



## **COVID-19 REOPENING POLICIES AND PROCEDURES**

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# COVID-19 Reopening Policies and Procedures

This document outlines policies and procedures to ensure the safe reopening of the Centre during the Covid-19 pandemic. It includes enhanced health and safety measures (including Infection Prevention and Control 'IPAC') and restrictions required by Ministry of Education and Toronto Public Health to qualify for reopening. It also addresses certain operational issues that arise as a result of these new measures.

The Centre currently has policies relating to IPAC that are outlined below. These policies continue to be in place and valid. Where the enhanced policies and procedures in this policy contradicts the policies and procedures that already exist, the measures in this document must be used.

## New Licencing Requirements

### Cohort Size

#### Definitions

For the purposes of this document a cohort is defined as a group of children and staff members assigned to them, who stay together throughout the duration of the program.

Maximum cohort size for our Centre will consist of no more than the capacity for each classroom ("a cohort" or "group"). Staff are not included in the cohort size but are considered part of the cohort that stays together.

### New Classroom Sizes and Centre Capacity

Each cohort will stay together throughout the day and will not be permitted to mix with other cohorts. Within these cohorts we continue to maintain ratios set out in the Child Care and Early Years Act (CCEYA).

Where necessary, we are permitted to use mixed groupings as set out under the CCEYA,

We will maintain separation between our programs and cohorts by utilizing the current classroom system.

As of September 1, 2020, child care centres can return to maximum group sizes. In order to meet the new cohort guidelines our classrooms will change as follows:

- our infant room will consist of 10 children and 3 teachers (no change),
- our junior toddler room will consist of 15 children and 3 teachers (no change),
- our senior toddler room will consist of 10 children and 2 teachers (no change),
- our two preschool rooms will consist of 16 children and 2 teachers each (previously 15 children).

- Our Centre's capacity will return to normal at 67 children.

## **Staffing**

Staff will be assigned to a specific cohort (group). Supply staff will also be assigned to specific groups so as to limit staff interaction with multiple groups of children.

Each group will be assigned two staff except for the junior toddler and infant groups which will have three to cover ratios. One staff who will be responsible for opening the classroom and the other responsible for closing the classroom. Each classroom will have an additional staff to assist with lunch, breaks and disinfecting. The screener or escort can be assigned to a cohort/group.

Supervisors and designates will limit their movement between rooms. If a non-cohort staff must cover for a colleague in a different cohort/room (e.g. during breaks) they must do so in a manner that maintains physical distancing, as best as possible, and they will use a medical face mask and eye protection.

Where possible, staff schedules (start times, break times) have been staggered to minimize the risks with respect to Covid-19. Also, where possible, staff will be using separate entrances after proceeding through the screening area and will use outdoor covered areas on the Centre's premises to spread out during breaks (e.g. lunch and breaks etc.).

Staff will adhere to the capacity limits, physical distancing and mask requirements while in the staff room or elsewhere during lunch and breaks.

Staff is required to meet all requirements set out by the Ministry, including First Aid and CPR and Vulnerable Sector Check (VSC). The Ministry has extended the 5-year renewal deadlines for VSC until 60 days after the emergency period ends.

## **New Health and Safety Protocols**

We have developed the following written policies and procedures to outline our health and safety protocols as well as how our child care setting will operate during and through the recovery phase following the pandemic. All the Centre's original policies continue to be valid but where the new policies contradict the original policies, the new policies prevail. The new policies include:

- Parent Drop-off and Pick Up Procedure
- Health Screening Procedures which includes Attendance Records
- Classroom Set-Up and Physical Distancing
- Hand Hygiene and Respiratory Etiquette Policy and Procedures
- Enhanced Environmental Cleaning and Disinfecting of Rooms,
- Toys, Equipment and Materials - Cleaning, Disinfecting and Use
- Use of Masks and Personal Protective Equipment (PPE)
- Isolation and Exclusion of Sick Children Policy and Procedures
- Procedures for Suspected or Positive Cases of Covid-19

## **Parent Drop-Off and Pick-Up Procedures**

Drop-off and pick-up of children will occur outside the building on the front porch. There will be visual markers and signage to ensure physical distancing and flow of parents and children. The front entrance is appropriate for screening, pick-up and drop-off because all children can be accompanied directly to all classrooms from this location. As much as possible, parents should not go past the screening area.

If necessary, the Centre will implement a timed drop off and pick up schedule that parents will have to sign up for. If implemented, the Centre will communicate this schedule through HiMama and the parents will be asked to sign up for times.

The screener will wear appropriate personal protective equipment when a physical distance of 2 meters cannot be maintained as outlined in our Health Screening Policy and Procedure.

Personal belongings (backpack, clothing, toys) should be minimized. However, exemptions will be made on a case by case basis if a toy is required for a child to sleep or to be comforted during transition to Centre. If items are required, all belongings should be labeled and kept in the child's cubby or child's bin.

## **Health Screening Procedures**

### **Purpose**

In order to help reduce the risk of respiratory infections (including COVID-19), a health screening is an essential step.

### **Application**

This procedure applies to all employees, children, parents, visitors and any other persons engaging in business with the Centre. Staff, children and parents must not attend the Centre when they are ill. Everyone must be screened prior to entering the Centre. The daily health screening checklist will be kept on the Centre's premises.

