

COVID-19 Pandemic Policies

Revised January 11, 2022

The focus of this document is to implement the new health, safety, and operational measures to safely operate our centres. These policies are in effect during the duration of the restrictions as set out by our Government during the pandemic. This document has been written based on the Ministry of Education Operational Guidance During COVID-19 Outbreak and the Windsor-Essex County Health Unit COVID-19 Guidelines for Child Care Centres in Windsor and Essex County.

All policies are subject to change. Advice from the Ministry of Education and from the Windsor-Essex County Health Unit must be followed, even in the event that it is different from these policies.

All ABC Day Nursery of Windsor's Policies are to be followed unless this document replaces certain policies during the pandemic. All staff are required to read and sign off on these policies.

The Ministry of Education has provided us guidance on how to operate during the Covid-19 pandemic. They have stated that we MUST follow the advice of the Windsor Essex County Health Unit pertaining to our daily operation.

Parents must wear a mask when dropping off and picking up their child.

Parents will be required to sign a waiver prior to their child attending the centre. The waiver reads:

I, _____ (Parent/Guardian Name) acknowledge and understand that the services, sanitary practices, screening processes provided by ABC Day Nursery of Windsor during the COVID-19 pandemic are as safe as possible for my child/children. ABC Day Nursery is following the recommendations from the Health Unit and Ministry of Education. I waive any liability of ABC Day Nursery of Windsor as a result of contracting a communicable disease.

If your child becomes ill while in our care you must be able to be reached and someone must pick up your child within 30 minutes. We have implemented this during the COVID-19 pandemic to ensure all children and staff remain safe and healthy. Failure to abide by this will jeopardize your child's spot.

At this time, we will be unable to accommodate any strollers or car seats within the child care centre. Sorry for any inconvenience this may cause.

Any communication/interviews with parents will be done through telephone, HiMama or email.

Our focus is on the health, safety and operational measures that are required to safely operate during the pandemic. We continue to provide a welcoming and caring environment and thrive on providing quality care for the children and families. We will still hug your child if they are crying, but we will just have to place a cloth on our bodies to do so. We will still provide circle time, but we will have the children sit 2 meters apart. We will still provide crafts and sensory, but they will be individualized. We will still send out HiMama photos, but they will be of just your child doing their individual activity. We will still love and nurture your child in the new "normal" way.

Maximum Cohort Size

A cohort is defined as a group of children and the staff members assigned to them, who stay together throughout the day and as much as possible should not mix with other groups. **The Ministry of Education does recognize that due to Covid-19 illness, we may run into staffing issues. We are permitted to move children from one cohort to another for staffing purposes as to adhere to staffing ratios.**

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

Staff, students, supervisors and special needs resource staff are permitted to move between child care locations and between licensed age groups because they are wearing medical masks and safety goggles.

All pre-planned group events will be rescheduled during the COVID-19 pandemic.

Payments

E-transfer is preferred method of payment or debit/credit (if your centre has a portable debit machine).

Parents, please allow enough time during drop off and pick up for the screening process that will take place daily.

In Person Screening Process and Separation

Upon entry, all staff and children must self-screen before being permitted to enter the building. Parents/Guardians will only be permitted to enter the screening area during drop off and pick up. Daily screening will take place until we are advised differently from the Windsor Essex County Health Unit. Parents are able to enter the building once screening and wearing a medical mask if requesting to speak with the Supervisor, or for a tour if they are new to the centre.

Parents can communicate with their Educators by emailing them on HiMama; or they can call the centre and speak directly with them or with the Supervisor.

Parents are encouraged to minimize the child's personal belongings to a change of clothes, small blanket, and snowsuit etc. No outside toys or food will be allowed in the centre, except a sleeping buddy if your child requires one. This must be in a bag upon arrival and departure. It will only be taken out to be on the child's cot for rest time.

Staff member designated to be a screening person will be required to wear a mask and face shield or goggles. A gown must be available in the event they are required to deal with any bodily fluids. Alcohol based sanitizer (60 to 90% alcohol content) will be

available in the screening area and throughout the centre for the staff to use. The screening staff or running staff will walk the children to their rooms.

