mask:

1. Wash or sanitize your hands.
2. Check the mask for tears or faulty straps.
3. The stiff bendable edge is the top.
4. Holding the mask by the upper strings, tie in a bow near the crown of your head, or if the mask has bands, lop over your ears.
5. Holding the mask by the bottom strings, pull the bottom of the mask over your mouth and chin, and tie in a bow near the nape of your neck.
6. Ensure the mask covers your mouth, nose, and chin.
7. Press and mold the upper bendable edge to the shape of your nose and cheeks.
8. Wash or sanitize your hands.

To Remove the Mask:

1. Wash or sanitize your hands.
2. Only touch the straps; avoid touching the front of the mask as it is contaminated.
3. Untie the bottom strings and then the upper strings.
4. Dispose of the mask directly into the garbage.
5. Wash or sanitize your hands.

How to Re-use a Mask

1. Wash or sanitize your hands.
2. Only touch the straps; avoid touching the front of the mask
3. Untie the bottom strings and then the upper strings or remove the elastic behind each ear
4. Store the mask in a breathable container such as a paper bag (not plastic bags)
5. Wash or sanitize your hands
6. Label the bag with your name

Storage of a mask should not be for more than one day at a time unless the mask is soiled or dirty then dispose and use a new mask.

3.0 **Gloves**

Types of gloves used are:

- General nitrile gloves
 - o Used for tasks other than handling blood and bodily fluids and/or mixing disinfecting chemicals
- Medical nitrile or vinyl gloves
- Used for tasks that include anticipated handling of blood and bodily fluids (for examples, screening and temperature checks)
- Nitrile dishwashing style gloves
 - o Used for general cleaning, mixing disinfectant or immersing hands in sanitizer/disinfectant

Gloves must be worn when:

- When Administering First Aid: broken skin, tissue, blood
- When dealing with bodily fluids, secretions, excretions
- When dealing with contaminated equipment or environmental surfaces.
- When dealing with a sick child
- Diapering Changes
- Cleaning and Disinfecting as per Material Safety Data Sheets

Reminders:

- Hand hygiene must be practised before applying and immediately after removing gloves
- Nitrile gloves are single use only, and must be task specific (i.e. gloves must be changed, and hand hygiene practiced whenever changing tasks)
- Gloves shall be removed and discarded after each use.
- Using gloves does not replace the need for hand hygiene
- Hands must be clean and dry before putting on gloves
- Ensure gloves are intact, clean, and dry inside
- Ensure artificial nails are removed and consider removing jewelry which could tear/puncture the gloves.

Putting on Gloves

1. Clean your hands
2. Put on gloves. Be careful not to tear or puncture the glove

Taking off Gloves

1. Remove gloves using a glove to glove /skin to skin technique.
2. Grasp outside edge near the wrist and peel away, rolling the glove inside-out.

3. Reach under the second glove and peel away.
4. Discard gloves immediately into the garbage.
5. Perform hand hygiene.

4.0 Eye Protection

Eye protection is used to protect the eyes. In the child care centre, this includes safety goggles or face shields. These are reusable and must be cleaned after each use. Prescription eye glasses alone are not acceptable eye protection

Staff must wear eye protection:

- For all staff working in program, in hallways and staff rooms
- When in the ill isolation room
- While performing the health screening
- When entering program space or coming into contact with a cohort that you are not assigned to (Cook, Supervisor, COVID Supervisor, Inspector)
- When changing diapers with diarrhea

5.0 Gowns

Wearing a gown can help with protecting clothes from becoming contaminated. Gowns will have long sleeves and tie at the back. If gowns are disposable they will need to be discarded after each screening shift or use when cleaning blood and bodily fluids. If gowns are cloth and reusable, they must be laundered after each screening shift or when used for cleaning blood and bodily fluids.

Staff must wear gowns when:

- In isolation room with ill child
- When cleaning blood or a bodily fluid spill
- When changing diapers with diarrhea

Donning (Putting on) and Doffing (taking off) PPE

The following procedure will need to be followed if wearing more than one item of PPE.

