

CDSSAB COVID-19 Response Plan

for

**Child Care Centres in the District of
Cochrane**

Version 23- January 2022



**In collaboration with the
Porcupine Health Unit**

PURPOSE:

Regulations in the Child Care and Early Years Act require that all Licensed Child Care Centres offering childcare services during the COVID-19 outbreak practice good health and sanitary practices daily. Child Care Centres that have a purchase agreement with the Cochrane District Social Services Administration Board will be expected to comply with this guideline created in partnership with the Porcupine Health Unit as a minimum expectation. The document was created using the Ministry of Education - Operational Guidance During the COVID-19 Outbreak Child Care Re-Opening Guidelines. Child Care centres may adopt this document as their COVID-19 Response Plan. This is a living document and may be revised upon new advice or changing information. Child Care Centres will be notified by email of any revisions to the document. The document will be available for families and the general public on the CDSSAB website, www.cdssab.on.ca. This guidance document has been designed for use in conjunction with the Child Care Centre and Home Child Care Agency Licensing Manuals, the CCEYA and its regulations. In the event of a conflict between this document and the licensing manuals, this document will prevail. Advice of the local public health unit must be followed, even in the event that it is different from this guidance document.

POLICY:

All Child Care Educators and staff will adhere to the following procedures and practices as set out below to promote good health and sound daily sanitary practices.

****Please note that the Ministry of Education, Chief Medical Officer of Health and the Local Chief Medical Officer of health may make sudden changes that may impact this guideline. The guidelines of this plan may change quickly and may be noted in memos directed to CMSMs/ DSSABs and / or Child Care Licensees. Always follow changes in memos while awaiting the revised CDSSAB COVID-19 Response Plan for Child Care Centres in the District of Cochrane.**

Inspections

The Porcupine Health Unit will continue their mandated Food Premise Inspections.

Ministry staff will conduct in-person monitoring and licensing inspections of child care centres, home child care agencies, home child care premises, and in-home services where necessary.

Ministry staff will:

- conduct a pre-screen prior to entering the premises, as well as follow any screening protocols set out by the licensee (see screening section below);
- wear a medical mask and eye protection (i.e., face shield); and,
- follow any other protocols requested by the licensee or home child care or in-home service provider.
- Ministry staff will use technology (e.g., telephone, video conferencing) to complete virtual monitoring and licensing inspections where appropriate.

Licensing Processes and Renewals

Licences are required to be amended, if necessary, to ensure director approvals and conditions on the licence align with new restrictions.

To support the operational needs of licensees, the ministry will prioritize and expedite the review of requests to revise and amend licences.

Licensees are required to meet all the requirements set out in the Child Care and Early Years Act, 2014 (CCEYA) and its regulations and to obtain all necessary municipal (CDSSAB) approvals to support licence revision requests.

Licensees must follow all current ministry and CMSM/DSSAB policies and guidelines.

MAXIMUM GROUP SIZE

All Programs

Child care settings may operate using maximum group sizes as set out under the CCEYA (i.e., licensed age groups prior to the COVID-19 outbreak).

Staff and students on educational placement are not included in the maximum group size, but should be assigned to a specific group where possible. Children are permitted to attend on a part time basis, and as with children attending full time, should be included in only one group.

Volunteers are permitted to enter the childcare centre to assist as long as they have necessary paperwork completed under the CCEYA and are fully vaccinated.

Maximum group size rules do not apply to Special Needs Resource staff on site. This must be acknowledged in the staff schedule as well as the room Daily Communication Log of each room where a child requires a Special Needs Resource staff. If the Special Needs Resource staff member works with children in multiple rooms, that staff member must log in to each room. Their name, date, reason for visiting the room, and time in/time out must be documented.

While groups are permitted to return to the previous maximum group size under the CCEYA (i.e., maximum group size prior to the COVID-19 outbreak), each group should stay together throughout the day and as much as possible should not mix with other groups.

Licensees are required to maintain ratios set out under the CCEYA.

Mixed age grouping is permitted as set out under the CCEYA where a director approval has been granted.

Reduced ratios are permitted as set out under the CCEYA provided that groups are not mixed and that reduced ratios are not permitted at any time for infants.

Before and After School Programs:

In circumstances where students from different school day classes must interact to participate in the before and after school program, these interactions need to be limited as much as possible. Some school boards may not allow children from other schools to attend programs at their school for this reason. Best practices to limit interactions between students from different classes and reduce transmission of COVID-19 may include:

- Making an effort to make up the before and after school program group with students from the same class or school and
- Making use of large, well-ventilated spaces (e.g. gymnasium) or outdoor spaces as much as possible for the before and after school programs. Before and after school programs are

also required to follow strict health and safety guidelines, which are equivalent to those in schools.

- While groups are permitted to return to the previous maximum group size under the CCEYA (i.e maximum group size prior to the COVID-19 outbreak) each group should stay together throughout the day and as much as possible and should not mix with other groups. This will require centres to evaluate the way they operate at the beginning and end of day. 2 groups can not be combined at the beginning or end of the day even if the numbers are low. Each group must remain separate.

For All Child Care Centres including before and after school programs:

Understanding that staff will require breaks, any staff member that replaces a group staff member must abide by the following:

- Must schedule coverage for groups, and avoid switching the coverage for the assignment as best as possible. This must be kept on the staff schedule record .
- **Must log entry into the room noting date, name, time in, time out, reason for being in the room if they will be there longer than 15 minutes or not on the daily schedule.**
- Must wash hands upon entry of the room.
- Must wash hands upon leaving the room.

MAXIMUM CAPACITY OF BUILDING

Licensed Child Care

There is no set number per building. However, you must maintain all municipal fire code guidelines as you would during regular operation.

- More than one child care or early years program or day camp can be offered per building as long as they are able to maintain separation between the groups and/or programs, and follow all health and safety requirements that apply to those programs.