Screening at Home Prior to Entering the Child Care Centre

All individuals reporting either to work or to the child care centre should complete the school screening online prior to attending. <https://covid-19.ontario.ca/school-screening/>

The screening tool asks about symptoms (new, worsening, and not related to other known causes or conditions), recent travel by the child, pending tests for COVID-19, close contact with a confirmed case, a close contact with anyone in your household that has new or worsening symptoms, and any current direction from public health or a doctor. Based on individual responses, each person will get a screening result. As a reminder, children, staff, providers, placement students and visitors are now required to provide daily confirmation/proof of having self-screened prior to or upon their arrival. Any individual that does not pass this on-site screening procedure will be asked to return home and self-isolate until they meet the criteria for return.

Screening Procedure for the Children Attending the Child Care Centre

1. Ask the parent if they completed the online screening for their child. Have the parent show proof that they completed the online screening for their child. Ensure that it is a green pass (if it is red, have the parent take the child home immediately to isolate), and ensure that it has the current day's date on it.
2. Take the child's temperature with the infrared thermometer and log it. Also, ask the parent how the child is feeling.
3. Sign the child in on the sign in and out (time and staff initial).

If someone else is dropping the child off, other than the regular parent/guardian, and they do not have a screenshot of the daily completed online screening for the child, then manually screen the child in on the screening sheet provided. Asks each screening question, and have the person dropping off sign, date, and provide contact information.

The screening questions can be found at: <https://covid-19.ontario.ca/school-screening/>

If anyone fails the online screening, they are not permitted to enter the building.

Additional Guidance:

Child care centre staff, providers, placement students, and children with **any new or worsening symptom of COVID-19**, as indicated in COVID-19 School and Child Care Screening Tool, even those with only one symptom, must stay home until:

- They receive a negative COVID-19 test result
- They receive an alternative diagnosis by a health care professional, or

- It has been 5 days since their symptom onset and they are feeling better (12 years and younger and/or fully vaccinated) 10 days for unvaccinated staff.

In addition, if any household members are experiencing any new COVID-19 symptoms and/or are waiting for COVID-19 test results after experiencing symptoms, or have tested positive, the child, and any child care centre staff, provider or placement student who are not fully vaccinated must not attend child care for 10 days; fully vaccinated and/or children under 12 years old must not attend for 5 days. If someone in the household falls ill, all siblings/household members must also be picked up. Household members must self-isolate until Covid-19 has been ruled out and/or 5-10 days.

Screening charts are kept for 30 days and provided if asked by the Health Unit.

Once the child has been screened and permitted to enter, a designated staff will take the child/children to their classrooms. Parents will be required to sign their child in and out in the screening area.

Upon arrival at their classroom, the teacher receiving the child will take the child to the washroom to immediately wash hands and face before being permitted to do activities. Children and staff will be required to practice frequent hand washing procedures throughout the day.

Individuals who test negative (with no known exposure) can return to work/childcare as per the childcare centre's practice and policy. An ill individual who has a known alternative diagnosis provided by a health care provider may return to child care if they do not have a fever and their symptoms have been improving for at least 24 hours, and only if they are able to participate in the full daily schedule.

Covid-19 Child Care Screening Questions for Employees, Students and Essential Visitors

Staff will use a designated separate entrance (if available) and fill in the Staff Screening Charts. The chart includes name, contact information, did staff member pass self-screening and time in and out. Screening charts are kept for 30 days and provided if asked by the Health Unit. The screening charts are proof that staff have self-screened prior to starting their shift for work. Self screening can be found at: <https://covid-19.ontario.ca/school-screening/>

All essential visitors, parents for tours, delivery personnel, cleaners etc. must be screened before entering the child care centre. The screening questions can be found at: <https://covid-19.ontario.ca/school-screening/>

Pick Up

Parents will be required to ring the doorbell. A designated staff will acknowledge their arrival and go to the classroom to get the child.

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., staff, cleaners, people doing maintenance work, people providing supports for children with special needs, those delivering food).

Records are to be kept on the premises and along with name and contact information must include an approximate time of arrival and time of departure 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).

Vulnerable Sector Checks (VSC) Licensees are required to obtain VSCs in accordance with the CCEYA from staff and other persons who are interacting with children at a premise, including post-secondary students. 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. We will require a copy of the receipt and the staff member will be required to sign a declaration.

Separation

Teachers are to practice physical distancing as much as possible in the centre. You should remain at least 2 meters apart from other staff members.