Donning:

1. Perform hand hygiene
2. Put on gown
3. Put on mask
4. Put on eye protection
5. Put on gloves

Doffing:

1. Remove gloves
2. Remove gown
3. Perform hand hygiene
4. Remove eye protection
5. Remove mask
6. Perform hand hygiene

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|---|---|
| Section: COVID – 19 Pandemic Procedures | Policy: When staff or children demonstrate symptoms of illness at the child care centre |
| Policy Number: 1.6 | Approved Date: |

Purpose

To ensure the health and well – being of all staff and children within the child care centre. Staff and children who become ill while at the child care centre will be immediately isolated and required to leave the centre. Staff must consistently assess the health of all children in care.

Procedures

1.0 If COVID – 19 or any other infectious disease is suspected, the parent must be contacted immediately, and the child must be isolated from other children and supervised until the parent arrives.

2.0 The Public Health Department will be consulted regarding any COVID – 19 cases and recommended protocols will be implemented.

3.0 The Public Health Department is to be notified of symptoms of ill health as required when 2 more children have similar symptoms.

4.0 Supervisors will follow the recommendations of the Health Department

5.0 If there is a confirmed case COVID – 19 a note (serious occurrence notification form) will be posted at the centre for at least 10 days notifying parents of the situation

6.0 Information regarding the sanitary procedures will be provided to parents to reassure families of all follow up precautions in place to ensure the well – being of others in the centre.

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

- Fever (temperature of 37.8°C / 100°F or greater), OR
- Any new/worsening symptoms, examples include:
 - Cough
 - Shortness of breath (dyspnea)

- Sore throat
- Runny nose or sneezing
- Nasal congestion
- Hoarse voice
- Difficulty swallowing
- New olfactory or taste disorder(s)
- Nausea/vomiting
- Diarrhea
- Clinical (diagnosed or radiological (x-ray) evidence of pneumonia.

Atypical symptoms of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability. Atypical symptoms and signs include:

Symptoms

- Unexplained fatigue/malaise
- Delirium (acutely altered mental status and inattention)
- Acute functional decline (decline in physical or cognitive functions)
- Exacerbation (worse) of chronic conditions
- Chills
- Headaches
- Croup

Signs

- Unexplained tachycardia (fast heartbeat), including age specific tachycardia for children
- Decrease in blood pressure
- Unexplained hypoxia (low level of oxygen in blood)
- Lethargy, difficulty feeding infants (if no other diagnosis)

8.0 If a child or staff becomes symptomatic including symptoms related to COVID – 19 while in program, they should be isolated in a separate room and family members contacted for pick up who develops symptoms of must leave the child care centre. Siblings must also be isolated and be pick up.

9.0 Staff must ensure that hand hygiene is performed before and after each health check with each child. If thermometers with disposable single use tips are used, the tips must be discarded after each use. Infrared thermometers may be disinfected with 60% alcohol (i.e. alcohol prep wipes), ensuring the solution sits for the correct contact time.

10.0 Staff are only required to document the health check or take a temperature at lunch time or if symptoms are noted. Staff must document any symptoms observed on the child's Ill health form, day book and the Health Department line listing form.

11.0 Children Who Display COVID-19-related Symptoms During Care (If a child needs immediate medical attention, call 911.):

- Ensure a room is designated for isolation and is stocked with masks, eye protection, gloves, gowns, hand sanitizer, a garbage bin with lid, lined with garbage bag, cot/mat, extra sheets, and a few toys that can easily be disinfected.
- If ANY ONE of the symptoms related to COVID-19 are present in a child, the child must be immediately excluded from the childcare centre and sent home. The parent or guardian will be advised to use the online self-assessment tool and follow the instructions which may also include a recommendation to seek medical advice or to go for a COVID-19 test.

12.0 Staff are required to:

- Immediately isolate the child with symptoms from other children into a designated exclusion room (e.g. sick room), if a separate room is not available the sick child must be kept at a minimum of 2 meters from others.
- While waiting for the child to be picked up, the child must be supervised by only one staff person, that must be wearing full PPE. until the child leaves while maintaining a physical distance of 2 meters (6 feet) if possible.
- Move the cohort of children who were in the program room with the symptomatic child to the vacant program room or outside and immediately clean and disinfect the impacted room.
- Increase ventilation in the exclusion room if possible (e.g., open windows).
- Keep the child comfortable by providing a separate cot and toys. Clean and disinfect the cot and all toys after the child leaves the center. If the items cannot be cleaned and disinfected (paper, books, cardboard puzzles) should be removed and stored in a sealed container for a minimum of 7 days. ENSURE A LABEL IS PLACE ON THE CONTAINER WITH DATE THAT ITEMS CAN BE REMOVED.
- The staff caring for the child should also wear a surgical-type face mask, gloves, gown and face shield. In addition, staff should perform hand hygiene and attempt to not touch their face with unwashed hands.

