



SKA:NA FAMILY LEARNING CENTRE

COVID-19 Policy and Operations Manual

Child Care and Early Years Programs

INTRODUCTION AND PURPOSE

SFLC has developed the COVID-19 policy and procedures to comply with the Ministry of Education requirement to operate child care and early years programs. This document has been designed and revised based on the Ontario Operational Guidance During COVID-19 Outbreak (Versions 1, 2 and 3), the Before and After School Programs (Kindergarten to Grade 6) – Policies and Guidelines for School Boards (August 20, 2020), Back to School Plan for Reopening from the School Boards SFLC services to be used in conjunction with Child Care Licensing Manual, the CCEYA and its regulations and the existing SFLC Policy and Procedures Manual. In the event of a conflict between this document and the Child Care Centre Licensing Manual or the SFLC PPM, this document will prevail. Advice of the local public health unit must be followed, even in the event that it contradicts this guidance document while Ontario is in a State of Emergency with an outbreak declared.

This manual is in effect and must be followed until such time as SFLC receives instruction from the Ministry of Education that the Operational Guidance During COVID-19 Outbreak – Child Care Re-Opening document is no longer necessary.

Ska:na Family Learning Centre (SFLC) provides social support and educational services to Indigenous and non-Indigenous children, youth and their families living in an Urban setting to promote success within the mainstream school community and within all aspects of their lives. SFLC believes that it takes more than a village to raise a child, it takes a Nation, and that the Nation is responsible to the child and for supporting the role of the family in ensuring wellness.

SKA:NA is an Oneida word that means **PEACE**.

Peace in everything: the medicines, the language, the people and the environment, our World. SFLC was bestowed its name in ceremony by an Elder who received it from the Creator. This vision cannot be changed for it is the vision given to the organization by the Creator and it is our aim to join in the dance of celebration having PEACE. Ska:na Family Learning Centre believes it takes a peaceful village to raise a peaceful child.

SFLC POLICY STATEMENT

The SFLC Program Statement is embedded in the Anishinaabe culture, and Ontario's research and legislation. The Anishinaabe culture is rooted in Mino Bimaadziwin - THE GOOD LIFE.

Mino Bimaadziwin is a wholistic way of life that encompasses a relationship with all living things. Individuals living "The Good Life" experience and display joy, celebration, and the ability to give thanks.

How Does Learning Happen? (HDLH?), Ontario's Pedagogy for the Early Years defines learning through relationships for those working with young children and families.

HDLH? supports pedagogy and curriculum/program development in Early Years' programs. Pedagogy is "the understanding of how learning takes place and the philosophy and practice that support the understanding of learning." Curriculum (the content of learning) and pedagogy (how

learning happens) in early years' settings are shaped by views about children, the role of educators and families, and relationships among them.

The pedagogical document, HDLH?, helps educators focus on these interrelationships in the context of Early Years' environments. It is organized around four foundational conditions that are important for children to grow and flourish: Belonging, Well-Being, Engagement and Expression. These "four foundations", or ways of being, are a vision for all children's future potential and a view of what they should experience every day. These four foundations apply regardless of age, ability, culture, language, geography or setting. They are aligned with Ontario's Kindergarten program and are conditions that children naturally seek for themselves.

LICENSING REQUIREMENTS

- At this time no license amendments are required, if necessary, in the future, SFLC will ensure director approvals and conditions on the licence align with new restrictions.
- SFLC will continue to meet all the requirements set out in the Child Care and Early Years Act, 2014 (CCEYA) and its regulations and will obtain all necessary municipal approvals to support licence revision requests.
- SFLC will follow all current ministry and CMSM/DSSAB policies and guidelines.

INSPECTIONS

Ministry staff will continue to 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 must:

- be screened prior to entering the premises following the SFLC protocol.
- wear personal protective equipment (supplied by the MEDU); and,
- Ministry staff will use technology (e.g., telephone, video conferencing) to complete virtual monitoring and licensing inspections where appropriate.

Local Health Units must inspect the centres to confirm adherence to all Health and Safety guidelines which will be posted and must be followed by everyone.

- All forms pertaining to the day must be filled out according to the schedule.

SCREENING

- Screeners take appropriate precautions when screening and escorting children to the program as required (i.e. school-age students), including maintaining a distance of at least 2 meters (6 feet) from those being screened and wearing personal protective equipment (PPE) (i.e. disposable mask and eye protection (i.e. face shield) as recommended by Local Public Health (LPH).
- SFLC in-centre and Licensed Home Child Care (LHCC) and early years programs screens all individuals including children attending child care and program sites, staff and child care providers, parents/guardians, and visitors each day before entering the child care setting, including daily temperature checks and health screening tool completed weekly online, through email or online, and affirmed daily.