Licensed Home Child Care

The provider must maintain the maximum group size of 6 children, not including the provider's own children who are 4 years of age or older. However, if your municipal by-law requires a maximum of lower than 6, that number will supersede the provincial allowance.

STAFF REQUIREMENTS

As stated in the Ministry of Education Operational Guidance During the COVID-19 Outbreak Child Care Re-Opening:

- **Supervisors and/or designates:** Movement of supervisors and/or designates, staff and students on educational placement between child care locations and between licensed age groups is permitted. Reducing the movement of staff and placement students where possible is encouraged to minimize potential for transmission. Supply/replacement staff should be assigned to a specific group so as to limit staff interaction with multiple groups.
- Certification in Standard First Aid Training, including Infant and Child CPR (Please advise upon your Ministry of Education Licensing Program Advisor)

- Staff that are included in ratios and all home child care providers are required to have valid certification in first aid training including infant and child CPR, unless exempted under the CCEYA or the certification has been extended by the Workplace Safety and Insurance Board (WSIB).
- The WSIB has indicated that all expired certifications will be extended until December 31, 2021. At this time, there is no extension for this date. A request for further information has been made.
- Vulnerable Sector Checks (VSCs) Licensees are required to obtain VSCs in accordance with the CCEYA from staff and other persons who are interacting with children at a premises, including students on educational placement and volunteers.
- If an individual is unable to obtain a VSC in a reasonable amount of time due to significant backlogs, they must ensure the individual has applied for a VSC and put in place additional measures as set out in their reference check policy.

HEALTH & SAFETY PROTOCOLS

Every licensee must ensure that there are written policies and procedures outlining the licensee's health and safety protocols. These policies and procedures must be consistent with any direction of a local medical officer of health and include information on how the child care setting will operate during and throughout the recovery phase following the COVID-19 outbreak including:

- disinfection of the space, toys and equipment;
- how to report illness;
- how physical distancing will be encouraged;
- how shifts will be scheduled, where applicable;
- drop off and pick up procedures for parents
- requirements on the use of medical masks and eye protection, and personal protective equipment (PPE), including information on exemptions or exceptions
- how attendance records will be organized and maintained in order to facilitate contact tracing
- a communication plan in the event of a case/outbreak

Under the Occupational Health and Safety Act (OHSA), employers must take every reasonable precaution to protect the health and safety of workers.

Signage

Signs must be posted to:

- Advise that a room/area is used for isolation purposes
- State the capacity for offices, lunchrooms, staff rooms based on the space required for minimum 6 ft /2m physical distancing distancing to be maintained at all times by those in the room
- Remind staff to clean and disinfect tables and chairs after use
- Remind staff that a mask must be worn at all times, except when eating or drinking
- Consider using signage/markings on the ground to direct families through the entry

steps

- appropriate use of hand sanitizer and the handwashing procedure (see How to Wash Your Hands).

Employee Illness Requirements under Health and Safety

The Service Provider must have a written policy and procedure if a childcare worker is suspected to have or diagnosed with COVID-19. The childcare worker must remain off work until they have satisfied the conditions outlined in the most recent public health guidelines and this COVID-19 Response Plan.

At minimum, the Service Provider must follow guidelines provided by the Ministry and CDSSAB of when the childcare worker can return to work. **The CDSSAB may be consulted when necessary. Contact the Program Manager of Childcare Quality Assurance, Cathy Courville or in her absence, Director of Children's Services, Shannon Costello.** Childcare workers should also report to their Employee Health/Occupational Health and Safety department prior to return to work.

If the child care worker's illness is determined to be work-related: In accordance with the Occupational Health and Safety Act and its regulations, an employer must provide a written notice within four days of being advised that a worker has an occupational illness, including an occupationally-acquired infection, or if a claim has been made to the Workplace Safety and Insurance Board (WSIB) by or on behalf of the worker with respect to an occupational illness, including an occupational infection, to the:

- a. Ministry of Labour;
- b. Joint health and safety committee (or health and safety representative); and
- c. Trade union, if any.

Any instances of occupationally acquired infection shall be reported to WSIB within 72 hours of receiving notification of said illness.

VACCINATIONS

Statistical Data Submission:

Licensed child care programs are also required to provide statistical information to the ministry related to the vaccine status of staff and home child care providers. Only aggregate numbers are to be submitted - no personal health information or identifiable information should be provided to the ministry. This reporting will be required monthly. **As of January 13, 2022, licensees are required to report information from all programs related to the number of staff and providers who have received their third dose of a COVID-19 vaccine. This information will support evidence-based decision making around vaccination in the child care sector and data collection in future months. The survey link can be found in the memo licensees received from the Ministry of Education on January 13, 2022. Reporting deadlines and obligations for Licensees are also found in that memo.**

It is expected that licensees ensure they have their own policies and practices in place related to the collection of personal information. Licensees must ensure they are abiding by these policies and operating in accordance with all applicable privacy legislation. If you have additional questions about how this applies to your specific program, you may wish to consult your own legal counsel.

Testing

The ministry has been working closely with the Ministry of Health and the Ministry of Government and Consumer Services to expand access to rapid antigen tests in child care programs.

Building on existing efforts to date, the ministry will be providing two rapid antigen tests per person for symptomatic use per the revised symptom screener.

These tests will be available for symptomatic testing of staff, providers, and infant, toddler and preschool-aged children in licensed child care. Children in before and after school programs are expected to access rapid antigen tests through their school.

Starting the week of January 10, 2022, school boards and municipal service system managers will begin receiving shipments of rapid antigen tests.

For programs co-located with publicly funded schools, tests will be made available through the school/school board. For community-based programs, tests will be made available through the local service system manager. Licensees who are located within a school are required to notify Director of Children's Services, Shannon Costello if there are any issues around delivery of tests from the school board. Service providers should have a conversation with the Designated School Board Early Years Lead around delivery of tests after they have been notified by the respective school board of tests delivery.

Licensees will be required to de-kit boxes in order to provide two rapid antigen tests per individual.