Although not required, disposable gloves may be used when there is close contact with the child. Staff must ensure that they wash their hands or use hand sanitizer (if hands are not visibly soiled) immediately upon removal of the gloves. The most important measures are proper hand hygiene and maintaining a 2-meter (6 feet) distance as much as possible.

- If tolerable and above the age of 2 years old, the child should wear a surgical mask.
- The Supervisor or designate will notify the parent(s) to arrange for immediate pick-up of the child. If a parent cannot be reached, an emergency contact person will be contacted to pick up the child.
- The parent or guardian will be advised to use the online self-assessment tool and follow the instructions which may also include a recommendation to seek medical advice or to go for a COVID-19 test.
- Staff will document the symptoms observed, the date and time that symptoms occurred, and the program room the child attended on the Illness health Form.
- Once the child has been picked up, the Supervisor will ensure that the custodian is notified that the exclusion room (i.e. room where child was separated to) was used and ensure that it is thoroughly cleaned and disinfected.
- Once the child has been picked up, all PPE that has been worn by the staff member while supervising the ill child must be placed in a plastic bag and disposed of immediately.
- Supervisor or designate will only be required to contact Public Health to report if there are 2 or more ill/ symptomatic children with similar symptoms.
- Please note: If a child develops symptoms and they are sent home, but their sibling does not have symptoms, the sibling needs to isolate as well .

13.0 Staff who Display COVID-19-related Symptoms While at Work (If a staff needs immediate medical attention, call 911.):

- In the event that a staff person becomes ill while at the child care centre, the staff should isolate themselves as quickly as possible until they are able to leave the centre if they have the following symptoms:
 - Fever and or chills
 - Coughing or barking cough
 - Shortness of breath
 - Sore Throat

- Difficulty breathing
- Runny nose/ Stuffy nose
- Pink Eye
- Headaches that unusual or long lasting
- Nausea/ vomiting/ diarrhea/ stomach pain
- Muscle Aches
- Extreme Tiredness
- Falling down (older people)

Symptomatic child, adult including staff, essential visitors and inspectors should stay home to isolate until:

- They receive a negative COVID – 19 test result.
- They receive an alternative diagnosis by a health care professional.
- It has been 10 days since their symptom onset, and they are feeling better.

All asymptomatic household contacts including siblings of a symptomatic child or adult are required to quarantine until the symptomatic child or adult:

- receives a negative COVID 19 test result.
- Receives an alternative diagnosis by a health care professional.
- If the symptomatic child or adult test positive or is not tested and does not receive an alternative diagnosis from a health care professional the symptomatic child must isolate (including household contacts) for 10 days from symptom onset, and all house hold contacts must isolate until 14 days from their last contact with the symptomatic child or adult.

Symptomatic children or adults including staff, essential visitors and inspectors can return to child care:

If they test negative and

- they do not have a fever (without using medication).
- It has been 24 hours since the symptoms started improving.
- They were not in close physical contact with someone who currently has COVID 19.

If they test positive

- They can return to child care only when they are cleared by the local public health unit.

If they do not get tested

- They must isolate for 10 days. They may return earlier if all the following apply:

- A doctor diagnosed them with another illness.
- They do not have a fever (without using medication)
- It has been at least 24 hours since their symptoms started improving.

*if a staff or child has a chronic condition (i.e. asthma, allergies), they can add a doctors note to the their file that includes the symptoms are not new, what the chronic illness is and the symptoms pertaining to the illness and that they has exhibited these symptoms in the past.. This note is to be keep on their staff file.

