

## **COVID-19 Pandemic Policies**

**Revised March 15, 2021**

The focus of this document is to implement the new health, safety, and operational measures to safely operate our centres. These policies are updated for September 2020 and 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 Version 4 and the Windsor Essex County Health Unit COVID-19 Guidelines for Child Care Centres in Windsor and Essex County Version 5.

**All ABC Day Nursery of Windsor's Policies are to be followed unless this document replaces certain policies during the pandemic.**

**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.**

All staff are required to read and sign off on these policies.

### **Parents Information**

**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 duration of the program for minimum 7 days. Staff scheduled shifts will be assigned to one cohort.

Cohorts should stay together as much as possible throughout the day and should not mix with other cohorts.

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, and special needs resource staff are not included in the maximum group size but should be assigned to a specific group where possible.

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 will be screened before being permitted to enter the building. Parents/Guardians are NOT permitted to enter the child care centre.

Parents/Guardians will only be permitted to enter the screening area. Daily screening will take place until we are advised differently from the Windsor Essex County Health Unit.

We will have two marked spots to line up outside the screening area. Please remain in your car until a spot is available and take turns based on when you arrived.

Parents are encouraged to minimize the child's personal belongings to a change of clothes, small blanket, and snowsuit etc. Everything that comes into the centre MUST be in a Ziploc bag labeled with their name. (Exceptions for children who attend school; Before and After School Program Section) This will be kept in their lockers. 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. Screening person can bring children to their room.

### **Screening at Home Prior to Entering the Child Care Centre**

All individuals reporting either to work or to childcare 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 or individual, 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, child care 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. Recording of Parent and Child's Name 2. Parent's contact information. 3. Take & Record child/children's temperature with Infrared Thermometer. 4. Record time on screening form. 5. Children must be screened every day before entering the child care centre. Parents answer on behalf of the child. Ask and record answers to the following:

1. Does your child have any of the following new or worsening symptoms? Symptoms should not be chronic or related to other known causes or conditions. • Fever and/or chills (temperature of 37.8 Celsius or higher) • Cough, including croup (barking cough or making a whistling noise when breathing) • Shortness of Breath • Decrease or loss of smell or taste. • Sore throat (painful swallowing or difficulty swallowing) • Stuffy nose and/or runny nose (nasal congestion or rhinorrhea-thin mostly clear nasal discharge) • Headache (that its new and persistent, unusual, unexplained, or long lasting) • Nausea, vomiting and/or diarrhea. • Fatigue, lethargy, muscle aches or malaise (general feeling of being unwell, lack of energy, extreme tiredness, poor feeding in infants.

2. In the last 14 days, has your child or anyone that lives with your child travelled outside of Canada? (Other than essential workers who crosses the Canada-Us border regularly for work)

3. In the last 14 days, has your child been identified as a close contact of someone who is confirmed as having COVID-19?

4. Does anyone in your household have new or worsening symptoms of Covid-19, and/or waiting test results?
5. Has your child been directed from a health care provider including public health officials to isolate? Have you or your child received a Covid alert exposure notification?
6. Has your child had a fever reducer within the last 5 hours for reasons other than teething or pain?

### **Results of Screening Questions**

If you answer “YES” to any of the questions, your child should stay at home to isolate immediately. Contact your health care provider for further advice or assessment, including if your child needs a COVID-19 test or other treatment.

### **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 10 days since their symptom onset and they are feeling better.

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, the child, child care centre staff, provider or placement student must not attend child care.

All asymptomatic household contacts of symptomatic individuals are required to quarantine until the symptomatic household member:

- receives a negative COVID-19 test result, or o receives an alternative diagnosis by a health care professional.
- • If the symptomatic individual tests positive, or is not tested and does not receive an alternative diagnosis from a health care professional, the symptomatic individual must isolate (including from household members) for 10 days from symptom onset, and all household contacts must isolate until 14 days from their last contact with the symptomatic individual.
- • 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 (this includes children, child care centre staff, placement students, home

child care providers and those ordinarily resident/regularly at the home child care premises).