Teachers are asked to ensure children are physical distancing as much as reasonably possible.

Teachers will set up activities in separate locations throughout the classroom to encourage physical distancing.

Teachers are asked to ensure you are physical distancing yourself from the children as much as is reasonably possible.

Children should be taught to practice physical distancing throughout the day.

Protocols for Employees

This guidance is intended to introduce consistent measures at the workplace in line with the Health Unit and Ministry of Education recommendations on physical distancing.

The health and safety requirements must not be compromised.

This guidance particularly relates to staff members. How do I protect myself?

Practice good hygiene! Avoid close contact with people who are sick. Avoid touching your eyes, nose, and mouth. Stay home when you are sick. Cover your cough or sneeze with a tissue. Clean and disinfect frequently touched objects and surfaces. Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing. Maintain a 2-metre distance as much as is reasonably possible.

Procedure If Staff Becomes Sick: If a worker develops a fever or a persistent cough while at work, they should:

Advise supervisor/designate, return home immediately, avoid touching anything, cough or sneeze into a tissue and put it in a bin, or if they do not have tissues, cough, and sneeze into the crook of their elbow. Obtain medical advice and assistance, as necessary.

Enhanced Cleaning Measures

Enhanced cleaning and disinfecting procedures will be in place particularly in communal areas and at high touch surface areas. Disinfectant chart will be filled out twice a day. Cleaning includes but not limited to taps, washing facilities, toilet flush and seats, door handles push plates and handrails, food preparation and eating surfaces, toys and equipment, telephone, communication equipment, keyboards, photocopiers, and other office equipment, staff room and staff washroom. Staff are to wash hands or use hand sanitizer upon entering staff room and leaving. Clean microwave, fridge handles, tables after use, and put garbage away.

Key Message:

COVID-19 is believed to spread from person-to-person often through droplets from coughing or sneezing.

The virus is also believed to spread by people touching a surface or object and then touching their mouth, nose, or eyes.

Sanitization Policy

Staff members will follow a disinfecting schedule and will complete the paperwork by initialing upon each completed step. The cleaning and disinfecting schedule will be kept in the classroom.

All toys, tabletop and counter surfaces will be cleaned with soap and water before disinfecting.

Spray items with disinfectant, Oxivir Plus and allow for 5 minutes contact time, wipe then rinse with clear water.

Avoid using disinfectants within proximity to children. Children are not to use these products.

All disinfectants and cleaning products are stored in locations that are inaccessible to children.

Label all disinfectant and cleaning product bottles.

Use of Universal Precautions Policy

Staff members must use universal precautions when handling blood or bodily fluids. "Universal Precautions" is the term used to describe the procedures to prevent the spread of infection from bodily fluids. The risk of serious illness from bodily fluids must not interfere with the provision of first aid. There are several precautions that staff can use to protect their own health as outlined in the Universal Precautions Procedure.

Universal Precautions Procedure

Since it is impossible to know for certain if a child is infected with a virus, all instances of blood and bodily fluids in the child care settings should be treated as if infected. The following universal precautions should always be taken when encountering blood:

1. Ensure that your cuts, scrapes, and chapped hands are covered with bandages.
2. Wash hands for at least 30 seconds after encountering blood or bodily fluids that might contain blood.
3. Wear disposable gloves and a mask when you encounter blood or bodily fluids, or if your own skin is broken from a cut, scratch, open rash, or chapped skin. Use absorbent materials to stop bleeding, such as, absorbent paper towels, cloth towels etc.
4. Use absorbent materials as a barrier between your skin and the blood and bodily fluid. Gloves are a good defense.
5. If cleaning a spill that may contain blood, wear disposable rubber gloves, soak-up the spill with paper towels, then wash the area with detergent and water. Next disinfect with

Oxivir Plus allowing 5 minutes contact time. Safely discard gloves and paper towels in sealed garbage bag.

6. Remove gloves and discard blood-stained materials in a sealed plastic bag and place in a lined, covered garbage can.

7. Wash hands immediately after removing gloves.

8. Cover cuts and scratches with bandages until healed.

9. Clean blood-soiled surfaces with soap and water and then disinfect with Oxivir Plus and allow 5 minutes contact time with disinfectant.