Close Contacts as deemed by public health:

- Sibling can continue to attend the center if the child who was deemed a close contact is asymptomatic (i.e., no symptoms), unless otherwise directed by Public Health. They should be monitored for symptoms, and if the close contact child should become symptomatic, the sibling and household contacts should be excluded from program.

14.0 Any staff who suspects they have an infectious disease should follow common sense precautions and should not attend the child care centre if they are not well, particularly if their symptoms include any outlined in the COVID – 19 screening. All staff must pass the active screening process to enter the child care centre.

15.0 A staff who presents with symptoms of ill health must notify their Supervisor.

16.0 The Supervisor will contact the Health Department if there are 2 cases of ill / symptomatic individuals.

17.0 Staff and children who are being managed by Durham Public Health (i.e., confirmed case,
or household contacts of cases) should follow instructions from Durham Public Health to determine when to return to the facility.

18.0 If within a 14 day period, there are two or more laboratory-confirmed COVID-19 cases in children or staff or other visitors with a epidemiological link (where at least one case could have reasonably acquired their infection in the child care setting, it will be considered a confirmed COVID – 19 outbreak. The public health department will work directly with the child care centre to determine epidemiological links between cases and determine in the transmission occurred in the child care centre.

19.0 If the health department declares an outbreak, we will follow their guidance to determine what happens next.

20.0 If the child care centre is located in a shared setting (for example in a school), we will follow Public Health advise on notifying others using the space for the suspected illness.

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| Section: COVID – 19 Pandemic Procedures | Policy: Supervision and Physical Distancing of Children |
| Policy Number: 1.7 | Approved Date: |

Purpose

To ensure all staff are aware of the expectations regarding supervision of children and ways to promote physical distancing. The Child Care and Early Years Act (2014) identifies the following reference for supervision of children to include every licensee shall ensure that every child who receives care at the child care centre it operates or at a premise where it oversees the provision of home care is always supervised by an adult , whether the child is on or off the premise.

Procedure

1.0 As of September 1st, child care may return to maximum group size for each classroom as set out under the CCEYA (licensed age groups prior to COVID – 19 outbreak)

2.0 A cohort is defined as a group of children and the staff assigned to them, that should stay together throughout the duration of the program.

3.0 Each cohort of children and staff should stay together throughout the day and as much as possible they should not mix with other groups or combine with other cohorts. (i.e. at opening and closing)

4.0 Ratio set out under the CCEYA must be maintained.

- Infant 1:3
- Toddler 1:5
- Preschool 1:8
- Kindergarten 1:13
- School Age 1:15

5.0 Reduced ratio are permitted as set out under the CCYEA, if cohorts are not mixed with different age groups. Reduced ratio are not permitted at anytime for infants.

6.0 Maximum group size does not apply to Special Needs Resource staff on site (i.e., if they are not counted towards staff to child ratios they are not included in the maximum capacity rules.)

7.0 Mixed age grouping is permitted as set out under the CCYEA where a director approval is given on the licence.

8.0 While in ratio staff are responsible for the safety of all children at all times.

9.0 Communication is essential part of working as a team. Staff must ensure that they have informed each other if they are leaving the room or area with children or of the arrival and departure of children.

10.0 Children's attendance must be recorded immediately upon arrival or departure from the program. Attendance must also be check during routine transitions during the day.

11.0 Staff must ensure that children are safely released to their parent or guardian. All children must be released to an approved adult over the age of 18.

12.0 All team members are required to count the number of children in their care before and after the movement of children from within the centre, when outside, when moving from inside to outside and vise versa.

13.0 All team members must be constantly aware of what is happening in the environment around them, by listening carefully and monitoring for any potential conflicts or safety hazards that may be prevented.

14.0 To supervise an area effectively, staff must position themselves to achieve visual supervision of the children, indoors and outdoors.

15.0 Physical distancing may be challenging to maintain in a child care classroom; however, steps should be taken to limit the number of people in close contact (i.e. within 2 meters of each other.

16.0 Efforts should be made to limit the use of shared equipment. Shared equipment should be disinfected regularly, and children and program staff should practice proper hand hygiene before and after participating in physical activity and equipment use.

17.0 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.