This tool was developed to assist Centre staff in preparing and administering health screening for staff and children who enter the location.

For staff, an individual health assessment must start at home. Perform a screen on yourself prior to going to work, if you answer yes to any of the questions, do not go to work and contact the Centre supervisor.

### **Preparation and Set up prior to Health Screening**

- Complete the health screening training
- Set up screening location and table at the front balcony entrance, visually blocking entrance into the Centre
- Only ONE entrance/exit is to be used, to ensure that each person is screened

- Maintain a minimum of 2 metres distance between staff conducting screening and the person being screened.
- The screener is required to wear a medical mask and eye protection.
- Provide visual guides to assist with physical distancing (e.g., pylons, markers) in the event that a line-up forms while parents and their children are waiting to be screened prior to entering into the Centre.
- Place front entrance signage identifying the screening process outside and directly inside Centre doors
- Place hand sanitizer (70-90% alcohol concentration) on the screening table away from small children. Ensure it is visible to staff/clients who have answered “no” to all the questions and who entering the building and ask them to hand sanitize
- Ensure all PPE and screening materials are accessible in the area
- Ensure TPH resources are available for anyone who does not pass the screening
- Ensure the health screening area is disinfected regularly throughout screening and the day

## **Screening Procedure**

- Every day, children, staff and visitors must be screened prior to being admitted into the Centre. The screener must follow the Health Screening Checklist for each person and record the outcome (pass or fail).
- Health screening questions are for staff and children. Parents will answer screening question for their children
- Parents are not permitted to pass the health screening designated area unless there is a specific need to do so and they pass the screening. This will ensure physical distancing. Only one parent is permitted into the screening area.
- Staff are not permitted to pass the health screening area until they have passed the screening and have been cleared to enter the Centre.
- Parents are not permitted into the Centre and staff will escort the child into the Centre after screening
- Staff should continue to self-monitor themselves and monitor children in care throughout their shift. Any symptoms must immediately be reported to the Centre supervisor.
- Screeners should take appropriate precautions when screening, including maintaining physical distancing of at least 6ft/2 meters from others.
- Ensure that surgical masks and eye protection (e.g. goggles or face shields) are worn anytime you are working in the screening area
- Eye protection must be worn when it is anticipated that the screening could generate bodily fluids (e.g., child is upset and crying during screening).
- Where an individual does not pass the screening and is not permitted to attend the program, this does not need to be reported to the local public health unit (i.e. TPH)

## **Questions for Staff and Families**

1. Greet everyone with a friendly, calm manner.
2. Request that only ONE parent enters the screening area with the child, and request they both use hand sanitizer.

- “Good morning/afternoon. As you are aware COVID-19 continues to evolve, as a result we are conducting active screening for potential risks of COVID-19 for everyone who enters the location. The screening will ensure the safety and well-being of staff, children and families”
3. Ask the questions on the Health Screening Checklist
  4. Staff must complete hand hygiene and have appropriate PPE on (refer to screening procedure above)

## How to respond

If the individual answers NO to all questions, and does not have a fever (37.8 degrees C and above), they have passed the screening. They can hand sanitize or where appropriate the staff will wash the child’s hands (as soon as they enter the classroom) and enter the building:

- “Thank you for your patience. Your child is cleared to enter our Centre”

If the individual answers YES to any of the screening questions, refuses to answer, and/or has a fever (37.8 degrees Celsius and above), they have failed the screening and cannot enter the building

- “Thank you for your patience. Unfortunately based on these answers, I’m not able to let you enter the child care centre. Please review the COVID-19 Screening Tool for Children in Schools and Child Care on the Ministry of Health website or the Toronto Public Health website to determine what further action or care is required”

### Notes

- ◆ Staff will be screened using the Ministry of Health COVID-19 Screening Tools for Workplaces (Businesses and Organizations).
- ◆ If response is for a staff member, advise that the Supervisor will be notified and will follow up later in the day
- ◆ Refer clients to visit the Toronto public Health website to learning about assessment centres and testing
- ◆ Ensure that door handles, and any other surfaces the individual has touched are disinfected immediately. Personal protective equipment (PPE), a mask and gloves, must be worn for this, with hand hygiene performed before and after donning and doffing the gloves and mask

## Attendance Records

### Unplanned Absences

The Centre will maintain daily records of children and staff for unplanned absences. The teacher will follow up with the parents to determine the reason for the absence. If the absence is due to illness the teacher should note the symptoms and report this to the Supervisor. The Supervisor will also follow up with staff in the same manner. The Supervisor/Teacher will encourage the parents/staff to seek testing if there are Covid-19 symptoms.



The Supervisor will monitor attendance records for patterns and trends (e.g. children and staff in same group or cohort sick at the same time or over a few days)

The daily attendance records will be kept on the premises for 12 months.

### **Visitors**

Non-essential visitors are not permitted to enter the Centre.

The Centre will maintain daily records of anyone entering the building such as cleaners, people doing maintenance work, people providing supports for children and those delivering food). The records will include name, company, contact information, reason for visit, time of arrival and departure, room/area visited and screening result).