- LHCC providers and residents are screened each day before receiving children into care and should be logged in their daily journal.
- Parents and guardians are informed of this requirement when children are first registered for the program and through visible signage at the entrances and drop-off areas.
- Early Years programs participants will be screened prior to entering program sites.
- Before and After School Program, all individuals, including students attending before and after school, staff, parents/guardians and visitors must be screened each day before entering the program.
- Any individual screened for symptoms prior to the before school program or core day program, would not need to be re-screened for the after-school program.
- An individual who has been screened for symptoms prior to the before school program would not need to be re-screened for the core day program. Similarly, an individual that has been screened prior to the before school program or core day program, would not need to be re-screened for the after school program.
- Daily screening is done electronically (e.g., via online form, survey, in person or e-mail) prior to attending any of our child care sites.
- Protocol for communicating screening outcomes to SFLC Administration:
 - The screener will inform the Child Care or Early Years Manager depending upon the program affected, of any questionable health symptom. The Manager will determine the direct course of action. In the event one Manager is not available, the alternate Manager, or other Administrative Personnel, will be informed in their stead.
 - Where an individual does not pass the screening and is not permitted to attend the program, this does not need to be reported to the local public health.
- SFLC accepts daily emails from parents with the attestation that they remain in good health. The subject of the email should be: COVID Screening and will be directed to a specific email.
- SFLC Child Care and Early Years Programs maintain daily records of screening results and records are kept on premises in hard copy or electronically.
- SFLC uses the Release of Information form to follow the protocol to allow for communication between school core/day and before and after school providers regarding screening
- Alcohol-based hand rub containing 60% to 90% content will be at all screening stations out of the reach of young children and monitored for older students.

STAFFING

- Certification in Standard First Aid Training, including Infant and Child CPR
 - 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
- Vulnerable Sector Checks (VSCs)
 - SFLC will obtain VSCs from staff and other persons who are interacting with children at our premises.

- SFLC is not required to obtain a new VSC from staff or persons interacting with children where the fifth anniversary of the staff or person's most recent VSC falls within the emergency period, until 60 days after the emergency period ends.

Job Duties and Assignments

Educator 1 (Approximate Shift: 5:45 A.M.-9:15 A.M./2:30 P.M-6:00 P.M.)

- Must arrive 15 – 30 minutes prior starting shift
- Washes hands
- Change outdoor shoes to indoor shoes
- Opens classroom following the Opening Classroom Procedures
- Greet the children

Educator 2 (Approximate Shift: 6:00 A.M.-9:15 A.M./2:30 P.M.-6:00 P.M.)

- Must arrive 15 – 30 minutes prior starting shift
- Washes hands
- Change outdoor shoes to indoor shoes
- Will be in the class children arrive
- Closes classroom following the Closing Classroom Procedures

Screener (Supervisor) (Approximate Shift: Opening – 2:30pm)

HEALTH AND SAFETY REQUIREMENTS

Working with Local Public Health

SFLC will follow the advice of local public health officials when establishing health and safety protocols, including how to implement the provincial direction that the maximum size for each room in a child care centre.

SFLC recognizes that this may result in regional differences in these protocols, but given the different impact of Covid-19 in different communities it is important to follow the advice of local public health officials to keep children and families safe in our respective communities.

Health and Safety Protocols

The following is SFLC's policies and procedures outlining our health and safety protocols which include directions set out by the local public health, and how the child care setting will operate during and throughout the recovery phase following the pandemic including: sanitization of the space, toys and equipment. SFLC's procedures on how to report illness; how physical distancing will be encouraged; how shifts will be scheduled, where applicable; rescheduling of group events and/or in-person meetings; and, parent drop off and pick up.

Cleaning In-School Program Sites/Child Care/Licensed Home Child Care/Early Years Sites

- Frequently touched surfaces should be cleaned and disinfected at least twice a day as they are most likely to become contaminated (for example, doorknobs, water fountain knobs, light switches, toilet and faucet handles, electronic devices, and tabletops) by the staff in the room
- Daily housekeeping of frequently touched surfaces in general use areas will be done by support staff on site (cook, food prep worker, advocates, educator assistants etc.).

- Follow local public health advice regarding best practices for cleaning and disinfecting, and has reference material and posted procedures including:
 - which products to use.
 - how to clean and disinfect blankets, sleeping mats and toys.
 - how to clean equipment; and,
 - other items to remember, including checking expiry dates of cleaning and disinfectant products and following the manufacturer's instructions.
- SFLC has cleaning and disinfecting logs to track and demonstrate cleaning schedules.

Guidance on the Use of Masks and Personal Protective Equipment (PPE)

- All staff working on-site with students, children and families are required to wear masks and face shields in the classroom. Masks and face shields are not required during outside time when physical distancing can be maintained. All staff must follow the proper guidelines for removal, storage and redonning of masks and face shields.
- Masks are not recommended for children below Grade 4, particularly those under the age of two (see information about the use of face coverings on the provincial COVID-19 website). SFLC requires all students Grade 4 and above to wear while inside.
- SFLC follows the local public health guidelines regarding the use of masks and uses masks:
 - in the screening area and when an educator not of their classroom accompanies the children from and to the screening area.
 - SFLC has created a spill kit, which includes masks, gloves and face shield, for use when cleaning and disinfecting blood or bodily fluid spills if there is a risk of splashing.
 - when caring for a sick child or a child showing symptoms of illness.
- When wearing a mask, you should wash your hands before donning the mask and before and after removing the mask. Hand washing using soap and water is recommended over alcohol-based hand rub for children.
- SFLC in-centre, in-school and LHCC providers have secured an amount of PPE and cleaning supplies sufficient to support our current and ongoing operations.

Attendance Records

- SFLC maintains daily records of anyone entering the facility/home and the approximate length of their stay (such as cleaners, people doing maintenance work, people providing supports for children with special needs, etc.).
- SFLC cleaning personnel log their arrivals and departures in a time sheet or log sheet.
- All records are kept on the premises (centre or home).
- Records (e.g. name, contact information, time of arrival/departure, screening completion/result, etc.) are kept up-to-date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak.