18.0 Ways to promote physical distancing in child care centre:

- Staggering the children's arrival and departure times

- Spreading out the use of the outdoor play area to allow smaller numbers of children to play together and thus avoid large groups.
- Eliminate large group activities.
- Spread out children throughout the classroom during indoor time including
 - Mealtime
 - Dressing for outdoors
 - Sleep time, children's cots will be placed head to toe or toe to toe.
 - Infants to be placed in every other crib allowing for 2-meter distance (unused cribs will be identified with a sign)
- Remove extra chairs, tables, and furniture to increase space in the area to allow children to spread out where possible.
- When appropriate give children knee hugs to offer comfort
- No community walks which includes no infant stroller walks
- Individual activities will be set up and encourage more space between children and planned to ensure that they do not involve shared objects or toys.
- Visual cues will be used to promote physical distancing.
- Outdoor play time will be scheduled to ensure that only 1 cohort is in a designated play area at one time.
- Children must not share food, soothers, sippy cups, facecloths. Label personal items with child's name to discourage accidental sharing.
- Children's personal items to be kept separate and labelled.
- When holding infants and toddlers, staff may still use blankets or cloth over your clothing and change the blanket/cloth between children. However, this is no longer a requirement.
- Ideally, try to avoid activities involving direct contact between the children as much as possible (i.e., holding hands or cuddling each other), as well as toy sharing (i.e., rather than playing a table game in which all the children touch the tokens or dice, it should be one child in the group who handles the material).
- Avoid getting close to faces of children, when possible.
- Avoid singing activities indoors.
- Limit the number of children who are in the communal areas at the same time (i.e. cubby area).
- Large rooms can be divided into multiple spaces. When dividing a room create a clear barrier with cones, chairs, and tables to ensure a minimum 2 meters (6 feet) distance between the groups.
- Incorporate outside time in daily activities and open windows (weather permitting). Outdoor play in small groups is encouraged and should be offered in staggered shifts if possible.

- Small groups rotate through available space indoors and outdoors and rooms are cleaned and disinfected after each group's use.
- Set up activities and spread around the classroom
- Set up of outdoor classroom is encouraged when weather permits
- Avoid gathering/grouping in one area (cubbies, outside).
- When playing outdoors with kindergarten and school age children, be careful not to mix with community members who may be and school yards.

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| Section: COVID – 19 Pandemic Procedures | Policy: Best Practices during COVID -19 |
| Policy Number: 1.8 | Approved Date: |

Purpose

To maintain safe and healthy environments during COVID -19, staff will implement the following best practices in addition to already established policies and procedures.

Procedure

1.0 Group events and in person meetings are postponed and can be replaced with phone calls, zoom meeting and conference calls.

2.0 All staff will be trained on proper use of Personal Protective Equipment.

3.0 All staff will be trained on how to use cleaning and disinfecting products.

4.0 All staff will be trained on how to recognize sign and symptoms of COVID – 19.

5.0 Attendance Records

Maintain daily attendance records of all individuals entering the child care centre. This includes but is not limited to maintenance workers, food service workers, government agency employees. These records should include the following: name, company, contact information, date, time of arrival/ departure, reason for visit and should be filled out on the record of visitor form (**Appendix 20**).

- Attendance records will be maintained on site and be organized if required for contact tracing
- All staff members are required to use the staff sign in and sign out sheet
- All staff members are required to complete daily room attendances for children.

6.0 Non-essential visitors are not permitted into the child care centre this includes students (at this time), volunteers, parents.

7.0 Cough and Sneeze Etiquette (Respiratory Etiquette):

- Cover mouth and nose when you cough or sneeze with a tissue (use enough tissue so that fingers do not touch mucus).
- Immediately dispose of tissue in a bin lined with a garbage bag and with a lid.
- Wash hands with soap and warm water.
- Keep hands away from face.

8.0 Rest/Sleep Periods:

- Prepare to give reassurance and offer alternate activities if a child does not want to lay down.
- Children will have a cot assigned to them.
- Cots will be placed to support physical distancing practices (ideally 2 meters/6 feet spatial separation if feasible). If space is tight, place children head-to-toe or toe-to-toe.
- Only every other crib will be used to support physical distancing. Unused cribs will be identified with a label.
- Families will be permitted to bring their own sleeping sacs for children, but they must be labelled and laundered by the childcare center prior to use and weekly or more frequently as needed.