The daily records will be kept on the premises and available to facilitate contact tracing

## **Classroom Set-Up and Physical Distancing**

Physical distancing between children in a child care setting is difficult but we will remind and encourage it while still maintaining a welcoming and caring environment for all children. Physical distancing must not compromise supervision or children's safety and their emotional and psychological well-being.

Our classrooms provide a good space for physical distancing between cohorts (groups) and meets the requirement of at least two meters. No two cohorts will occupy the same indoor classroom and we will not allow any children or staff that are not part of the cohort to pass through the classrooms.

Within the same group, teachers will encourage physical distancing by:

- removing extra chairs and rearranging furniture
- encourage children to greet each other from afar (i.e. wave, nod or a verbal "Hello") and to avoid close greetings (i.e. hugs, kisses or handshakes)
- reminding children to "hands to yourself"
- reminding children of "no sharing" policies and procedures (not sharing food, water bottles and personal item)
- spreading children out into different areas, particularly at meal, dressing and sleep time
- incorporate more individual activities or activities that encourage more space between children
- suspend all sensory play and all cooking learning experiences
- using visual materials (signs, tape or visual markers) to promote physical distancing.
- avoid activities involving singing, shouting or speaking loudly indoor
- increase the distance between cots and if space is limited, place children head-to-toe.

# Hand Hygiene and Respiratory Etiquette

## Policy

The Centre is committed to providing a safe and healthy environment for children, families and employees. Management will take every reasonable precaution to prevent the risk of communicable diseases within our Centre.

## Definitions

Hand Hygiene is a general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using soap and running water or a hand sanitizer (70-90% isopropyl alcohol based). Hand washing with soap and running water must be performed when hands are visibly soiled.

## Procedures

Hands carry and spread germs. Touching your face, eyes, nose, mouth or sneezing or coughing into your hands may provide an opportunity for germs to get into your body or spread to others. Keeping your hands clean through good hygiene practice is one of the most important steps to avoid getting sick and spreading germs.

Ensure that employees and children are always practicing good hand hygiene when hands are visibly dirty and before and/or after:

- Entering the Classroom
- Sneezing, coughing, or blowing your nose
- Eating
- Using the washroom
- Handling garbage
- Outdoor play
- Handling soiled laundry or dishes
- Handling soiled toys or other items
- Coming into contact with bodily fluids
- Coming into contact with any soiled/mouthed items
- Gardening
- Creative Learning
- Preparing handling and serving food
- Toileting/diapering routine
- Touching a cut or open sore
- Glove use
- Dispensing/handling expressed breast milk
- Giving medication

When hands are visibly soiled, follow these steps for cleaning hands:

- Wet hands
- Apply soap
- Lather for at least 15 seconds. Rub between fingers, back of hands, fingertips, under nails
- Rinse well under running water

- Dry hands well with paper towel
- Turn taps off with paper towel

When hands are not visibly soiled, follow these steps for cleaning hands:

- Apply hand sanitizer (70-90% isopropyl alcohol based)
- Rub hands together for at least 15 seconds
- Work sanitizer between fingers, back of hands, fingertips, and under nails
- Rub hands until dry

## **Hand Sanitizing Information**

When your hands are not visibly dirty, a 70-90% isopropyl alcohol-based hand sanitizer can be used. Hand sanitizers can only be used on children who are over the age of two and must always be used under adult supervision. All dispensers will be in locations that cannot be accessed by children.

Hands must be clean, dry and not sweaty in order for the sanitizer to work effectively.

Adults must ensure that the product has completely evaporated from the child's hands before allowing the child to continue their activity. Parent's consent is required to use hand sanitizer on children. Children under the age of 2 are not permitted to have hand sanitizer applied, instead perform hand washing frequently and gently.

## **Glove Use**

Gloves shall be worn when it is anticipated that hands will come into contact with mucous membranes, broken skin, tissue, blood, bodily fluids, secretions, excretions, contaminated equipment or environmental surfaces. Gloves are single use only.

## **Gloves and Hand Hygiene**

Hand hygiene shall be practised before applying and after removing gloves. Gloves shall be removed and discarded after each use.

To reduce hand irritation related to gloves:

- Wear gloves for as short a time as possible
- Ensure that hands are clean and dry before wearing gloves
- Ensure gloves are intact (not teared or punctured), clean and dry inside
- Gloves are single use only, and must be task specific such as for diaper changes  
Dishwashing-like gloves are for disinfecting toys and are reusable.

## **Gloves when Cleaning/Disinfecting**

When employees are mixing chemicals into bottles or buckets, they must wear thicker dishwashing-like gloves. These gloves can be reused, each employee should have their own pair. Also, employees must wear these gloves when immersing toys in diluted disinfectant when toy washing, as their hands are more frequently immersed.

## **Covering Your Cough Procedure**

Germs, such as influenza and cold viruses, are spread by coughing and/or sneezing. When you cough or sneeze on your hands, your hands carry and spread these germs.

Attempt to keep your distance (preferably more than 2 metres/6 feet) from people who are coughing or sneezing. Follow these steps to stop the spread of germs:

- If you have a tissue, cover your mouth and nose when you cough, sneeze or blow your nose
- Put used tissues in the garbage
- If you don't have a tissue, cough or sneeze into your sleeve, not in your hands
- Avoid touching your face, nose and mouth with unwashed hands.