10. Put blood-stained laundry in sealed plastic bags. All gloves, tissues, and other items that have contacted blood or bodily fluids should be placed in a plastic-lined garbage bag and tied securely.

Sanitary Practices in the Classroom:

It is the teacher's responsibility to make sure their classroom is clean, and all material is sanitized.

Toys are to be washed with soap and water then disinfected with Oxivir Plus, allow for 5 minutes contact time, then rinse with clear water air dry before placing back in their containers.

Each classroom has a disinfectant checklist that must be followed. Toys must be cleaned a minimum of twice a day and surfaces such as tables twice a day.

All cots and cribs are to be cleaned a minimum of weekly, more often if needed. Sheets are to be washed weekly or more if soiled. Blankets will be sent home weekly for washing. Blankets are to be kept on the cot/crib or in the child's locker. Children must be placed head to toe on their cots/cribs to minimize the spread of respiratory infections. And cots/cribs will be spaced out as much as possible, up to 2 metres apart if possible.

Sanitary Practices with Regards to Diapering:

Change areas, counter and hand washing sinks must be kept clear of all materials. The change area is only intended for diapering and not to be used as a storage area for teachers.

Teacher must follow these procedures when diapering a child:

1. Teachers must always wear gloves, goggles or shield and a mask when diapering a child.

2. Gloves are to be disposed after every diaper change.
3. Teachers must wash their hands in between diapering.
4. Children's hands must be washed after their diaper has been changed.
5. The teachers must disinfect the change area after each diaper change.

Proper hand washing procedures must be followed in accordance with the Windsor Essex County Health Unit. All procedures must be followed to ensure the Health and Safety of all staff, children, and parents. It is the responsibility of ALL staff to maintain sanitary practices.

Monitoring and Responding to Reports of COVID-19 Symptoms

Anyone who is symptomatic, does not pass screening, or has been advised to self-isolate by the local public health unit must not be permitted to attend the program and should stay at home (this includes children, child care centre staff, students completing post-secondary placements).

If an individual becomes ill while in the child care setting, they must be immediately separated from others, and in a separate room where possible (i.e., an isolation room). Parents/guardians must be contacted for pick-up of symptomatic children. Symptomatic children who are separated from others must be supervised.

Anyone providing care to the ill individual should maintain as much physical distance as possible. You are required to wear a mask, shield and gown. If you need to comfort a child and cannot maintain a distance of 2 meters, also wear gloves.

Hand hygiene and respiratory etiquette should be practiced while the ill individual is waiting to be picked up.

Cleaning of the area the separated individual was in and other areas of the child care setting where the ill individual was should be conducted as soon as reasonably possible after the ill individual leaves

The ill individual and/or their parent or guardian be advised to use the online self-assessment tool and follow instructions which may include seeking medical advice or going for testing for COVID-19. Note that individuals do not require a medical note or proof of negative test to return to the program.

Staff Training

In collaboration with local public health, Merchant Health and Safety Personal provided training to all child care staff prior to re-opening on the health, safety and other operational measures. • This will include instruction on how to properly clean the space

and equipment, how to safely conduct daily screening and keep daily attendance records, and what to do in the case that someone becomes sick. • Training for all staff/providers on proper usage of PPE. All staff are mandated to be fully vaccinated by the Ministry of Education; unless one provides a note from a physician with a medical condition that does not allow them to receive a vaccination, or staff chooses to complete twice weekly rapid tests. All un-vaccinated staff must complete a rapid test twice weekly and provide proof of negative results; and will be required to complete training on the importance of being vaccinated and sign off. <https://vimeo.com/649984965>
Password: 19eduwebinar

Use of Masks (Staff & Students)

All adults in a child care setting are required to wear medical masks and eye protection (i.e., face shield or goggles), including in hallways and staff rooms (unless eating). Any time with masks off should be limited and physical distancing should be maintained. Any staff who is working alone, (kitchen, office) will only be required to wear this when leaving their space. You are not required to wear one outside if you maintain a 2-metre distance. You should always have a mask available during outside play.

If staff feel they cannot wear a mask (i.e., Medical reason) please speak to your supervisor. Staff who have permission to not wear a mask will be required to wear a shield (not goggles). All exemptions for staff wearing masks will be recorded in the staff member's file.