Children, staff, and providers will be required to actively screen each day, regardless of access to testing and to isolate if symptomatic, regardless of vaccination status and/or test access. The two rapid antigen tests provided are to be used when individuals are symptomatic. Tests for children should be sent home with families to complete testing at home.

As per the COVID-19: Interim Guidance for Schools and Child Care: Omicron Surge Guidance, if two consecutive rapid antigen tests, separated by 24-48 hours, are both negative, the symptomatic individual is less likely to have COVID-19 infection, and the individual should isolate until symptoms are improving for at least 24 hours (or 48 hours if gastrointestinal symptoms are present).

Please keep in mind that the improvement time only begins after the last bout of diarrhea or vomiting, or the start of the improvement of the symptom. For example: Johnny is sent home on Monday with a cough and has a rapid test done at 10:00 am which is negative and then another on Tuesday at 11:00 am that is negative. If his cough started improving around 9:00 pm on Monday, he can return to child care on Wednesday morning. If his cough is better at 9:00 pm on Tuesday evening, he can only return on Thursday morning. Another scenario may be, Johnny vomits at childcare on Tuesday at 11:30a.m. Johnny vomits at home Tuesday evening at 7:00p.m. and does not vomit again. He has taken 2 rapid tests 24 hours apart and both are negative. Johnny can return to childcare on Friday morning.

In the absence of the 2 negative RAT tests, the individual and household members will be expected to follow the isolation guidelines for their symptoms. It is suggested that centres create an attestation form for parents to fill out before the child returns to the centre if they are returning before their 5 or 10 day isolation is complete due to having 2 negative rapid tests.

A sample of this attestation document is below:

Attestation Regarding Rapid Testing and Return to Child Care

Date:

Child's Name:

Date and time child was sent home with symptom(s): *Please state symptom*

I attest that I completed a Rapid Antigen Test with my child on _____ (Date) at _____ (Time). The result of this test was negative.

I attest that I completed a second Rapid Antigen Test with my child on _____ (Date) at _____ (Time). The result of this test was negative.

I attest that my child's symptom(s) began improving on _____ (Date) at _____ (Time).

Child Care Centre Designate

Date

Parent/Guardian

Further details, including the type of rapid antigen tests being provided, de-kitting instructions and distribution will be provided shortly.

PERSONAL PROTECTIVE EQUIPMENT

Licensees must include information on the use of PPE in their health and safety protocols that is consistent with the information in this section as well as any direction provided by their local public health unit.

All child care staff, home child care providers, home child care visitors and students on educational placement are required to wear medical masks (e.g. surgical/ procedural) while inside a child care setting, including in hallways and staff rooms (unless eating – but time with masks off should be limited and physical distance should be maintained).

As of January 13, 2022, ministry provided non-fit tested N95 masks can be provided to staff for a one per day use. Replacing a mask is driven by factors including but not limited to:

- When it is no longer tolerated or accepted;
- When the filtering part of the mask is wet;

- When the mask has lost some of its integrity: relaxed elastic, damaged filtering part; and
- When there are potentially infectious droplets splashing on the mask.

To further protect the longevity of the non-fitted N95 masks, these masks are restricted to indoor use. If wearing a mask outside, staff / providers should switch to a medical / surgical mask.

Staff / providers who are supervising children in the isolation room / area must wear a non-fitted N95 mask until the child has left and the room / area has been properly cleaned.

Medical grade eye protection and masks (e.g. face shield or goggles) are required for individuals working in close contact with children who are not wearing face protection (children younger than grade 1).

Eye protection is not required for individuals working with children who wear face protection (children grade 1 and above) who are able to maintain a distance of 2 metres.

Masking and eye protection are not required outdoors for staff if 2 metres of distancing can be maintained at all times. If this distance cannot be maintained, eye protection and masks are required.

All other adults (i.e. parents/guardians, and visitors) are required to wear a face covering or non-medical mask while inside the premises (see information about the use of face coverings on the provincial COVID-19 website).

The use of medical masks and eye protection is for the safety of child care staff /providers and the children in their care. This is very important when working with young children who may not be wearing face coverings (i.e. under the age of two).

Keep in mind that it may be difficult to put on a mask and eye protection properly (i.e. without contamination) after having removed them, given the frequent and spontaneous need for close interactions with young children in a child care setting. Signs demonstrating proper donning and doffing of PPE should be posted

Child care licensees and home child care providers should secure and sustain an amount of PPE (including but not limited to face shields or goggles, medical masks, gloves, etc.) and cleaning supplies that can support their current and ongoing operations.

It is recognized that there are some times when staff may be able to take a break from wearing the medical mask and/or eye protection; however, time with a medical mask and/or eye protection removed should be limited and physical distancing (at minimum 6ft/2m) must be maintained. If a staff member is unsure whether physical distancing (at minimum 6ft/2m) can be maintained, then this would not be an appropriate time to take a break from wearing the medical mask and eye protection.

Medical masks and eye protection breaks can only occur at the following times:

- when a staff is on a break alone
- when a staff is on a break and eating/drinking, physical distancing (minimum of 6ft/2m) can be maintained, and room occupancy limits are adhered to. When not eating/drinking a medical mask and eye protection must be worn.
- when a staff is working in an office alone
- when a staff is performing a task alone in a room, i.e., toy washing, program planning or administrative duties
- when a staff is working in the kitchen alone

Medical Exceptions

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

These exceptions must be communicated with the supervisor in advance of work so appropriate planning can occur. Licensees should document their requirements and exemptions related to masks (e.g., within their COVID-19 policy).

No Exceptions

There are times when there are no exceptions to the requirement to wear medical masks and eye protection, as these situations are a higher level of risk and wearing PPE at all times is important.