Clean your hands with soap and water or hand sanitizer (70-90% isopropyl alcohol-based) regularly and immediately after using a tissue on yourself or others.

## **Supplies**

The Supervisor will monitor hand hygiene supplies to ensure that there are adequate supply of liquid soap, paper towel, hand sanitizer, tissues and waste receptacles lined with plastic bags available.

## **Cleaning the Child Care Centre**

### **Enhanced Environmental Cleaning and Disinfecting**

#### **Policy**

Our Centre is committed to providing a safe and healthy environment for children, families and employees. Management will take every reasonable precaution to prevent the risk of communicable diseases within our location.

#### **Definition of Cleaning**

Refers to the physical removal of foreign material (i.e. dust, soil) and organic material (i.e. blood, secretions, microorganisms). Cleaning removes, rather than kills, microorganisms. Warm water, detergent and mechanical action (i.e. wiping) is required to clean surfaces. Rinsing with clean water is required to complete the cleaning process to ensure the detergent film is removed.

#### **Procedures**

All products including cleaning agents and disinfectants must be out of reach of children, labelled, and must have Safety Data Sheets (SDS) up to date (within three years), which are stored in the WHMIS (blue) binder.

#### **Cleaning**

- Use detergent and warm water to clean visibly soiled surfaces
- Rinse the surface with clean water (warm temperature preferred) to ensure detergent is removed
- Let the surface dry

#### **Disinfecting**

We will use bleach and water solution mixed at a level is approved by TPH for use in the Centre as a disinfectant. The solution is mixed in the ratio of 1 teaspoon (5 ml) for every cup

(250ml) of water or 4 teaspoons (20ml) for every litre (1000ml) of water. A minimum contact time (i.e. the amount of time the product will need to remain wet in a surface to achieve disinfection) of 2 minutes will be followed before wiping or the item will be left to air dry when appropriate. The solution mix is prepared daily.

Disinfectant wipes such as “Lysol Wipes” is considered a high-level disinfectant which is defined as the complete elimination of all microorganisms in or on a surface.

- For general environmental disinfection of high touch surfaces, large toys and equipment that cannot be immersed in a disinfectant solution, use, the disinfectant wipes (or the bleach mix on a cloth). Contact time for disinfecting is **1 minute (or 2 minutes for mix)**.
- For all other toy cleaning & disinfecting use bleach and water solution, which has to be mixed and tested before use, the contact time is **2 minutes**.
- **Refer to Toy Disinfection Procedures for further guidance.**

## Procedures

Disinfecting using Bleach solution or disinfectant wipes:

- Put on rubber or heavy-duty nitrile gloves and mask, if the employee has scent sensitivities
- Wipe on bleach solution and leave on the surface for the appropriate disinfecting contact time (**2 minutes**). Disinfectant wipes residue must remain moist on surface for 1 minute
- Once the disinfecting contact time has elapsed, the surface has now been disinfected
- Any surface children may come in contact with requires a final rinse with a single-use paper towel (i.e. lunch tables, high chair tray, floor, toy shelves)
- If the surface continues to be wet, you may wipe it dry with a single-use paper towel

## Frequency Requirements for Cleaning and Disinfecting

### Clean and Disinfect upon ENTRY to Centre (for staff)

- Any hard surfaces such as water bottles, travel mugs, cell phones, lunch containers

### Clean and Disinfect upon children's ENTRY to Centre (for children)

- Any hard surfaces such as water bottles, containers, etc.

### Clean and Disinfect Frequencies for other surfaces and items

Cleaning and disinfecting routines must be increased as the risk of environmental contamination is higher:

- **Tables and countertops:** used for food preparation and food service must be cleaned and disinfected before and after each use
- **Highchairs:** must be cleaned and disinfected before and after serving food
- **Spills** must be cleaned and disinfected immediately

- **Handwash sinks:** staff and children washroom areas must be cleaned and disinfected at least two times per day and as often as necessary (e.g., when visibly dirty or contaminated with body fluids).
- **Floors:** cleaning and disinfecting must be performed as required, i.e., when spills occur, and throughout the day when rooms are available, i.e., during outdoor play
- **Floor Mats:** cleaning and disinfecting must be performed throughout the day, and at a minimum of twice daily
- **Outdoor play equipment:** must be disinfected before each cohort (group) uses it, and additionally as required (e.g., visibly dirty). Any outdoor play equipment that is used must be easy to clean and disinfect. As recommended by TPH and because of reduced group sizes the Centre will limit the amount of outdoor play equipment in use
- **High-touch surfaces:** any surfaces that have frequent contact with hands (e.g., light switches, shelving, containers, hand rails, door knobs, sinks toilets etc.) These surfaces should be cleaned at least twice per day and as often as necessary (e.g., when visibly dirty or contaminated with body fluids)
- **Other shared items:** e.g., phones, IPADs, IPODs, attendance binders etc., these must be disinfected between users.

### Clean and Disinfect Daily

- Low-touch surfaces (any surfaces at your location that has minimal contact with hands), must be cleaned and disinfected daily (e.g. Window ledges, doors, sides of furnishings etc.)