Testing Requirements

- COVID-19 testing is voluntary, unless required by the Local Public Health.
- SFLC follows the protocols as directed by Ministry of Education and local public health when a child or staff/home child care provider becomes sick for information on testing in the event of a suspected case.

Protocols When a Child or Staff/Home Child Care Provider Demonstrates Symptoms of Illness or Becomes Sick

- Staff/home child care providers, parents and guardians, and children must not attend the program if they are sick, even if symptoms resemble a mild cold.
 - Symptoms to look for include but are not limited to: fever, cough, shortness of breath, sore throat, runny nose, nasal congestion, headache, and a general feeling of being unwell.
 - Children in particular should be monitored for atypical symptoms and signs of COVID-19. For more information, please see the symptoms outlined in the 'COVID-19 Reference Document for Symptoms' on the Ministry of Health's COVID-19 website.
- If a child or child care staff/provider becomes sick while in the program, they should be isolated and family members contacted for pick-up.
- If a separate room is not available, the sick person should be kept at a minimum of 2 meters from others.
- The sick person should be provided with tissues and reminded of hand hygiene, respiratory etiquette, and proper disposal of tissues.
- If the sick person is a child, a child care staff/provider should remain with the child until a parent/guardian arrives. If tolerated and above the age of 2, the child should wear a surgical/procedure mask. The SFLC staff/provider should wear a surgical/procedure mask and eye protection at all times and not interact with others and also avoid contact with the child's respiratory secretions.
- All items used by the sick person should be cleaned and disinfected. 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.
- For home-based programs: if a person who resides in the home becomes symptomatic and/or tests positive for COVID-19, the local public health unit should be notified and their advice on next steps should be followed (including closing the program and notifying all families if necessary)
- SFLC child care programs located in schools follow public health advice on notifying others using the space of the suspected illness.
- When a child, staff program participant, or home child care provider is suspected of having or has a confirmed case of COVID-19, SFLC reports this to the ministry as a serious occurrence. When a person becomes sick the SFLC will report to public health, the ministry, and where public health advises, families.
- Other children, including siblings of the sick child, and child care staff/providers in the program who were present while the child or staff member/provider became ill should be identified as a close contact and grouped together until they can be picked up by parents/guardians to self-isolate at home. The local public health unit will provide any further direction on testing and isolation of these close contacts.

Serious Occurrence Reporting

- SFLC has a duty to report suspected or confirmed cases of COVID-19 under the *Health Protection and Promotion Act* and will contact the local public health unit to report a child

suspected to have COVID-19. The local public health unit has provided specific advice on what control measures should be implemented to prevent the potential spread and how to monitor for other possible infected staff members and children.

- **Effective September 1, 2020**, and in accordance with the August 2020 [Operational Guidance](#) document, child care licensees will be required to submit serious occurrences for a suspected case of COVID-19 for individuals exhibiting **1 or more symptoms** (previous requirements were for 2 or more symptoms).
- A Serious Occurrence is required to be submitted under the category **“suspected/confirmed case of COVID-19”** when one of the following individuals has a **confirmed** case of COVID-19 **OR** a **suspected** case involving the individual exhibiting **1 or more symptoms AND** the individual has been **tested**, or has indicated that they will be tested for COVID-19:
- When a room, centre or premises closes due to COVID-19, SFLC will report this to the ministry as a serious occurrence.
- Serious occurrence notification form is posted as required under the CCEYA, unless local public health advises otherwise.

Procedure for Suspected and/or confirmed cases of COVID-19

When you become aware of any **suspected and/or confirmed** cases of COVID-19 for any of the above individuals, please **immediately** follow the direction below:

1. For Child Care Program notify Kahentiiosta Yen (CCPM), for Early Years Program, Connie DaSilva (EYPM).
2. Manager will notify the ED/CSD
3. SFLC will notify the local **Public Health** unit immediately and follow **all** direction they provide.
4. SFLC will notify the Child Care Quality Assurance and Licensing Branch **Regional Manager**, Suzie Walton
5. Follow your local public health unit’s advice with respect to the appropriate process for notifying parents with children enrolled at the child care centre, and all parents of children receiving care at the home child care premises
6. Parents are instructed to contact the local health unit for follow-up.
7. SFLC will notify your CMSM/DSSAB.
8. Follow the regular **Serious Occurrence (SO)** reporting requirements (including submitting a SO report in CCLS and posting the SO notification form)

OPERATIONAL GUIDANCE

Communication with Families

SFLC COVID-19 PROGRAM STATEMENT

Ska:na Family Learning Centre (SFLC) is vitally interested in the health and safety of its families and workers. Protection of children and personnel from communicable disease, injury or occupational disease is a major continuing objective. SFLC will make every effort to provide a safe, healthy work environment.

During this pandemic, all employers, supervisors and workers must be dedicated to the continuing objective of reducing risk of injury. SFLC as employer, is ultimately responsible for worker health and safety and as a service provider, responsible to the children and families we serve. As Management of SFLC, we give you our personal commitment that SFLC will comply with the duties under the Act and following the directions of our local health units, take every reasonable precaution for the protection of children and families and our workers in the workplace.

Supervisors will be held accountable for the health and safety of children and workers under their supervision and every reasonable effort will be made to develop proper safety procedures for disinfecting, hygienic practices and the safe interaction with children and families. We will ensure that classrooms furniture, machinery and equipment are provided, in good working order and that workers remain in compliance with established safe work practices and procedures.