These times are when:

- Working within the screening area
- Escorting children from the screening area into a program room
- In the isolation room with ill children
- When cleaning blood and bodily fluid spills
- When supporting dressing routines with children at drop off and pick up and when going outdoors or coming indoors
- When comforting a child who is upset
- Anytime when physical distancing (at minimum 6ft/2m) cannot be maintained

Before and After School Programs

School-aged children in grade 1 and higher are required to wear non-medical or cloth masks indoors, including in hallways. The wearing of non-medical or cloth masks indoors is encouraged for younger children (age 2-SK), particularly in common spaces (see information about the use of non-medical or cloth masks on the provincial COVID-19 website or the Public Health Ontario fact sheet on nonmedical masks).

Parents/guardians are responsible for providing their child(ren) with a non-medical or cloth mask(s) and should be reminded that if children are wearing masks, they will require a way to store their mask when not in use.

Providers must maintain a supply of disposable masks in the case that a child's mask becomes soiled or lost.

Licensees should consider ways to support nutrition breaks/mask breaks in a safe manner (i.e., a space where staff/providers can maintain at least 2 metres to remove masks and eat).

Reasonable exceptions to the requirement for children to wear masks are expected to be put in place by providers. Exceptions to wearing masks indoors could include situations where a child cannot tolerate wearing a mask, reasonable expectations for medical conditions, etc. Licensees may discuss with parents/guardians, in consultation with the child's health care professional, whether other types of face coverings might work for the child. If the provider is going to provide exemptions for wearing a mask, these need to be outlined in a policy. Note that these protocols should be based on the information provided by the Ministry of Health.

Note that while a licensee may choose to set out in their policy that a doctor's note be acquired for an exception related to a medical condition, it is not a requirement of the ministry and is discouraged as a general practice.

Proper Use/Wearing of PPE:

Links to videos with instructions on how to properly put on and take off PPE are provided in a later section of this document.

How to Wear a Mask

Masks must be worn properly at all times, without exception. 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
- Masks are single use and must only be touched with clean hands. If you touch your mask you must wash/sanitize your hands immediately after. Change your mask if it becomes moist, dirty, you touch it with soiled hands, or it comes into contact with another surface

Eye Protection

Staff can choose between face shields or safety goggles

Gloves

Types of gloves used are:

- Disposable nitrile or vinyl gloves- Used for tasks that include anticipated contact with blood and/or bodily fluids and when screening
- Dishwashing style gloves - Used for mixing disinfectant or immersing hands in sanitizer / disinfectant. These are reusable, staff should be assigned their own pair, and they should be disinfected after use

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.
- Toileting routines, diaper changes
- Mixing sanitizer and disinfecting products.
- When conducting in-person screening and temperature checks. Gloves must be replaced, and hand hygiene performed if you touch the individual while screening them.
- Hand hygiene must be practised before donning (putting on) and immediately after removing (doffing) gloves.
- Nitrile/vinyl gloves are task specific (i.e., gloves must be changed, and hand hygiene practiced when changing tasks)
- 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
- Consider removing jewelry which could tear/puncture the gloves
- Do not use hand sanitizer on gloves

DROP-OFF AND PICK UP PROCEDURE

Licenseses may continue to offer drop off and pick up procedures where parents do not enter the premises; however, if a parent wishes to enter the premises, they must be permitted to do so, unless a licensee is implementing a direction of a medical officer of health in respect of COVID-19.

Licenseses must ensure all requirements for individuals accessing the premises are met, including screening for symptoms of COVID-19, maintaining attendance records that include time in and time out, maintaining appropriate physical distancing and ensuring appropriate personal protective equipment is worn. The number of persons in the child care centre must allow for 2m/6ft social distancing at all times based on square footage of the building. A plan must be in place to limit the number of people in the child care centre at times of high traffic, such as pick up/drop off times. Child care operators must create and maintain an up-to-date drop off and pick up plan for each physical site with considerations in the Operational Guidance During COVID-19 Outbreak Child Care Re-opening section Drop-Off and Pick-up Procedures. This includes ensuring that groups and their possessions do not mix or come into close contact at any time.

Screening

As per the memo delivered by Holly Moran, Assistant Deputy Minister: Early Years and Child Care Division on January 6, 2022:

Child Care centres will be required to implement daily on-site validation of the confirmation of screening prior to/upon arrival at the premises until further notice for children and staff. An example of this would be requiring parents to use the option at the end of the screening tool to email their screening results to the supervisor of their child's centre. Another would be visual confirmation of the screening results by the staff member at the door.

- For Those Individuals Who Have Received COVID-19 Vaccination Within 48 Hours of Screening: Screening for Symptoms: If the child, child care staff, provider, placement student or visitor received a COVID-19 vaccination in the last 48 hours and is experiencing mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, and no other symptoms as indicated in the updated COVID-19 School and Child Care Screening Tool, they may continue to attend the child care program if they are feeling well enough to do so.
- If the mild headache, fatigue, muscle aches, and/or joint pain symptoms worsen, continue past 48 hours, or if the individual develops other symptoms, they should leave the child care setting, or if in a home setting the home care provider should no longer offer care, to self-isolate and seek COVID-19 testing.
- The child, child care centre staff, provider or placement student must not attend child care if household members are experiencing any new COVID-19 symptoms (this direction does not pertain to those who received a COVID-19 vaccination in the last 48 hours and are experiencing mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, and no other symptoms) and/or are waiting for COVID-19 test results after experiencing symptoms.

Child Screening Requirements

Centres must follow the provincial COVID-19 screening tool for symptom screening, monitoring and isolation procedures. All individuals must follow the monitoring and isolation advice outlined in the screening tool. COVID-19 Screening Tool for schools and childcare centres.