### Clean and Disinfect as Required

Blood/Bodily Fluid Spills: Using the steps below, the surface must be cleaned first then disinfected:

1. Isolate the area around the spill so that no other objects/humans can be contaminated
2. Gather all supplies, perform hand hygiene, then put on single-use Vinyl gloves
3. Scoop up the fluid with disposable paper towels (check the surrounding area for splash/splatter) and dispose of in separate garbage bag
4. Clean the spill area with detergent, warm water and single-use towels
5. Rinse to remove detergent residue with clean water and single-use towel
6. Discard used paper towels and gloves immediately in a tied plastic bag
7. Disinfect surface with high level bleach solution and a single-use towel, ensuring a 10-minute contact time.
8. A final rinse is required if children come into contact with the area
9. Remove gloves as directed and discard them immediately
10. Perform hand hygiene as directed

### Notes

- ◆ If the spill includes broken glass, ensure a brush and dustpan is used to pick it up and discard. Disinfect the brush and dustpan after use. **NEVER** use your hands to clean up the glass
- ◆ If the spill occurs on a carpet, follow the above steps along with professional steam/wet cleaning the carpet.

- ◆ Please refer to the TPH 'Blood and Bodily Fluids Spills' poster for further guidance.

### **Crib and Cot Cleaning and Disinfecting**

- Cots and cribs must be labelled and assigned/designated to a single child per use
- Cots and cribs must be cleaned and disinfected before being assigned to a child
- Crib mattresses must be cleaned and disinfected when soiled or wet and before being assigned to a child
- High touch surfaces on cots and cribs must be disinfected after every use (once per day and as often as necessary)
- Cots must be stored in a manner which there is no contact with the sleeping surface of another cot
- Bedding/linens must be laundered weekly on the "hot" setting, or earlier when soiled or wet

### **Additional Infection Prevention and Control Practices (IPAC) for Hygiene Items**

- Pacifiers must be individually labelled and stored separately (not touching each other), they must not be shared among children. The pacifier must be washed in soap and water upon arrival to the centre
- Label individual hygiene items and store them separately
- For creams and lotions during diapering, never put hands directly into lotion or cream bottles, use a tissue or single-use gloves. Upon arrival to the centre, wipe the cream/lotion container with a disinfecting wipe
- Staff can identify personal child care clothing which they can leave at the Centre.

## **Toys, Equipment and Materials - Cleaning, Disinfecting, Use**

### **Policy**

The disinfection of toys is vital to ensuring the health and safety of children as it reduces and mitigates the potential spread of germs and viruses among children and those who may come into contact with them.

All toys that are plush must be removed and not used in play, these include, stuffed animals, hand puppets, cloth toys etc. In addition, all communal sensory play is suspended, this includes (playdough and slime). All porous toys or materials that cannot be effectively cleaned and disinfected must be removed and not used in play.

### **Frequencies and Toy Cleaning Schedules**

- Toy cleaning schedules will be posted in each area and updated daily by the staff person responsible for the area.
- Toys, including large toys, cribs, cots equipment and high touch items will be cleaned and disinfected at least two times per day and as often as necessary i.e., when toys/items are visibly soiled or when toys/items have been contaminated with body fluids.
- Toys and items such as electronic devices should be cleaned and disinfected between users prior to redistributing.

## Handling Used Toys

- Toys that have become visibly dirty or that have come into contact with body fluids (e.g., toys that have been mouthed) should be taken out of circulation immediately and cleaned and disinfected immediately. Toys that cannot be cleaned and disinfected immediately should be placed in a designated dirty toy bin. The bin should be clearly labelled and inaccessible to children.

## Procedure

Toys are cleaned and disinfected using the following method:

- Toys washing should take place using a 3-compartment method. Three bins or containers should be used.
  1. First container/bin: Wash using water and detergent
  2. Second container/bin: Rinse using clean water
  3. Third container/bin: Sanitize using water mixed with bleach (approximately 4 teaspoons of bleach to 1 litre (4 cups) of water.
- Toys should be air-dried before storing.

For large toys or equipment, take the following steps:

1. Clean with soap and water using a cloth.
2. Wipe with a clean wet cloth to rinse.
3. Disinfect by spraying the bleach and water mixture and let it sit for a minute. Do not spray product to toys and surfaces when children or other adults are nearby. Lysol wipes may be used for large toys or furniture.
4. A final rinse is required using a single-use wet paper towel.
5. Allow to air dry.

## Tips and Reminders

- ◆ Test strips will be used to ensure appropriate mix of bleach and water.
- ◆ Unused strips will be kept dry, in dark space and will be discarded after 6 months from the time the container is opened.

## Cleaning and Disinfecting Charts

As always, staff will maintain charts to log cleaning and disinfecting activities for each classroom including individual items, toys and cots.

## Use of Masks and Personal Protective Equipment (PPE)

### Purpose

Our Centre is committed to providing a safe and healthy environment for children, families and employees. Management will take every reasonable precaution to prevent the risk of communicable diseases within our location.



## Policy

The Provincial Covid-19 Website does not recommend the use of masks for children under the age of two years old.

The Centre will maintain a one to two-week supply of PPE at all times during the pandemic.

All adults in a child care setting (staff, visitors, students) are required to wear a medical mask and eye protection while inside the child care premises, including hallways. Masks and eye protection use are exempted when physical distancing can be maintained and when performing duties in which a staff member is separated from their cohort and other staff (e.g. working alone in an office or during meal preparation in the kitchen).