Every worker must protect their own health and safety by staying in compliance with the law and following safe work practices and procedures established by the employer and monitoring the children according to our policies. Workers will receive information, training, and competent supervision in their specific tasks to protect their health and safety and the safety of students in their care. It is in the best interest of all parties to consider health and safety in every activity. Commitment to health and safety is an integral part of SFLC.

- All policies and procedures are shared with families, for their information and to ensure they are aware of these expectations, including keeping children home when they are sick, which are aimed at helping to keep all children and staff/providers safe and healthy.
- At the time of registration SFLC shares with parents, the policies and procedures regarding health and safety protocols to COVID-19.
- Through our website and Facebook page, SFLC provides links to helpful information, as well as detailed instructions regarding screening and protocols if a child or childcare staff/provider becomes ill.
- Priority/waitlist policies was modified to account for limited capacity focussing on the recommendation of the local CMSM/DSSAB and are communicated to families, so they are aware of the changes.
- SFLC follows a virtual and paperless format where possible, the use of in-person communication is limited.

Parent Fees

SFLC will not be increasing any fees for child care services. SFLC has accessed Federal, Provincial and any municipal funding sources to stabilize our operational overhead and maintain our high-quality standards for service our children and families.

Per the operational guidance of June2020, for children who received child care at a home child care premises immediately before the closure, licensed home child care providers are required to give parents 30 days to indicate whether they want to keep their space. After the 30 days, payments would be required to secure the space whether the child attends or not.

Access to Child Care Spaces and Prioritizing Families

SFLC has prioritized our limited child care spaces based on the direction of our CMSMs/DSSABs.

- Returning children served through emergency child care
- Care for families where parents must return to work and that work outside of the home.
- Families with special circumstances that would benefit from children returning to care, such as children with special needs; and
- Other local circumstances.

Fee Subsidy Eligibility and Assessment

Parent accessing Fee Subsidy are directed to contact the CMSMs/DSSABs to verify eligibility prior to their return.

COMMUNICATION TO PARENTS AND FEES

SFLC follows the O. Reg. 137/15, the following rules apply to families whose children received child care at a licensed child care operated before and after school program immediately prior to the emergency closure period:

- If a placement is offered which would begin on or after September 1, 2020, parents must be given 14 days' notice to accept or decline the placement.
- Unless the parent declines the placement, the placement must remain available for the full 14-day period.
- Unless the parent accepts the placement, no fee or deposit can be charged or collected in respect of the placement during the 14-day period; and,
- Parents must not be penalized for using the full 14-day period to decide whether to accept or decline the placement.

Licensed Child Care Programs in Schools

DUTY TO OPERATE BEFORE AND AFTER SCHOOL PROGRAMS

Under the *Education Act*, school boards are required to ensure the provision of a before and after school program on every instructional day for every elementary school serving students in the primary and/or junior division where there is sufficient demand and/or viability. SFLC is contracted to operate in-school with contracts under these auspices.

BEFORE AND AFTER SCHOOL PROGRAMS AND GROUPS

The Ministry of Education (MEDU) recognizes that in order for before and after school programs to be operational and viable, it may not be possible to limit students in the before and after school program to their groups from the core day. The ministry recommends that, in circumstances where students from different school day classes must interact to participate in the before and after school program, boards make efforts to limit interactions between students from different classes to the greatest extent possible.

SFLC follows best practices to limit interactions between students from different classes and reduce transmission of COVID-19 may include:

- Making best efforts to group the before and after school program class with the same core day class (e.g. determining core day classes based on whether the child is enrolled in the before and after school program); 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.
- SFLC has developed a pod system for physical distancing practising limiting interaction with individualized activity kits

Pick up and Drop Off Procedures in School

- Students enter the school at SFLC's assigned entrance
- Follow signage/markings for entry procedures for screening and entry process
- Personal belongings (e.g., backpack, clothing, etc.) should be minimized. Belongings should be labeled
- Children will keep belongings with them at their assigned seating

Washrooms and Toileting

- Students are to follow procedures posted in their classroom for the use of washrooms.
- SFLC staff will clean washrooms at opening and closing of program per procedures

Staff Training

SFLC provides orientation and training to all employees prior to their return to work and our gradual re-opening of child care. Our training is in compliance with local public health unit guidelines.

Our training includes, but is not limited to, instruction on how to utilize personal protective equipment (PPE), 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.

Liability and Insurance

All requirements under the CCEYA have been met in addition to the enhanced health and safety measures outlined in the Operational Guidance During COVID-19 Outbreak Child Care Re-Opening document and by local public health.

SFLC insurance advisor has been informed on our re-opening and our policies and procedures.

IN-PROGRAM CONSIDERATIONS

Drop-Off and Pick-up Procedures

SFLC drop-off and pick-up procedures supports physical distancing and separate groups as best as possible. Upon arrival individuals are instructed to use hand sanitizer and keep a physical distance of 2 meters. When 2 meters physical distancing is not possible, face coverings are used.

Opening Procedures for the classroom/program:

- When you arrive, wash your hands.
- Turn the classroom lights on.
- Check the classroom journal for any messages from the closing educator.
- Write out the date in the daily log.