- Any child care centre staff, visitor or student that has not completed the self-screen will be required to do so prior to entry.
- Any child care centre staff, visitor or student that does not pass the onsite screening procedures will be asked to return home and self-isolate until they meet the criteria for return.
- Home child care providers and residents of the home must also screen each day before children enter the home. If the provider or any other member of the household does not pass the screening, the provider should notify the home child care agency and must not provide child care.
- A failed screen does not need to be reported to the local public health unit.
- Persons who test positive for COVID-19 confirmed through a PCR test should follow the guidance of their local public health unit and health care professional regarding direction for isolation and returning to a child care centre or before and after school program setting.
- Only PCR confirmed positives must be reported to the Ministry of Education by completing the serious occurrence form found on CCLS. These need to be reported to CDSSAB, Director of Children's Services, Shannon Costello. In the case the centre is located within a school, inform the designated Early Years Lead for each School Board and the Principal of

the school must be informed of each serious occurrence including those that are COVID-19 related. In the case that a centre is informed of a PCR confirmed positive COVID-19 case, the Early Years Lead must be informed immediately. Please contact your School Board for clarification of who the designated person is.

Licensees may continue to provide a checklist to parents to perform daily screening of their children before arriving at the child care setting (i.e., something other than the provincial school and child care screening tool, such as another online form by municipal partners, a survey, or e-mail, or through a paper form), but must align the criteria to the provincial tool. Signs should be posted at entrances to the child care setting to remind staff, parents/caregivers, and visitors of screening requirements.

In the event that an individual is not screened prior to arriving at the child care setting, active (in-person) screening should be available when necessary.

If an individual is screened at the child care setting, screeners should take appropriate precautions when screening and escorting children to those being screened, or being separated by a physical barrier (such as a plexiglass barrier).

A process should be in place to ensure those waiting in line are physically distanced from one another.

Alcohol-based hand rub containing 60% to 90% alcohol content should be placed at all screening stations. Dispensers should not be in locations that can be accessed by young children.

At the advice of the local public health unit, licensees may choose to implement additional on-site screening measures based on local circumstances.

Before and After School Attendance:

Only those children that are pre-scheduled to attend the school-age program will be allowed to attend. There will be no drop-in allowance. For example, the child can attend if the parent contacts the centre and the centre confirms there is availability, but not if this process is not followed.

In order to be compliant with the Child Care & Early Years Act, providers will be responsible for performing a visual check of each child upon arrival to the centre from home or school to assess their health. They need to be checking for signs of symptoms as listed on the most recent provincial screening tool. If the child answers yes to these inquiries, or appears unwell, the child will be isolated and the parent contacted for immediate pick up. Once the check is completed, the staff member will sign the child in and initial that they have completed the visual observation check. Each childcare centre is required to develop a policy and procedure to be followed for performing these visual checks.

Licensees may wish to consult the Province's COVID-19 website for information and resources on COVID-19 symptoms, protections, and seeking health care.

SYMPTOMS OF COVID-19

A list of symptoms, including atypical signs and symptoms, can be found on the Ministry of Health's website:

[COVID-19 Reference Document for Symptoms](#)

Please use CCEYA for actions and exclusion guidelines for other common childhood communicable diseases.

Childcare centres no longer have to submit individual absenteeism reports for when a child or staff develop symptoms while at childcare. However, they are to continue to submit the Absenteeism Rate Reports to inspections@porcupinehu.on.ca. Do not send the form to the email indicated on the form as you are not a school. This needs to be completed **each day** that you have reached 30% absenteeism for children/staff present that day.

Cohort Based Dismissals

Public health units will no longer be dismissing cohorts. Any dismissals or closures of a school or child care will be contingent on operational requirements determined by the school board, school and/or child care operator.

Given the widespread transmission and inability to test all symptomatic individuals, schools will not be routinely notifying students/pupils in classes with a positive case, or if a child/student or staff is absent due to symptoms associated with COVID-19. Employers must continue to follow reporting requirements outlined in COVID-19 and workplace health and safety

<https://www.ontario.ca/page/covid-19-workplace-health-safety#section-1>

SUSPECTED CASE: COVID-19 PROTOCOLS

Children in particular should be monitored for atypical symptoms and signs of COVID-19 while in care.

If a child, child care centre staff, student, home child care provider and those ordinarily resident/regularly at the home child care premises becomes symptomatic while in the program, they should be isolated in a separate room and family members contacted for pick-up. Each centre must have a space designated for a child that becomes ill. Once this space is used, it must be disinfected immediately. A log of cleaning must be kept for this space after each use. Signs must identify this space as an isolation area.

Upon noticing symptoms:

- Isolate the person immediately in a designated supervised area or space at least 2 meters away from others until they can go home. Anyone who is providing care to the child should

maintain a minimum distance of 2- metres. The sick person should be provided with tissues and reminded of hand hygiene, respiratory etiquette and proper disposal of tissues. The child care worker should wear a medical grade mask, gown, and eye protection. A call for that child to be picked up from the centre should be made immediately. If tolerated and above the age of 2, the child should wear a surgical / procedure mask and eye protection. The staff and child shall not interact with others. The childcare staff / provider should also avoid contact with the child's respiratory secretions.

- For home-based programs: if a person who resides in the home develops COVID-19 symptoms, they should be isolated away from the children and infection prevention and control measures should be adhered to (e.g., daily cleaning, frequent cleaning/disinfecting of high touch surfaces, frequent hand washing).

Child care centres are to notify the Porcupine Health Unit if they have an absenteeism rate of 30% or more children and/or staff in the centre as a whole, due to COVID-19 symptoms (not due to isolation). When Licensees send PHU this report, the Director of Children's Services, Shannon Costello and the Program Manager of Childcare Quality Assurance, Cathy Courville must be copied in this email.

Upon receiving notice of any PCR confirmed positive case in your centre, a phone call to Shannon Costello, Director of Children's Services must be made immediately. Directions will be provided on next steps. Program Manager of Childcare Quality Assurance, Cathy Courville will be the contact proceeding the initial call to Shannon. In the case where Shannon can not be reached, contact Cathy. Shannon (705-266-4697) Cathy (705-406-4465)

SERIOUS OCCURRENCE REPORTING:

Given recent changes to reporting, the ministry intends to seek approval to amend the serious occurrence reporting requirements set out in regulation. Should this change be approved, licensed child care programs would no longer be required to report PCR confirmed cases of COVID-19 to the Ministry of Education.