The use of masks is not required outdoors for adults if distancing of a least two meters can be maintained.

In the Centre, the use of surgical masks will be used:

- in the screening area, when screening and escort children to the classrooms (cohorts)
- if there is a risk of splashing or droplets, when cleaning and disinfecting blood or bodily fluids spills
- when caring for a sick child showing symptoms of illness

When wearing a mask, staff will wash their hands before donning a mask and after removing the mask. Exemptions to mask use includes when physical distancing can be maintained.

Exemptions from wearing a mask or eye protection indoors include medical conditions that make it difficult to wear a mask (e.g. difficulty breathing, low vision), a cognitive condition or disability that prevents wearing a mask, hearing impairments or when communicating with a person who is hearing impaired and where the ability to see the mouth is essential for communication.

Staff will perform frequent, proper hand hygiene (including supervising or assisting in hand hygiene). Hand washing using soap and water is recommended over alcohol-based hand rub for children.

Staff must wear a medical face mask medical at other times when physical distancing cannot be maintained, which includes but is not limited to:

- Providing direct care (e.g. feeding, assisting a child with hand hygiene, diapering)
- Consoling an upset child
- Assisting a child with dressing or changing clothes

Consistent with the Centre's Hand Hygiene Policy, gloves must be worn when it is anticipated that hands will come into contact with mucous membranes, broken skin, tissue, blood, bodily fluids, secretions, excretions, contaminated equipment or environmental surfaces.

# Evaluating Children with Symptoms during Screening and In Care

Symptoms (e.g. runny nose, congestion) may be evaluated by child care staff, in consultation with their supervisor, to determine if isolation and exclusion is required.

The following information may be considered when evaluating a child's symptoms:

- Daily screening results.
- Information provided by the parents/guardian about the child's baseline health and other known underlying conditions (e.g. allergies, anxiety, asthma).
- Daily observations made by staff that care for the child (e.g. identifying a new or worsening cough, or differentiating between a runny nose that is persistent as opposed to one that subsides and is likely caused from returning inside from the cold).
- Alternative assessments by a physician or a health care practitioner regarding symptoms (if available).
- Refer to the COVID-19 Decision Tool for Child Care for further information. Isolate children and staff/students that become ill.

## Isolation and Exclusion of Sick Children and Staff

### Purpose

The Centre is committed to providing a safe and healthy environment for children, families and employees. We will take every reasonable precaution to prevent the risk of communicable diseases.

### Procedures

Any staff that displays symptoms of illness will leave the facility as soon as possible and will follow the procedures set out in **Suspected or Positive COVID-19 Cases Policies and Procedures**

When children are ill and/or exhibit COVID-19 related symptoms, child care employees will ensure the following:

- Ill children will be separated from all other children to the designated exclusion area or kept at a minimum of 2 meters from others, and will be supervised and monitored by a staff until they are picked up from care.
- If possible, a mask should be placed on the ill child, but only if the child is more than 2 years old, and is able to understand that they cannot touch it and if tolerated.
- Parents or emergency contacts will be notified to pick up the child immediately
- The designated exclusion area will have hand sanitizer (70-90% alcohol), tissues and a garbage receptacle available
- If sneezing, coughing or runny nose the staff assigned will provide tissue and will support respiratory etiquette
- Staff will increase ventilation by opening the window when appropriate
- Staff supervising child will maintain a two-meter distance and as best as possible and should wear PPE including a surgical mask.

- Clean and disinfect room immediately after the child is sent home
- Item used by the sick child that can't be cleaned or disinfected (paper books, cardboard puzzles) will be removed and stored in sealed container for 7 days.
- Symptoms of illness will be recorded in the child's daily record and in a daily log
- Staff and children who were in the same room with the ill child will be grouped together and not mixed with other care groups
- Staff should self-monitor for symptoms. During this period, they should avoid contact with vulnerable persons or settings where there are vulnerable persons (i.e., long-term care homes)
- Children who are being managed by TPH should follow their instructions to determine when to return to the child care centre
- If it appears that the child requires immediate medical attention, the child will be taken to the hospital by ambulance and examined by a legally qualified medical practitioner or a nurse registered under the Health Disciplines Act. R.R.O. 1990, Reg. 262, s. 34 (3)

## **Suspected or Positive COVID-19 Case Policy and Procedure**

### **Purpose**

The purpose of this procedure is to take all reasonable precautions in the protection of the staff, child and families when there is a suspected or positive COVID-19 case in the Centre.

Staff, children and parents must not attend the program if they are sick, even if the symptoms resemble a mild cold. Symptoms to look out for include but are not limited to: fever, cough, shortness of breath, sore throat, runny nose, nasal congestion, headache and a general feeling of being unwell. Children in particular should be monitored for atypical symptoms and signs of Covid-19.

There are established processes in regards to communication, reporting and business continuity when a staff, child or close contact of a child or staff member tests positive for COVID-19

### **Procedure**

When there is a suspected or positive case of COVID-19 in the Centre, the following procedures must be followed:

#### **Suspected COVID-19 Case**

Symptomatic staff and children will be excluded from the Centre and referred for testing. While awaiting test results, symptomatic staff and children will be directed to self-isolate.