- Unstack the chairs and put the chairs back at the tables. Disinfect tables.
- Set up the attendance clip board.
- Wash hands and prepare for the arrival of children

Arrival / Departure and Classroom Procedures:

1. Families are encouraged to line up following the designated space properly marked 2m apart.
2. A screener is stationed at the entry to monitor the arrival of staff and students daily.
3. A COVID-19 screening tool is completed weekly and temperatures and affirmation of the screening questions is document daily on a roll-up sheet.
4. If there is no-one at the entry, a poster on the door has numbers to call to reach the screener.
5. As individuals enter the child care they will wash their hands and shoes will be sprayed with a disinfectant.
6. All personal belongings must be kept to a minimum. If belongings are brought to the designated cubby or locker area they must be labelled.
7. Strollers that remain on property will be disinfected before entering the site for storage.
8. The classroom should be prepared for their arrival.
9. Walk student to the bathroom **without touching them** and have them wash their hands. Singing is to be avoided but try to make this task fun, maybe humming or talking about their night and plans for the day.
10. Remind each child that we are to distance from others and it is important to use our words to ask for things.

Visitors

There are no non-essential visitors in the child care program, this includes volunteers or parents. Student placements will be allowed.

Early Years participants will register to attend in-centre programs and are not governed by the child care program or classified as visitors during program hours.

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.

Space Set-Up and Physical Distancing

The ministry recognizes that physical distancing between children in a child care and early years centre setting is difficult and encourages staff and providers to maintain a welcoming and caring environment for children.

With that in mind, SFLC made great effort in setting up the play spaces, considering physical distancing of at least 2 metres must be maintained and should be encouraged, where possible, between children within the same classroom:

- 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.

In shared outdoor space, students and participants must maintain a distance of at least 2 metres between groups and any other individuals outside of the class.

SFLC in-centre programs and LHCC providers have developed charts for play areas, cots/resting mats/playpens to maintain as much physical distancing as possible. The Ministry does allow placing the children head to toe or toe to toe if the space is limited.

- Shared spaces and structures that cannot be cleaned and disinfected between usage should not be used.
- Physical distancing is difficult with small children and infants, educators and supervisor are encouraged to:
 - plan activities that do not involve shared objects or toys.
 - when possible, move activities outside to allow for more space utilizing the outdoor classrooms to their fullest capacity.
 - avoid singing activities indoors.
 - Develop activity kits for individual use.

Equipment and Toy Usage and Restrictions

SFLC in-centre programs and LHCC providers must provide toys and equipment which are made of materials that can be cleaned and disinfected (e.g., avoid plush toys).

Toys and equipment, indoor or outdoor, should be cleaned and disinfected at a minimum between class usage as per SFLC checklists.

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

SFLC and LHCC providers has designated toys and equipment (e.g., balls, loose equipment) for each room. Where toys and equipment are shared, they are cleaned and disinfected prior and after usage.

Sensory materials (e.g., playdough, water, sand, etc.) are provided as single use and labelled with child's name.

Play structures can only be used by one class/group at a time and cleaned before and after usage.

Outdoor Play

SFLC has assigned specific outdoor classrooms for each class. In cases where there is shared outdoor classrooms, a schedule is in place in order to facilitate physical distancing.

Play structures used by more than one class, can only be used by one class at a time and must be cleaned and disinfected before and after each use by each class.

In keeping with SFLC policy, children bring their own sunscreen it should not be shared. Staff may provide assistance to apply sunscreen to any child requiring it and should exercise proper hand hygiene when doing so (for example washing hands before and after application).

Interactions with Infants/Toddlers

SFLC encourages staff and home child care providers to supervise and hold bottles for infants not yet able to hold their own bottle to reduce the risk of choking.

When holding infants and toddlers use blankets or cloths over clothing and change the blankets or cloths between children. Place used blankets in laundry basket outside of the classroom.

Infant sleep rooms are physically distanced by placing infants in every other crib which is marked with the child's name.

Small children and infants must be supported in physical distancing compliance by:

- planning activities that do not involve shared objects or toys; and,
- 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 and disinfecting and must not be shared with other children.

- As per SFLC policy, all items must be labelled with the child's name

Food Provision

SFLC in-centre and LHCC providers must follow the meal practices guidelines developed to ensure there is no self-serve or sharing of food at meal times.

Snack and Lunch Times

Breakfast can be served at approximately 7:00 a.m., Snack (9:30 a.m., 3:00 p.m.) & Lunch Times (11:45 p.m.) food is available all day.

Before every snack or meal, everyone washes hands. **Only one person** should touch the serving utensils, dinnerware, silverware, water pitcher and glasses etcetera when serving that meal/snack. Refills should **NOT include touching anything touched by someone else.**

Always wash & disinfect the tables with VIROX/VIREX before serving food. **Do not** use the disinfectant while children are sitting at the table. Please allow 30 seconds for the table to dry and wipe with a cloth moistened with potable water before having the children sit. Wash your hands and remind children to wash their hands before sitting to eat. Children will sit at assigned seats.

- 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.
- At no time is there sharing of utensils.
- SFLC follows snack and meal protocols for Before and After School programming

Early Years Programs snacks will be served individually, pre-prepped and wrapped for parents to feed to their children. All Early Years program staff will follow the food service guidelines of the Local Public Health.

Provision of Special Needs Resources (SNR) Services

SFLC welcomes all SNR personnel to support the child's Individual Support Plan (ISP) during this unprecedented time. All SNR personnel must follow SFLC COVID-19 screening upon entering the site, the local health department guidelines and SFLC policies and procedure while on site.

Maximum capacity rules do not apply to SNR staff (consultants and enhanced staff) on site (i.e., if they are not counted towards staff to child ratios, they are not included in the maximum capacity rules).