However, until further notice, please continue to report serious occurrences for PCR confirmed cases in accordance with O. Reg 137/15. Licensees should continue to follow existing reporting practices and a confirmed case should be identified as an individual who has tested positive for COVID-19 on a laboratory confirmed PCR test.

To continue to support ongoing monitoring and transparency related to COVID-19 impacts on child care, licensees are also required to report program closures related to COVID-19. For child care centres this represents any closure impacting the entire program. For home child care agencies, this represents any closure impacting an entire home child care premises. Both voluntary and public health ordered closures must be reported.

If a serious occurrence for a confirmed case has been submitted, the closure should be included as part of that report. However, for closures where there are no confirmed cases, licensees are to report under the “Unplanned Disruption of Service” category in the Child Care Licensing System.

As a reminder, upon receiving notice of any PCR confirmed positive case in your centre, a phone call to Shannon Costello, Director of Children’s Services must be made immediately. Directions will be provided on next steps. Program Manager of Childcare Quality Assurance, Cathy Courville will be the contact proceeding the initial call to Shannon. In the case where Shannon can not be reached, contact Cathy. Shannon (705-266-4697) Cathy (705-406-4465)

Additional information will be provided should reporting requirements change.

SETTING UP A SPACE FOR PHYSICAL DISTANCING

For centres within schools, please confirm with the designated EarlyYears Lead the requirements for cleaning for each individual centre in each school.

All Programs:

- Licensees should develop procedures that support physical distancing
- Alcohol based hand rub should not be accessible to children (i.e., within their reach) and children should be supervised when using the hand rub.
- Personal belongings (e.g., backpack, clothing, etc.) should be minimized. Belongings should be labeled and kept in the child’s cubby/designated area.

You may want to consider a specific policy/protocol for stroller storage if this typically takes place inside the child care setting (for example, designating a space outside of the child care setting so that parents do not need to enter the building to leave the (stroller).

Physical Activities:

Programs may provide opportunities for physical activity for children and youth. High contact physical activities should take place in outdoor settings only. Masking is not required outdoors for high contact physical activities.

Low contact activities are permitted indoors. For children in grade 1 and up, masking is encouraged but not required if a minimum of two metres distance can be maintained between groups and as much as possible within a group.

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 used.

Space Set-Up and Physical Distancing

The ministry recognizes that physical distancing between children in a childcare setting is difficult and encourages childcare staff and providers to maintain a welcoming and caring environment for

children. Please see the document “Building On How Does Learning Happen?” for more support and ideas on how to provide an engaging environment while physically distancing.

More than one child care or early years program or day camp can be offered per building/space as long as they are able to maintain separation between the groups/cohorts and follow all health and safety requirements that apply to those programs. Physical barriers (which begin at the floor and reach a minimum height of 8 feet) are not required if a distance of 2 metres can be maintained between cohorts.

When in the same common space (e.g., entrances, hallways), physical distancing of at least 2 metres must be maintained between different groups and should be encouraged, as much as possible, between children within the same group by:

- spreading children out into different areas, particularly at meal and dressing time;
- incorporating more individual activities or activities that encourage more space between children: and,
- using visual cues to promote physical distancing.

Singing is permitted indoors; masking is encouraged but not required for singing indoors if a minimum of two metres distance can be maintained between cohorts and as much distancing as possible maintained within a cohort

All children must be spaced out while sitting for activities and eating. Tables must be sanitized prior to and after eating.

Only one group should access the washroom at a time and it is recommended that the facilities be cleaned in between each use, particularly if different groups will be using the same washroom. This includes sink faucets, not just the toilet.

In shared outdoor space, mixing between groups and any other individuals outside of the group is permitted, though physical distancing should be encouraged between groups as much as possible. Where physical distancing is difficult, with small children, providers are encouraged to plan activities for smaller groups when using shared objects or toys.

During rest periods, Licensees and home child care providers are encouraged to increase the distance between cots/resting mats/playpens or place the children head to toe or toe to toe if the space is limited. Cots, cribs, and linens must be disinfected after each use. Ensure childcare staff is practicing physical distancing during breaks/lunches. Rooms should be measured in order to determine how many individuals can be in the room while ensuring the 6ft/2m physical distance is possible at all times. Remove extra chairs and tables to ensure physical distancing in staff rooms. Marks on the floor should indicate where the remaining chairs must stay in order to maintain a minimum 6ft/2m physical distance. Hand sanitizer and disinfectant wipes/spray should be placed by staff dining tables to remind staff to clean their area before and after eating. Signs indicating the maximum number of staff permitted in the room (based on social distancing requirements) should be posted in visible areas.

Equipment and Toy Usage and Restrictions

Licensees and home child care providers are encouraged to provide toys and equipment which are made of materials that can be cleaned and disinfected (e.g., avoid plush toys) as much as possible.

Mouthed toys should be cleaned and disinfected immediately after the child is finished using them.

Licensees and home child care providers are encouraged to have designated toys and equipment (e.g., balls, loose equipment) for each room or group of children.

If sensory materials (e.g., playdough, water, sand, etc.) are offered, emphasis should be placed on hand hygiene before and after the use of materials. Replace the water, sand, etc. as frequently as necessary/previously directed and that if an increase of cases is noted, to temporarily remove sensory materials.

Outdoor Play

NOTE: It is recommended to spend a lot of time outdoors during this time period.

Children must be encouraged to wash their hands before going outside and upon re-entering the building.

Child Care operators should schedule outdoor play in small groups in order to facilitate physical distancing, however, children are not required to wear masks.

Child Care operators and home child care providers should find alternate outdoor arrangements (e.g. community walk), where there are challenges securing outdoor play space. Providers should follow physical distancing practices when possible.

Children should bring their own sunscreen where possible and it should not be shared. Staff may provide assistance to apply sunscreen to any child requiring it and must wash their hands before and after application.