- Those who test negative must be excluded from program until 24 hours after symptom resolution.
- Those who test positive must be excluded from the program for 10 days after onset of symptoms and/or clearance has been received from TPH.

Children or staff who have been in contact with a suspected COVID-19 case should be identified as a close contact, monitored for symptoms and cohorted. Toronto Public Health (TPH) will provide any further direction on testing and isolation of these close contacts.

During this period of time they should avoid contact with vulnerable persons or settings where there are vulnerable persons (i.e., long-term care homes)

If there is a positive COVID-19 case, refer to *Positive cases of COVID -19* procedures below.

**If a child or staff has been excluded due to symptoms related to COVID-19 (suspected COVID-19 case)**

- Ensure that close contacts (staff and children who are in the same room) are cohorted and monitored for symptoms.

**If a child or staff has been excluded due to symptoms related to Covid-19 and will be/is tested:**

- Supervisor is to ensure Serious Occurrence in CCLS is completed and the notification form is posted

**Positive Cases of COVID-19**

For all cases of a positive COVID-19 (laboratory confirmed) in the Centre (once a positive test result has been received), the following steps must be taken:

**Supervisor:**

- Inform Director immediately
- Report case to TPH by completing TPH Covid-19 Notification Form for Child Care Settings
- Send out any communication provided by TPH and provide letters for the following groups:
  - Families of children who are in direct contacts with a confirmed COVID-19 case
  - Staff who are direct contacts with a confirmed COVID-19 case
  - All other families and staff who are not direct contacts with a confirmed COVID-19 case and are not being excluded from the Centre.
- Ensure Serious Occurrence in CCLS is completed and/or updated and notification form is posted.

**Steps when staff members and children test positive for COVID-19:**

**Staff Member**

In the event a child care staff tests positive for COVID-19:

- The employee should inform their supervisor immediately and self-isolate immediately for 10 days from the day their symptoms first appeared.

- When applicable, the employee will cooperate with management and Toronto Public Health (TPH) to identify close contacts and follow the direction from TPH and their supervisor.
- All other staff and families affected shall receive communication from the Supervisor. The supervisor will send out communications, as applicable.
- All staff and children who are in the same room as the staff member who has tested positive will be excluded from the Centre for 14 days, unless indicated otherwise by TPH

### **Child**

In the event a child tests positive for COVID-19:

- The parent should inform the Centre's supervisor immediately
- All staff and children who are in the same room as the child who has tested positive will be excluded for 14 days, unless indicated otherwise by TPH

Staff and children can return to the Centre after 10 days if they do not have a fever (without the use of medication) and their symptoms have been improving for 24 hour or longer.

Staff and children who are managed by TPH must follow their instruction before they return to the Centre. Clearance Tests are not required for staff and children to return to the Centre

### **Close Contacts of Children or Staff**

In the event that a close contact of a child or staff tests positive for COVID -19:

- The staff or family who is a close contact of a positive COVID-19 case attending the Centre should inform the supervisor immediately
- TPH Case and Contact team will be contacting the individual to assist with the isolation period for the family.
- The staff member or child will be required to isolate and will be excluded from the Centre for a minimum of 14 days from the day of their last exposure and monitored for symptoms, unless indicated otherwise by TPH
- Staff and children who were exposed to a confirmed case of Covid-19 will need to continue to self-isolate even if their test is negative.
- Parents must complete a Return to Child Care Confirmation Form to provide to the Centre.

## **When Can Children with Symptoms Return to Care?**

### **Return to care for children with symptoms who tested for COVID-19**

- If an ill child who has not been exposed to someone with COVID-19 has a negative test result, they can return to the setting 24 hours after their symptoms start improving, the child is well enough to participate in program activities and they pass screening. Parents must complete a Return to Child Care Confirmation Form to provide to the Centre.

## **Return to care for children with symptoms who are not tested for COVID-19**

For children who do not go for testing and do not have an alternative diagnosis (i.e. a new or worsening symptom not related to an existing medical condition), if they have:

- One of the following symptoms: fever, cough, difficulty breathing or loss of taste/smell  
Or
- One of the following symptoms that does not improve in 24 hours: sore throat, stuffy/runny nose, headache, nausea/vomiting/diarrhea, muscle ache/fatigue.  
Or
- Two of the following symptoms: sore throat, stuffy/runny nose, headache, nausea, vomiting, diarrhea, muscle ache/fatigue

The parent/guardian should ensure that the symptomatic child self-isolates for 10 days from the date their symptom(s) started, and contact a health care provider for further advice or assessment, including if the child needs a COVID-19 test or other treatment.

Children and staff may return to child care setting after 10 days if they do not have a fever (without taking medication), their symptoms are improving for 24 hours and the individual is well enough to participate in program activities.

Child care operators may allow children that have not been tested to return to care based on an alternative assessment made by a physician or health care practitioner regarding symptoms or the determination that COVID-19 testing is not required.

- Medical notes are not recommended or required by Toronto Public Health.
- Parents must complete a Return to Child Care Confirmation Form to provide to the Centre

## **Operational and Administrative Policies and Procedures**

### **Communication with Families**

This document will be used as part of our ongoing communication with families to ensure that they are aware of the enhanced health and safety measures and how they may affect them.