Where SNR services are provided through external staff/service providers, SFLC and LHCC providers must inform all families, and record attendance for contact tracing purposes.

Disinfecting Procedures – MUST BE DONE TWICE DAILY MINIMUM

Play centres in the classroom are disinfected using the approved chemicals for the LPH or school Board directed products twice daily or as needed.

Every classroom/program should be equipped with a Spill Kit.

Collect all the toys from the centre on the counter next to the sink. For disinfecting, fill the sink with water and add the appropriate amount of disinfectant to it. Soak a wash cloth in disinfectant solution and then squeeze the wash cloth. Using this wash cloth, wipe all the toys. Let these toys air dry and then put them back on the shelves.

When there are toys that are heavy, wipe them with the cloth in the centre. After disinfecting, log the times on the disinfecting sheets posted in the room.

Bathrooms (toilets & sinks) are also disinfected daily at rest time and at the end of the day. After disinfecting, log the times on the disinfecting sheets posted in the bathroom.

- Regularly disinfect tables, chairs, countertops, and any hard surface. Good times to do this are when you leave the room for outdoor classroom activities, sleep time and before and after every snack/meal.
- Have tissues available to cough/sneeze in and dispose immediately. Wash hands after, staff and children.
- Do not share food, drinks, toys, tools, pens, clipboards nor anything before either washing your hands or disinfecting first.
- One educator monitors the attendance sheet and pen throughout the day, the one escorting children.
- Parents are not entering the centre, and the screener monitors arrivals, not attendance.
- Try to avoid touching your mask, hair, nose, clothes, jewellery, shoes, hat or whatever personal clothing or items you are wearing throughout the day. **A contaminated mask is worse than no mask.** If you do, wash your hands immediately

Lunchroom and Meeting Room Procedure:

1. Now that everyone has arrived at work for the day, BEFORE breaks / lunches start, the rooms should be disinfected. The designated person will do all light switches, lockers/locks, computer keyboard and mouse (do not spray – use disinfectant moistened cloth), fridge handles, sink taps, coffee pot handle, water reservoir lid (be careful not to drip disinfecting liquid inside) microwave handles, doorknobs, cupboard handles, garbage lid etc.

If it doesn't move and is not a live plant – disinfect it.

2. Continue to the designated break / meeting rooms and disinfect as per list above.
3. Disinfect the squirt bottle now with the disinfectant soaked cloth and let dry and leave in the lunchroom.

4. Wash your hands upon entering the lunchroom. Be aware of what you touch.
5. Maintain social distancing. Lunches and break rooms are to be used as per capacity and seating charts posted.
6. Please clean up your eating area and disinfect with the clean disinfected bottle.
7. Wash your hands before departure.

If you are in doubt as to whether you should wash your hands, WASH YOUR HANDS.

Classroom Procedures

Daily Journal Book

A summary of any incident affecting the health, safety or well-being of any child receiving child care at a child care centre operated by the licensee.

- Include the date for each daily entry
- Include a comment to indicate that there was nothing to report on that date if there is no information to include in the written record
- staff/provider changes
- Include information about any communication with parents that may impact a child and their care
- Changes to pick-up/drop-off arrangements
- Reason for child's absence
- Changes to a child's feeding arrangements for the day
- Concerns received from a parent that require follow-up
- Notifying a parent whenever an incident occurs that affects a child's health, safety, or well-being.
 - The daily written record should reflect when an accident report was completed, as well as when a child was observed to be ill and parents were contacted.
- Opening Educator is responsible for writing the first messages of the day. Closing Educator is responsible for any messages at the end of the day. Any important messages must be relayed to the Lead and the opening Staff.

Example of a Daily Journal post:

Wednesday April 11, 2018

The playground was unavailable for use today because of replacement of a fence on the north side. Children were taken out in small groups to observe machines for digging and the use of concrete to set posts. J.B. ate very little at lunch and his temperature when he woke up from his nap was 101.7°F. Called mom and she picked him up at 2:45pm.

Outdoor Backpack

The room has a backpack kept on the shelf close to classroom door. It must have the following items:

- Binder with Emergency Contact information of all children in the classroom
- First Aid Kit
- Facial tissue box
- Shed key (if applicable)
- Gloves

- Wipes
- Sanitizer
- EpiPen will be kept in the front pocket of the backpack, or on the child in a small fanny pack.
- The backpack must be disinfected daily

Classroom Phone

There is a phone in the classroom that has extensions for every classroom. You can also use the page feature (631) if needed. Please do not call other classrooms or page during rest time unless emergency. Use of cell phone for personal phone calls or texting is not allowed.

Parents will call when they are picking up their child, if there is no answer on the phone the parent will have to call the Screener. (They are to call the Cell number or extension posted on the entry door)

Emergency phone numbers list is always posted in the classroom near the phone.

Communication between Classrooms

Zoom programming is at 11:00 a.m. on Tuesday and Thursday (tentative). Invite will be sent to the Educator.

Staff can coordinate and schedule a time for all children to communicate on video chat.

Staff can find online activities that provide engagement for the children, example Yoga for children.

The phone can be used to communicate with the Educators.