9.0 Administration of Medication:

- RECE staff or designate will be responsible for administering medication except for emergency medication (i.e. epi pens, puffers).
- Ensure all medications are sent home at the end of each day.

10.0 Anaphylaxis

- Follow the regular procedure for anaphylaxis.

11.0 Food Handling:

- Designate one staff with a current Food Handler Certificate to be responsible for handling snacks/lunch.
- Designated an area for catering driver to do drop off food bins outside near the screening area.
- Catering delivery driver will contact designated staff and advise them that they are arriving.
- Ensure catering containers are cleaned and, in the pickup area for the driver to pick up when they arrive.

- Catering delivery driver will not be required to be screened as the driver is not entering the centre.
- Catering driver will drop off food bins in designated area for cook to unpack.
- Catering containers will be wiped down with disinfectant prior to them entering the centre and going into the oven.
- Utensils or items should not be shared between cohorts (serving spoons, condiments)
- Label alternate food items with child's name for those children with allergies or food restrictions.
- No food provided by the families with the exception of children in the infant room who can bring in formula, breastmilk, and food as long as the outside containers are cleaned and disinfected. The cleaning and disinfection will need to be logged on a separate cleaning and disinfecting sheet.
- Staff will serve food to children. Children will have their own individual meals and snacks
- Monitor children so no sharing of food is taking place.
- Food must be covered when not being served.
- All dishware, serving utensil and cutlery will be cleaned and sanitized after each use
- Provide a bin with lid, that is lined with a garbage bag to discard food. Take outside after each snack/lunch.
- Children must not prepare or handle food, therefore no cooking activities.

12.0 Children's Belongings

- Must be labelled and non absorbent (no blankets, plush toys etc.)
- Extra clothing for children will need to be brought in to the centre in a sealed Ziploc bag which is labelled
- Diapers and wipes need to be in original packaging. Diapers will need to be in sealed plastic sleeves instead of individually
- Bring in their own sunscreen from home.
- Non – medical mask or cloth mask for children in grades 1 and above

13.0 Drop off and Pick up

- Families must use the front entrance to the child care location where the screening area is set up
- Entrance area will have hand sanitizer for parental use
- Parents / Guardians are screened outdoors and are not permitted into the childcare centre
- When parents arriving at their scheduled time in the morning they are required to stay in their vehicle and to text the centre cell phone letting the screener know they

- have arrived and wait for a reply text back before they can approach the screening area. For Cartwright families please proceed to the screening area upon arrival.
- If you are walking to the child care centre parents need to text the centre phone before approaching the child care centre and wait for a text back before entering the screening area
- Parents / Guardians must use the markings on the ground to maintain a physical distance of 2 meters when dropping off and picking up their children.
- If there is a family in the screening area we ask that you wait in your vehicle to receive the reply text message to approach the screening area. If you walked to the location please ensure to maintain a 6 feet distance from the screening area and wait to receive a reply text before approaching the screening area. For Cartwright families please ensure to maintain a 6 feet distance from the family waiting ahead of you.
- Parents must adhere to scheduled pick up and drop off times to avoid close contact with other families, if changes need to be made to scheduled times they must call the child care centre and speak with the Supervisor or COVID Supervisor
- Parents must call the centre prior to pick up and inform the staff that they are on there way this will allow time for the staff to prepare their children.
- When parents arrive at the child care centre for pick up they will need to text the centre cell phone with the name of their child and the program room their child is in and a staff member will bring the child to the door. For Cartwright families please call the main centre line.

14.0 Scheduling Staff

- The supervisor or designate are required to be on site during hours of operation, and should limit their movement between rooms, doing so only when necessary.
- Staff shifts will be implemented to minimize the risk of COVID- 19
 - Staff will be scheduled as much as possible to work with 1 cohort
 - Set shifts to ensure staggered entry into the building
- Additional staff will be assigned to ensure proper ongoing cleaning and disinfection. When possible, these staff will not be included in ratio.
- Supply staff will be made available in the event a staff is unable to report to work and should be assigned to a specific cohort.
- When choosing small groups, focus on keeping the same children and staff together as much as possible to reduce the spread of illness.