On an ongoing basis, we will use the HiMama platform (email) to send TPH and other updates to families. As always, classroom teachers will send updates to their group's parents with regards to individual children or the classroom. Information with respect to rescheduling or cancellation of pre-planned group events, field trips and in-person meetings will also be communicated in this way or by phone. The Centre has postponed Community

events and field trips until further notice and will use technology to connect with parents, the local library and other community partners during this time.

Parents, the supervisor and the administrator will communicate operational and administration (updates to addresses, contact numbers etc.) and fee items through email at [hpelc@bellnet.ca](mailto:hpelc@bellnet.ca).

The Centre's website includes a new virtual tour of the Centre intended to replace the physical tours we conduct before enrollment. The Centre will provide enrollment documentation including the Parent Handbook electronically so that less physical contact is required. Use of telephone and video conferencing will be used, when possible, for meetings between the Supervisor or classroom teachers and parents.

The Centre will use signage at all entrances instructing parents and others not to enter if they are sick.

## **Parent Fees**

We will continue to follow the policies and procedures for fees as set out in our Parent Handbook.

## **Access to Child Care Spaces and Prioritizing Families**

When we first opened, there were fewer child care spaces available at the Centre. The Centre determined prioritization of spaces based on the following:

- Returning children served through emergency child care to their original placement and continuity of service for these families. We currently are not aware of any families that are serviced through these centres
- Care for families where parents must return to work and that work outside of the home.
- Families with special circumstances that would benefit from children returning to care, such as children with special needs

When spaces were limited to cover the needs of the families, the Centre utilized the 'date of enrolment' to determine priority.

All families were offered a 14-day notice to return to care on or after September 1, 2020. All families enrolled at the time of closure were offered care and placed in the Centre, if they wished to return.

## **Staff Training**

Staff have been trained on all new enhanced health and safety (IPAC), and operational policies and procedures outlined in this document, as well as the webinar-based training required by Toronto Public Health.

These policies and procedures include but, is not limited to:

- identifying the signs and symptoms of COVID-19,
- instruction on how to properly clean classrooms, toys and equipment,

- how to properly use personal protective equipment
- how to safely conduct daily screening
- how keep new daily attendance records (where applicable) and
- what to do in the case someone gets sick

## **Parents and Visitors**

There will be no non-essential visitors to the Centre. There will be no students or volunteers allowed to enter the building nor included in our programs.

As much as possible, parents should not go past the screening area. Communication with parents will continue as usual through the HiMama app. Use of telephone and video will be used to interact with families where possible, rather than in person.

## **Interactions with Infant/Toddlers**

- Staff will continue to hold bottles for infants not yet able to hold their own bottles.
- We will create physical distance between cribs by using every other crib and identifying which ones are not to be used.
- Recognizing that physical distancing is generally difficult with small children and infants we will:
  - Plan activities that do not involve shared objects or toys, and
  - where possible, move activities outside to allow for more space and avoid singing activities indoors
- We will continue to ensure that children do not share food, utensils, soothers, bottles, sippy cups etc. Please label any of these items with your child's name to discourage accidental sharing.
- As always, mouthed toys will be removed immediately for cleaning and disinfecting to avoid sharing.

## **Outdoor Play**

- Outdoor play will be scheduled at different times for the two preschool rooms and toddler rooms. This has not changed from our regular outdoor play schedule.
- Weather permitting, we will increase each group's time spent outdoors.
- Each group will have its own set of toys and materials.
- Used outdoor toys and equipment will be cleaned and disinfected between groups (cohorts). Lysol wipes will be used for larger toys and furniture and will be allowed to air dry.
- Teachers will encourage physical distancing through activities and visual markers.

## **Food Safety and Provision**

As required by the guidelines, the Centre will no longer encourage self-serve skills. Serving utensils will only be used by the teacher and meals will be served in individual portions to the children. Shared items such as serving spoons will not be allowed. As always, teacher will encourage and ensure proper hand hygiene before and after eating.



Only authorized staff will be permitted to enter the kitchen and food storage areas. Kitchen staff will be appropriately clothed with hairnet. Signage will be posted at the entrance of the kitchen reminding staff of rules.

Food drop off will occur on the front gate and the kitchen staff will disinfect the containers wearing PPE before bringing them into the building.

Our Menu will include meals for children with allergies and food sensitivities and no outside food will be allowed in the Centre except for expressed breast milk (except where required and special precautions will be taken when handling and serving the food). Staff will disinfect the bottle of expressed breast milk and follow the policies and procedures with regarding to the handling of express breast milk as outlined in the Centre's Sanitary Policies. As always, proper hand hygiene is practiced when staff is preparing food.

## **Worker Health and Safety**

The Centre has written measures for staff safety which include Infection Prevention and Control Measure (IPAC).

## **Provision for Resource Consultant (previously SNR)**

The Ministry recognizes that children with special needs and their families continue to require additional support and services in the child care setting and therefore they have set out that these services continue.

The maximum capacity rules do not apply to the Resource Consultant. If, and when, they are required, we will record their attendance for contact tracing purposes. The Consultants will be screened before entering the Centre as per the Centre's screening protocol.

## **Procedure Review**

Covid-19 Reopening Policy and Procedure will be reviewed and signed off by all employees prior to commencing employment at the Centre, and at any time where a change is made.