Medication

- Medication for a condition, **not** an illness, is to be received and administered by the Floor Supervisor or designated RECE. Medication may be stored in the classroom with the student or with the student as required.
- Medication forms must be completed according to SFLC policy
- Medication is kept in a locked medicine box in the cupboard or medicine that needs refrigeration is kept in medicine lock box in the classroom fridge.
- EpiPen is kept in the front pocket of the classroom backpack. Inhalers are kept in the box in the Educators cupboard. (all items must be clearly labelled with the child's First and Last name)

Rest Time

- Set out cots according to the sleep map for the classroom. All children in designated beds.
- Children must rest for a minimum of 1 full hour.
- After rest, all sheets and blankets will be placed in a basket outside of the room door and support will pick them up to be laundered.
- Sanitize each bed with VIROX/VIREX and let air dry.
- After the laundry is complete, return to the rooms without entering, staff will retrieve and replace the blankets on the beds.

Plan-do-review

This cycle is to build on children's interests and initiative.

Planning – Children gather with a teacher and plan what they are going to work on.

Working – For about 45 to 55 minutes, children work on their plans with materials. Children clean up by storing their unfinished products and putting materials away.

Recalling – Children meet with teacher to share and discuss what they have done during work time.

Small Group Time

Small groups will be at the table, each child will be given their labelled container with materials. This can be done indoors or outdoors. Small group can be for as long as they can sit, about 10 to 15 minutes. The Educator introduces an activity with associated set of materials. Children are encouraged to make choices and decisions about how to use the material.

Have many activities planned using parallel play techniques, share ideas for variety.

Group Time (large) (can be done outside)

Educator 1 and Educator 2 will split the group into their units and conduct a Large Group. Children will stand or sit on designated spot indicated with a piece of tape. The activity can include songs, books, puppets. Fill in Group Time Lesson Plan AM

Transition Times

Transitions take place when children move through segments of the routine in the classroom.

Outdoor Learning

All Outdoor Classrooms will be used.

- Activities must be prepared ahead of time for each individual child.
- Weather: Weather permitting all children go outside every day for a minimum of one hour in the morning and a minimum of one hour in the afternoon. The Educator will check weather prior to going outdoors: LOW 1-5 Okay, MED 6-8 Okay, HIGH 9-10 limit outdoor time or do not go outside if there is an extreme heat alert, extreme humidex, or smog advisory in place. In the winter do not go outside if the wind chill is -12 or lower.
- All children must apply sunscreen, the Educator can assist, please use gloves between children when applying sunscreen, avoid facing the child close to their face.
- All children should be encouraged to wear a hat (if they have one) prior to going outside.
- Lead will bring out cart with the following items:
 - Water and cups
 - Back pack
 - Sanitizer
 - Small garbage bag
- Exiting the classroom: Gather the classroom backpack and attendance clip board. Line up the children, they can stand on the designated line and do a name to face count of the children before leaving the classroom. Exit through the classroom door, onto the playground.

- Outdoor Classroom Inspection: Upon reaching the playground, line the children against the wall and do the playground check. Log the playground check on the playground inspection sheet.
- Play Equipment: Bikes, outdoor items will not be used at this time to limit interaction and minimize having to sanitize each time a child uses the item.
- Safety on the playground: Plastic equipment will be closed.
- Teachers should spread and position themselves on the playground in such a way that they can see almost full view of the playground. If a child gets hurt the Lead will assist and bring the child inside if needed.

Fire Drill and Evacuation Plan

Notify the Fire Department that the Child Care is open. Fire drills must be done once a month.

Upon hearing the fire alarm go off, gather and line up the children. Get your class room attendance and outdoor backpack. Do a name to face count of the children before leaving the classroom. Exit through designated door to the hall way, and the closest exit. Walk down the side walk towards the designated fire drill meeting spot. Line up the children. Count the children in your class. Classes must not be mixed during this period of time. Wait for a signal from the Floor Supervisor to return to the child care.

Once back in the class room, log the time of the drill in the daily journal. The Floor Supervisor will log the fire drill log sheet located on their communication board, in their office.

Communication

Educators must discuss with parents' events in their child's day (virtually, email and care calls) to prevents contamination. Any discussion with the parents should be brief, to the point and positive.

Facetime or video chat will be made available for all children. (optional)

Closing Procedures

1. Disinfect the bathroom
2. Disinfect the table and chairs then wipe the bottle with the cloth before putting it in the dirty bin
3. Place the chairs along the perimeter of the classroom
4. Leave messages if any in the daily log for the opening Educator
5. Make sure all the windows and side door, if any, are locked.
6. Turn the lights off.

Closing the Building Procedures

1. Leave messages if any for Supervisor
2. Make sure all the entry doors are locked.
3. Ensure kitchen lights, stove and hood fan are off.
4. Turn all lights off.
5. Input code into alarm panel
6. All doors are set to lock automatically. Pull on door to ensure locking mechanism is in place.

Environmental Cleaning and Disinfecting Policy and Procedures Policy Statement

SFLC is committed to providing a safe and healthy environment for children, families and employees. SFLC will take every reasonable precaution to prevent the risk of communicable diseases at SFLC child care locations.

Purpose

To ensure that all employees are aware of and adhere to the directive established by Windsor Essex County Health Unit (WECHU), Lambton County Public Health, the Ontario Ministry of Health, and our local municipal Children's Services Departments regarding environmental cleaning and disinfecting in child care centres and within home child cares providing child care.

Application

This policy applies to all employees, community members and any other persons engaged in business with Lambton County or Windsor-Essex County child care centres and home child cares providing child care.