15.0 Staff Personal Belongings

- Bring only what is necessary into centre

- Indoor Shoes
- Staff are not permitted to have artificial nails (Nails that need to be filled - Acrylic, Gel, Press on etc.) during the pandemic
- Each staff member when they arrive to work will clean and disinfect any of their personal belongings with hard surfaces such as water bottles, travel mugs, cell phones, lunch containers
- Each staff is designated a space to store personal items that is separate from other staff. Each staff member is responsible for cleaning and disinfecting their area at the end of each shift.
- Staff room/washroom – each staff member is responsible for cleaning and disinfecting after each use.
- Office – each staff member is responsible for cleaning and disinfecting after each use including - desk, phone, computer, chair arms, door handles, and light switches.

16.0 Hand Sanitizer

- Will be available at the screening area
- Limit the use of hand sanitizer to adults only. Children under 2 must not use hand sanitizer. Older children must be supervised when using hand sanitizer, so they do not put their hands in their eyes, nose, or mouth.
- Using soap and warm water is the best method of cleaning hands. Use hand sanitizer when soap and water are not available.
- If hands are dirty, they must be washed with soap and warm water before using hand sanitizer.
- Minimum concentration of alcohol in hand sanitizer is 60%, the maximum is 90%.
- Use enough hand sanitizer to wet hands for 15-20 seconds.

Steps for Hand Sanitizer

1. Apply hand sanitizer.
2. Rub hands together for at least 15-20 seconds.
3. Work hand sanitizer between fingers, back of hands, fingertips, and under nails.
4. Rub hands until dry
5. Post Hand Sanitizer Poster (**Appendix 9**)

17.0 Post all COVID – 19 information posters (**Appendix 21**) at the front entrance and around the child care centre.

18.0 When setting space up and physical distancing when using gymnasiums to provide opportunities for physical activity for children and youth:

- o Children and staff should not be engaged in moderate to vigorous physical activity indoors. 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.

- o Gymnasiums will not be used by Kids' Campus Child Care Centre at this time

- o Efforts should be made to limit the use of shared equipment. Shared equipment should be disinfected regularly, and children and program staff should practice proper hand hygiene before and after participating in physical activity and equipment use.

19.0 All documents will be retained for 3 years.

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| Section: COVID – 19 Pandemic Procedures | Policy: Administrative and Record Keeping |
| Policy Number: 1.9 | Approved Date: |

Purpose

This policy will describe how attendance records will be organized and maintained to facilitate contact tracing.

Procedure

- 1.0 Children's Attendance- Staff are to completed daily attendances and they are to be filed weekly in the office filing cabinet, by age group.
- 2.0 Staff Attendance – Staff attendance forms are completed daily by staff and kept in the child care office in a binder.
- 3.0 Cleaning logs are filled out daily and kept in a cleaning log binder that is separated out and divided by room.
- 4.0 Screening Forms- Are completed daily and kept in the office in a binder.
- 5.0 COVID-19 Policy Binder includes:
 - Family telephone and email contacts
 - Staff Contact list with emails and phone numbers
 - Visitors logs
 - Covid-19 Policy sign offs
 - COVID-19 Pandemic Policies
 - Re opening Checklist from August
 - Staff Attendance Forms

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| Section: COVID – 19 Pandemic Procedures | Policy: Curriculum and Program Documentation |
| Policy Number: 1.10 | Approved Date: |

Purpose

Staff will continue to implement our Program statement and offer an Emergent Curriculum approach to learning as best as possible during the COVID – 19 Pandemic. The Emergent Curriculum approach practice builds on our understanding of how young children learn and develop. Educators will present children with opportunities to discover the world around them through active and quiet exploration both indoors and outdoors where they are invited to make predictions, test out their ideas and plan for further investigations. The curriculum is child-led and self-directed.