Field Trips

Field trips are permitted as per the Reopening Ontario Act. Children should be cohorted throughout the duration of the trip. Ratios must be maintained as set out in the CCEYA. For field trips, anyone entering the area must be screened upon arrival and the pick-up/drop-off of children should happen outside of the area or within a designated and isolated area. Health and safety requirements set out in the guidelines and regulations (e.g. masking, eye protection) and of the place being visited would continue to apply.

Keeping daily accurate records of individuals attending field trips (name, contact information, time of arrival/departure, transportation, location visited) is required to facilitate contact tracing.

CLEANING AND INFECTION CONTROL PROTOCOLS

Cleaning Child Care Centres / Homes

Operators must keep a cleaning and disinfecting log to track and demonstrate cleaning schedules.

- If meals or snacks are provided, ensure each child has their own individual meal or snack. No food sharing allowed. Bagged lunch policy required in the Child Care & Early Years Act, 2014 must be followed. Family style meals are not permitted at this time. At this time, the adult should serve the child their food and not have the child place food on their own plate / bowl.
- Multi-use utensils must be sanitized following Food Premise regulations.

Washing and Disinfecting Surfaces

Must use disinfectants that have a Drug Identification Number (DIN). Low-level hospital grade disinfectants may be used.

The procedure for cleaning surfaces is as follows:

1. Clean all articles first with soap and warm water.
2. Rinse with clear water.
3. Follow with a sanitizer – see recipe below or use according to manufacturer's recommendations.
4. Rinse with clear water.
5. Store all sanitizers and other chemicals in a locked cupboard out of reach of children and away from food.

Bleach Solution for Sanitizing

Normal Strength – ¼-cup (4 tablespoons) household bleach to 1-gallon water or 1 tablespoon of bleach to 1 liter of water: toys, diapering areas, tables, etc.

Extra strength (1:1) – 1 part household bleach to 9 parts water: bloody spills, heavy contamination with feces or vomit, regular cleaning during an outbreak.

In order to help prevent the spread of infections (bacteria, viruses, parasites) in the child care setting it is important to clean and sanitize toys on a regular basis.

Cleaning Blood/Body Spills

Use gloves for protection when cleaning blood/body spills.

Hand washing is the most important procedure for preventing the transmission of bloodborne pathogens.

1. Hands must be washed immediately after unprotected exposure to blood or fluids capable of transmitting blood borne pathogens.
2. Hands must be washed after removing gloves.
3. Hands must be washed after a glove tear or a suspected glove leak.
4. Hands must be washed after handling materials that may be contaminated with blood or body fluids capable of transmitting blood borne pathogens.

Cleaning Program

Child care centres and home child care premises should be cleaned frequently. Focus should be on regular hand hygiene to reduce the risk of infection related to high touch surfaces.

Cleaning plus disinfection twice daily (one of these at opening or at closing, and once throughout the day) for toys is suggested at a minimum, however, more frequent cleaning and disinfection may be necessary, depending on the frequency of use and extent of soilage.

Frequently touched surfaces must be cleaned every 3 hours. These include but are not limited to washrooms (for example toilet fixtures, faucets), eating areas (for example, tables, sinks, countertops), doorknobs, light switches, handles, desks, phones, keyboards, touch screens, push buttons, handrails, computers, photocopiers, sports equipment, water fountain knobs.

Separate washrooms for separate groups should continue to be used if possible.

Please refer to Public Health Ontario's Environmental Cleaning fact sheet for best practices for cleaning and disinfecting including:

- which products to use, including disinfectants with Health Canada Drug Identification Numbers (DINs);
- how to clean and disinfect different materials, including minimum surface contact time; and,
- other items to remember, including checking expiry dates of cleaning and disinfectant products and following the manufacturer's instructions.

Health Canada's Hard-surface disinfectants and hand sanitizers (COVID 19) webpage provides further information on approved products.

Ventilation

Licenseses and home child care providers are encouraged to implement best practices and measures to optimize ventilation (see Public Health Ontario's guidance: Heating, Ventilation and Air Conditioning (HVAC) Systems in Buildings and COVID-19). Adequate ventilation should be provided by opening windows, moving activities outdoors when possible, and through mechanical ventilation including HVAC systems. Heating, ventilation and air conditioning systems (HVACs) and their filters are designed to reduce airborne pollutants, including virus particles, when they circulate through the system.

- Ensure HVAC systems are in good working condition.
- Keep areas near HVAC inlets and outlets clear.
- Arrange furniture away from air vents and high airflow areas.
- Avoid re-circulating air.

While ventilation is important, it must be used along with other public health measures. There is not one public health measure that can guarantee protection from COVID-19; multiple strategies are needed. Other measures include symptom screening and self-isolation for people with symptoms, practicing physical distancing, wearing a mask, and practicing good hand hygiene and respiratory etiquette.

STAFF TRAINING:

As part of the Ministry of Education's Child Care Re-Opening Guidelines, the CDSSAB must ensure that updated training is provided to all child care staff / providers on health and safety and other operational measures outlined in this document plus any additional local requirements in place. You may wish to consult the Public Services Health and Safety Association's Child Care Centre Employer Guideline for information on other measures to consider for child care staff/providers. Note that there is also a resource document for Child Care Providers.

Public Health Ontario have developed videos to assist with understanding our role in stopping the spread of COVID-19 in our community. Links to videos are provided below and all child care staff / providers must complete the training prior to reopening. Updated training should be offered such that all child care staff/providers receive training on current health and safety measures in place according to the Operational Guidance as well as those put in place by the local Public Health Unit and CDSSAB. Sign off documents should be kept in order for centres to have a record of staff members having completed updated training.