Serious Occurrence Reporting

Child care licensees have a duty to report suspected or confirmed cases of COVID-19 to the medical officer of health under the Health Protection and Promotion Act.

Only where a child, staff, student has a confirmed case of COVID-19 (i.e., a positive COVID19 test result), licensees must: • report this as a serious occurrence to the ministry. • **report to the local public health unit if there are 2 or more cases with an epidemiological link**, and provide any materials (e.g., daily attendance records) to public health officials to support case management and contact tracing and other activities in accordance with all applicable legislation, including the Municipal Freedom of Information and Protection of Privacy Act. • Public health officials will determine any additional steps required, including but not limited to how to monitor for other possible infected staff/providers and children and the declaration of an outbreak and/or closure of rooms and/or entire child care settings.

If a closure is ordered by the local public health unit and the licensee has already submitted a serious occurrence for a confirmed case, the existing serious occurrence must be updated to reflect the closure. • Should additional individuals at the child care program develop a confirmed case, licensees must either: (a) Revise the open serious

occurrence report to include the additional cases; or, (b) Submit a new serious occurrence report if the first has been closed already.

Please also note: the employer is responsible to let workers know if they may have been exposed in the workplace.

Case and Contact Management for a child

If a child, confirmed as a positive case of COVID-19, attended childcare during their period of communicability, close contacts will generally be determined as follows (subject to change in ministry guidance):

Cohort: All children within the cohort will be considered close contacts. Close contacts from anyone not living in your household are to monitor for symptoms. Close contact for household members: all members must stay home and isolate for a minimum of 5-10 days. Staff risk level (as part of the cohort) will be assessed on an individual basis and will take into account the use of medical masks and other appropriate personal protective equipment (PPE), as well as type of interactions with the child, and if they are fully vaccinated.

High-risk community/household exposure requiring self-isolation includes having had direct contact with infectious body fluids of the case (e.g., coughed on or sneezed on) OR having had close, prolonged contact (more than 15 minutes) while the case was not self-isolating. Anyone living in the same household while a case was not self-isolating would be considered a high-risk exposure.

Outbreak Management

If the local public health unit declares an outbreak, they will determine what happens next. This could include closing child care rooms or cohorts or an entire child care setting. An outbreak is two or more lab-confirmed COVID-19 cases in children, staff/providers or other visitors with an epidemiological link (ex. Cases in the same room, cases that are part of the same before/after school cohort), within a 14-day period, where at least one case could have reasonably acquired their infection in the child care setting.

The public health unit will help determine which groups of children and/or staff/providers need to be sent home or if a partial or full closure of the child care setting is required.

If the public health unit determines that partial or full closure of the child care setting is required, the licensee must revise their existing serious occurrence report for a confirmed COVID-19 case to include information about the closure.

Where there is a room or program closure due to COVID-19, we will be informing the families whom it directly affects by a phone call, and a letter sent to their email. **All families within the centre will be notified via HiMama of all positive cases.**

The Windsor-Essex County Health Unit (519-258-2146 Ext 4400)

Space Set-Up and Physical Distancing

The ministry recognizes that physical distancing between children in a child care setting is difficult and encourages child care 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.

Each group of children must have their own assigned indoor space, separated from all other groups by a physical barrier. The purpose of the barrier is to reduce the spread of respiratory droplets that are thought to transmit COVID-19 and to reinforce physical distancing requirements between groups. The physical barrier must begin at the floor and reach a minimum height of 8 feet to ensure that it will always be 12 inches taller than the tallest person in the facility. It must be as wide as the space/room will allow. Exemptions can be made by our local Health Unit. 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, where possible, between children within the same group by:

1. spreading children out into different areas, particularly at meal and dressing time.
2. incorporating more individual activities or activities that encourage more space between children; and/or using visual cues to promote physical distancing.
3. In shared outdoor space, a distance of at least 2-metres must be always maintained between groups and any other individuals outside of the group.
4. Licensees are encouraged to increase the distance between cribs and cots or place the children head to toe or toe to toe if the space is limited.
5. Shared spaces and structures that cannot be cleaned and disinfected between groups should not be used. Recognizing that physical distancing is difficult with small children and infants, additional suggestions include:
 - a. planning activities that do not involve shared objects or toys.
 - b. when possible, moving activities outside to allow for more space.
 - c. avoiding singing activities indoors.