- Persons who test positive for COVID-19 should follow the guidance of their local public health unit and health care professional regarding direction for isolation and returning to a child care setting. The individual cannot return until cleared by their public health unit.

If you answered “NO” to all the questions, your child may go to school.

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

Once 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.

### **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.

All essential visitors must be screened before entering the child care centre.

1. Are you Currently experiencing any of these symptoms? Any/all that are new, worsening, and not related to other known causes or medical conditions.

• Fever and/or chills (temperature of 37.8 Celsius or higher) • Cough or barking cough (croup) • Shortness of Breath • Sore throat • Difficulty swallowing • Runny or stuffy/congested nose • Pink eye • Headache that is unusual or long lasting. • Digestive issues like nausea/vomiting, diarrhea, stomach pain • Muscle aches that are unusual or long lasting • Extreme tiredness that is unusual • Falling often

2. Have you or anyone in your household travelled outside of Canada in the past 14 days? (Other than essential workers who crosses the Canada-US border regularly for work)

3. In the last 14 days, has a public health unit identified you as a close contact of someone who currently has COVID-19?
4. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?
5. In the last 14 days, have you received a COVID Alert exposure notification on your cell phone?
6. Does anyone in your household have signs or symptoms of COVID-19 or has been tested for COVID-19? If you already went for a test and got a negative result, select "No"

### **Results of Screening Questions**

If you answer "YES" to any of the symptoms included under question 1, or if you answered "YES" to any questions 2-5: Contact the child care to let them know the result. You should isolate (stay home) and not leave except to get tested or for a medical emergency. Talk with a doctor/health care provider to get advice or an assessment, including if you need a COVID-19 test. Check your local public health unit's website or call to see if they have different rules based on local risk.

If you answered "YES" to question #6: Notify your Supervisor immediately, you will not be able to come to work if anyone in your household is suspected of having COVID-19 and/or tested positive for COVID19.

If you answered "NO" to all the questions, you may go to the child care centre.

No outside visitors will be allowed in the centre. Ministry staff and other public officials (Fire Marshal, Health Inspectors) will be allowed entry after screening has occurred.

**If a staff member has been off ill for two or more days with a fever or with any other symptoms related to Covid, the staff must get tested for Covid, receive a negative test result, and be symptom free prior to returning to work.**

### **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.

Staffing: Staff and post-secondary students should work at only one location. Supervisors and/or designates should limit their movement between rooms, doing so when necessary. Interaction with multiple groups should be avoided as much as possible. Supply/replacement staff should be assigned to a specific group so as to limit staff interaction with multiple groups of children. Students on field placement should be assigned to a specific licensed age group.

## **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 is 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.

Current evidence suggests that the virus may be active for days on some surfaces. Therefore, cleaning and disinfecting is critical.

## **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 are to be clean and disinfected after each use. 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 in a plastic bag in child's locker.

### **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.

### **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 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 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.

While licensees are no longer required to report a serious occurrence for suspected cases; if the local public health unit determines that a full or partial closure is required (i.e., program room or entire child care centre must remain closed for a period), a serious occurrence report must be submitted under the "Unplanned Disruption of Service" category.

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 with a high-risk exposure.** 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.

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. **Childcare cohorts are considered high-risk exposures.**

If there is a positive case within a cohort, the entire cohort will be dismissed and will require to isolate for 14 days and will be required by the Health Unit to get tested. In the event of a cohort dismissal, a letter will be sent to all the families involved via email.

All individuals with high-risk exposure dismissed as part of a cohort or otherwise will be directed to a local COVID-19 assessment centre for testing as per current Ministry of Health Guidance. Note: Individuals should be tested 5-7 days from date of exposure, or immediately if symptoms develop. **Individuals with high-risk exposure must isolate for the full 14 days regardless of a negative test result.**

### **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.

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.

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 single 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.

All items that cannot be cleaned (paper, books, cardboard puzzles) should be removed and stored in a sealed container for a minimum of 7 days.

## **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.

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.