7 Steps of Hand Hygiene

<https://www.publichealthontario.ca/en/videos/7-steps-handhygiene>

Putting on gloves

<https://www.publichealthontario.ca/en/videos/ipac-gloves-on>

Putting on Mask and Eye Protection

<https://www.publichealthontario.ca/en/videos/ipac-maskeyes-on>

Taking off Mask and Eye Protection

<https://www.publichealthontario.ca/en/videos/ipac-maskeyes-off>

Taking of a Gown and Gloves

<https://www.publichealthontario.ca/en/videos/ipac-gowngloves-off>

Putting on Full Personal Protective Equipment

<https://www.publichealthontario.ca/en/videos/ipac-fullppe-on>

Taking off Full Personal Protective Equipment

<https://www.publichealthontario.ca/en/videos/ipac-fullppe-off>

Putting on N-95 Mask

https://www.youtube.com/watch?v=9Wki4GGU62U&feature=emb_rel_end

Taking off N-95 mask

<https://www.youtube.com/watch?v=lqKCeyjig9o>

Note: Other training opportunities may arise and will be mandated upon need.

Attendance Records

In addition to attendance records for all children receiving child care, all child care licensees are responsible for maintaining daily records of anyone entering the child care facility/home.

These records must include all individuals who enter the premises (e.g., parents and guardians dropping off children, cleaners, people doing maintenance work, people providing supports for children with special needs, those delivering food).

- Records are to be kept on the premises (centre or home) and along with name and contact information must include an approximate time of arrival and time of departure, and screening completion for each individual.
- Records must be kept up-to-date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak (i.e., records can be made available to public health within 24 hours of a confirmed COVID-19 case or outbreak).

As a reminder, Before and After School programs must include visual observation check acknowledgement.

Visitors

All visitors to the program, including parents, students completing educational placements, essential volunteers or others, are subject to the health and safety protocols outlined in this document. The number of visitors indoors should be limited to the ability to maintain physical distancing of at least 2 metres.

Licensees are expected to have a process in place to validate the screening of visitors and volunteers.

Based on recommendations from the Porcupine Health Unit, visitors who will be interacting directly with children (ie. dental hygienist, occupational therapist, speech-language pathologist, etc.) are required to show proof that they are fully vaccinated against COVID-19, or proof that they have received a negative COVID_19 rapid antigen test result within 24 hours of attending the child care centre. Parents and visitors who will not be interacting directly with children (i.e. plumber, electrician, maintenance, etc.) will not be required to show proof of vaccination or a negative rapid antigen test. Child care centres are not permitted to use any provided rapid antigen tests for visitors.

Use of video and telephone interviews should be used to interact with families where possible, rather than in person.

Ministry staff and other public officials (e.g., fire marshal, public health inspectors) are permitted to enter and inspect a child care centre, home child care agency, and premises at any reasonable time. They must also be screened and wear appropriate PPE.

At the advice of the local public health unit, child care licensees may be asked to restrict visitor access.

The provision of in-person special needs services may continue and licensees may use their discretion to determine whether the services being provided are essential and necessary at this time. Child Care providers and special needs services should attempt the use of video and telephone conferences to interact with each other and with families as much as possible. Where SNR services are provided through external staff/service providers, licensees and home child care providers should inform all families of this fact, and record attendance for contact tracing purposes.

All SNR staff must be screened before entering the child care setting, as per the screening protocol and wear appropriate PPE. Licensees and SNR service providers should work together to determine who will be responsible for ensuring SNR staff have appropriate PPE.

Please note that child care providers are mandated through the Child Care & Early Years Act, 2014 to keep a Visitor Log book where the provider must log the time in and time out of each visitor. The electronic Daily Health Screen tool provided by CDSSAB does include all other information required to obtain for visitors to enter the building. For those that are not using the CDSSAB electronic tool, your version must be able to obtain a record of the name of each person entering, the person's contact information and time in and out of the centre.

When any Porcupine Health Unit Inspector attends your centre, provide a copy of the Inspection Report to the CDSSAB within 72 hours. Send to Cathy Courville, Program Manager Child Care Quality Assurance; CourvilC@cdssab.on.ca

Mental Health

The ministry recognizes the detrimental impact of the COVID-19 pandemic on children's mental health and well-being. The ministry's "Building on How Does Learning Happen?" supports the operation of early years and child care programs in Ontario during the COVID-19 outbreak. It provides information on how early years settings can support the social and emotional health and wellbeing of children and families, in addition to safe and healthy environments.

Early years and child care program providers are also encouraged to collaborate with child and youth mental health agencies to support strong connections and make the best use of mental health resources and support across the integrated system of care.

Liability and Insurance

All requirements under the CCEYA must be met in addition to the enhanced health and safety measures outlined in this document and by local public health.

Licensees and child care providers may wish to consult with their legal counsel or insurance advisor about any other considerations for operating and providing child care during this period.

Communication with Families

Where possible, the use of in-person communication should be limited.

Child Care operators and home child care operators must:

- Inform families of enhanced health & safety measures and any new policies created and provide them a copy.
- Licensees must share with parents the policies and procedures regarding health and safety protocols to COVID-19, including requirements and exceptions related to masks.
- Update the child care centre / home child care centre priority / waitlist policy
- Licensees may want to consider providing links to helpful information as well as detailed instructions regarding screening and protocols if a child or individual in the program becomes ill.

Given the strict health and safety measures in place and the advice of local public health units, some child care licensees/providers may continue to operate at reduced capacity for a period of time.

Fee Subsidy Eligibility and Assessment

The CDSSAB will continue to offer a fee subsidy to those families who are eligible and have a confirmed spot with a licensed child care provider / home child care provider that has a fee subsidy agreement with the CDSSAB.

The CDSSAB will not be approving a full day care fee subsidy for any child eligible for school whose parent / guardian has chosen not to enroll children in school due to COVID-19.

CDSSAB will notify service providers in monthly email any additional fee subsidy billing support related to COVID-19 absences.

Please note that this is a living document and will be updated when required. For questions or concerns about this document, please contact CDSSAB Program Manager Child Care Quality Assurance, Cathy Courville, 705-268-7722 ext. 240 CourvilC@cdssab.on.ca