Equipment and Toy Usage and Restrictions

Staff are encouraged to provide toys and equipment which are made of materials that can be cleaned and disinfected (e.g., avoid plush toys).

Toys and equipment should be cleaned and disinfected a minimum of twice a day and when visibly soiled.

If sensory materials (e.g., playdough, water, sand, etc.) are offered, they should be provided for individual use (i.e., available to the child for the day) and labelled with child's name.

Play structures and shared equipment can only be used by one group of children at a time. And disinfected in between if shared.

Focus will be on proper and frequent hand washing all throughout the day.

Outdoor Play

Outdoor play will be scheduled in small groups to facilitate physical distancing. Groups of children are always to remain separate. Where the outdoor play area is large enough to accommodate multiple groups, we will divide the space with physical markers to ensure the groups remain separated by at least 2-metres.

Equipment and outdoor toys will be disinfected between groups of children.

Interactions with Infants/Toddlers: Staff are to continue to hold bottles for infants not yet able to hold their own bottle to reduce the risk of choking. If able to place infants in every other crib to support physical distancing. Mark the cribs not being used.

Recognizing that physical distancing is difficult with small children and infants, suggestions to support physical distancing include:

Planning activities that do not involve shared objects or toys. When possible, moving activities outside to allow for more space. Children must not share food, feeding utensils, soothers, bottles, sippy cups, etc. Mouthed toys must be removed immediately for cleaning. They are to be washed with soap and water then disinfected with Oxivir Plus, allow for 5 minutes contact time, then rinse with clear water air dry before placing back in their containers.

Label these items with the child's name to discourage accidental sharing.

Food Provision

Child care providers should change meal practices to ensure there is no self-serve or sharing of food at meal times. Utensils should be used to serve food. Meals should be

served in individual portions to the children. There should be no items shared (i.e., serving spoon). There should be no food provided by the family/outside of the regular meal provision of the program (except where required and special precautions for handling and serving the food must be put in place). Children should neither prepare nor provide food that will be shared with others. Ensure proper hand hygiene is practiced when staff are preparing food and for all individuals before and after eating. Where possible, children should practice physical distancing while eating. There should be no sharing of utensils.

Mealtimes

There will be no self-serve or sharing of food at mealtimes. Staff will dish out individual meals at the cart, then place the plate on the table in front of the child. Utensils will be used to serve food. And there will be no sharing of utensils. There will be no items shared (i.e., serving spoons). There will be no food provided by the family/outside of the regular meal provision of the program. Children will not prepare nor provide food that will be shared with others. Proper hand hygiene is practiced when staff are preparing food and for all individuals before and after eating. Where possible, children will practice physical distancing while eating.

Before and After School Program

Children attending the program before and after school are permitted to bring a backpack. Please limit the items to only what is required at the child care setting and school. If there is any medication (puffer etc.) in the backpack, please notify the supervisor. Children will be encouraged to NOT take things out while at the child care centre, unless needed for on-line schooling.

Non-medical mask or face covering is mandatory for all children in grades 1 and up while inside a child care setting, including in hallways; all younger children (aged 2 to SK) are encouraged but not required to wear a nonmedical mask or face covering while inside a child care setting, including in hallways. All children in grades 1 and above are required to wear a non-medical mask or face covering outdoors when a distance of 2 meters cannot be maintained. All younger children (aged 2 to SK) are also encouraged to do this, but it is not required.

Parents/guardians are responsible for providing their school-aged child a mask.

School-aged children arriving in a.m. for before school program will go through the screening process. Children arriving in p.m. for the afterschool program will have their temperature taken, they will be asked if they feel okay and staff will be required to look for signs of the child feeling unwell. This will be recorded daily and kept for the Health Unit if needed.

Wait List: COVID - 19

There is no fee to place your child on a waiting list.

Each age group at each centre has its own individual waiting list. If space is not available, the child will be placed on a wait list. Due to the Covid-19 requirements spaces are limited. We will try to accommodate your needs as soon as possible.

The information required to be on the wait list is: Child's name and birthday, parent's name and contact information. (Phone Number), days and times required, when care is needed (Immediately or month to start), is this a referral?

Wait List Priorities: Five full day agenda, next is returning families or sibling of an existing registered family.

When a space becomes available in the specific age group, the family with top priority will be contacted first.