Procedure

- 1.0 Develop a routine and schedule as it helps children feel safe and comfortable.
- 2.0 Plan activities that support the interests and needs of the children.
- 3.0 A Web of curriculum possibilities will be completed
- 4.0 The Learning outcome sheet will be filled out daily along with skills
- 5.0 Be flexible with the number of activities provided at one time. For example:
 - Some toys will be taken out of rotation and disinfected, as long as there is enough variety and toys for the children in attendance.
 - Set-up enough table activities for the children in attendance.
- 6.0 Ensure you are supporting and engaging in children's play.
- 7.0 Connect with each child individually.
- 8.0 Provide regular daily opportunities to be physically active outdoor, encouraging physical distancing.
- 9.0 Provide single – child learning stations that include open-ended materials.
- 10.0 Stay attuned to the physical and emotional states of children and respond in a warm manner.
- 11.0 Foster the development of self – help skills.

- 12.0 Provide individual art kits to children so that they can demonstrate expression in a safe way.
- 13.0 When choosing small groups, focus on keeping the same children and staff together as much as possible to reduce the spread of illness.

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| Section: COVID – 19 Pandemic Procedures | Policy: Communication Plan in the event of a case/outbreak of COVID-19 |
| Policy Number: 1.11 | Approved Date: |

Purpose

To provide staff with an outline of what the communication plan in the event of a case/outbreak of COVID-19.

Procedure

- 1.0 If a positive case of COVID-19 for a child or staff has been reported, head office must be contacted, head office will contact Durham Health Connection Line at 905-668-2020 or 1-800-841-2729 ext #3 to speak to a Health Inspector and or leave a message there for them to call back during business hours 8:30-4:30

After hours 4:30 pm to 8:30 am you can call 905-576-9991

- 2.0 The supervisor will work closely with the health department. The health department will provide direction to the child care centre in regard to:
 - Collect all important information
- 3.0 Parents will be notified as set out below
 - verbal communication with parents (calling parents to initially state that there has been a confirmed case of COVID-19 and their child has been exposed)
 - a written communication provided by the health department that will go out to parents and guardians to advised them that their child has had exposure to COVID-19.
 - Affected staff will be notified that they have had possible exposure to COVID-19.
 - a written communication piece provided by the health department will be given to all affected staff that work at the child care centre notifying.
 - All communications regarding ill individuals should remain to confidentiality
 - Supervisors must post the serious occurrence notification form unless local public health advises otherwise
 - The Region of Durham's Children service division to your Quality Assurance Advisor and copy Beth Carson and Julie Gaskin will be notified that the centre has a positive case of COVID-19 (**Appendix 22**)

- The DDSB School Board will be notified that the centre has a positive case of COVID-19-
 - Stacey Lepine
 - Jackie Protomanni
 - Kerri StewartThe DCDSB will be notified that the centre has a positive case of COVID-19
 - Claudia Henry
- Parents will receive written communication regarding payments, re-opening etc.
- Parents will receive a check in phone call from head office during the closure period.

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| Section: COVID – 19 Appendix | Appendix: Serious Occurrence Reporting for COVID-19 |
| Appendix Number: 1.12 | Approved Date: |

Purpose

To provide staff with guidance as to when to report and serious occurrence as well as how the process should happen.

Procedure

- 1.0 The Executive Director or Program Manager must report a serious occurrence when a child, staff, or student (if ever applicable) has had a confirmed case of COVID-19, (a positive test result) to Ministry of Education Program Advisor by submitting a Serious Occurrence –
- 2.0 The Executive Director or Program Manager must report a room, centre, or premise closure due to COVID – 19 to Ministry of Education Program Advisor by submitting a serious occurrence unplanned disruption of service in CCLS
- 3.0 If a closure is ordered by the local public health unit and a serious occurrence has already been submitted for a confirmed case of COVID-19 the existing serious occurrence must be updated to reflect the closure.
- 4.0 If additional individuals at the child care program develop a confirmed case of COVID-19 the serious occurrence must be revised to include the additional case, however if the Serious Occurrence has been closed a new serious occurrence will need to be submitted.
- 5.0 Supervisors must post the serious occurrence notification form unless local public health advises otherwise.
- 6.0 The health department will advise us as to what communication should go out to Parents and guardians to advise them that their child has had exposure to COVID- 19.
- 7.0 If a positive case has been reported in the workplace. The health department will advise us as to what communication should be given to all affected children/staff that work at the child care centre. Affected staff will be notified that they have had possible exposure to COVID-19.
- 8.0 All communications in regard to ill individuals will remain to confidentiality