Definitions

Cleaning: refers to the physical removal of foreign material (i.e. dust, soil) and organic material (i.e. blood, secretions, microorganisms). Cleaning removes, rather than kills microorganisms.

Warm water, detergent and mechanical action (i.e. wiping) is required to clean surfaces. Follow the manufacturer's instructions when using commercial cleaning products.

Disinfecting: describes a process completed after cleaning in which a chemical solution (i.e.,) is used to kill most disease-causing microorganisms. In order to be effective disinfectants must be left on a surface for a period of time (contact time). Contact times are generally prescribed by the product manufacturer. Any items children may come into contact with, requires a final rinse after the required contact time is observed.

Procedures

All products including cleaning agents and disinfectants must be out of reach of children, labeled, and must have Safety Data Sheets (SDS) up to date (within three years), which are stored in the WHMIS binder. Products must not be expired, and product must have a DIN number approved by Health Canada

Cleaning

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

Disinfecting

Choosing an approved disinfectant

Most everyday disinfectants are capable of killing the COVID19 virus. As with any chemical solution, it must be used according to manufacturer's directions to ensure its effectiveness in

killing pathogens the product claims. All cleaning/disinfection products must be labelled with product name, WHIMIS health and safety information, and employees must have access to the manufacturer's directions for use and have access to the manufacturers recommended personal protective equipment when using the product. Make sure health and safety training on the safe and proper use of the chemicals is provided to the child care staff.

Any product chosen must have an expiry date and a Health Canada approved DIN number. Products without a DIN may not be effective at killing pathogens, including the Covid19 virus.

Examples of adequate active ingredients for disinfectants are sodium hypochlorite, isopropyl alcohol, quaternary ammonium compounds and hydrogen peroxide. When choosing a disinfectant, take into consideration ease of use, concentration, and contact times. It is recommended by public health to choose a product with a lesser amount of contact time. Contact time is the length of time surfaces of the toys and equipment are exposed to a chemical to achieve the appropriate level of disinfection (the amount of time a surface must remain wet with the chemical).

A product with a one-minute contact time vs. a 5-minute contact time would be more appropriate with the frequency of cleaning and disinfection that is required during a pandemic. Public Health also recommends using a product that can be used for both cleaning and disinfection, and one that is ready to use, as opposed to mixing, for accuracy, and health and safety reasons. (examples of acceptable high-level disinfectants include bleach and water at 1000ppm (1 min contact time), or accelerated hydrogen peroxide products with a 1-minute contact time. *There may be other acceptable products, please contact your local public health unit for guidance)

If the product directions state that food contact surfaces must be rinsed with potable water prior to use, that means any surface that food touches, or the child eats from, or any mouthed toys such as teething rings/pacifiers must be rinsed with water and left to air dry, prior to use. Please note* It is important that only food grade disinfectants are continued to be used in any inspected food preparation areas, such as the kitchen, in order to comply with the Food Premises Regulation 493.

Cleaning and Disinfection frequency requirements:

Clean and disinfect upon ENTRY to child care (for staff):

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

Clean and disinfect upon children's ENTRY to child care:

- Any hard surfaces such as water bottles, containers,

Clean and disinfect frequencies for other surfaces and items: Cleaning and disinfecting routines must be increased as the risk of environmental contamination is higher:

- Tables and countertops: used for food preparation and food service must be cleaned and disinfected before and after each use
- Spills must be cleaned and disinfected immediately
- Hand wash sinks: staff and children washroom areas must be cleaned and disinfected at least two times per day and as often as necessary (e.g., when visibly dirty or contaminated with bodily fluids)

- Floors: cleaning and disinfecting must be performed as required, i.e., when spills occur, and throughout the day when rooms are available, i.e., during outdoor play
- Outdoor play equipment: must be disinfected before use, and as required (e.g., visibly dirty). Any outdoor play equipment that is used must be easy to clean and disinfect. Do not use community playgrounds.
- High-touch surfaces: any surfaces at your location that has frequent contact with hands (e.g., light switches, shelving, containers, hand rails, door knobs, sinks toilets etc.,). These surfaces should be cleaned at least twice per day and as often as necessary (e.g. when visibly dirty or contaminated with body fluids)
- Other shared items: (e.g., phones, IPADs, IPODs, attendance binders etc.) must be disinfected between users.
- Note: Most areas are best cleaned with a suitable low-level disinfectant. Follow the manufacturer's directions regarding drying time, etc.
- Please refer to SFLC Enhanced Cleaning and Disinfecting Chart at the end of the manual and the colour coded cloth reference sheet.

Clean and disinfect daily:

- Low-touch surfaces (any surfaces at your location that has minimal contact with hands), must be cleaned and disinfected daily (e.g. Window ledges, doors, sides of furnishings etc.)
- Carpets are to be vacuumed daily after the centre is closed.

Clean and disinfect as required:

Blood/Bodily Fluid Spills:

Using the steps below, the surface must be cleaned first then disinfected:

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

Notes:

- If the spill includes broken glass, ensure a brush and dustpan is used to pick it up and discard. Disinfect the brush and dustpan after use. NEVER use your hands to clean up the glass

- If the spill occurs on a carpet, follow the above steps along with professional steam/wet cleaning the carpet.
- Please refer to Blood and Bodily Fluid Spills at the end of manual

Cots/mats/cribs cleaning and disinfecting:

- Cots/mats/cribs must be labeled and assigned/designated to a single child peruse
- Cots/mats/cribs must be cleaned and disinfected before being assigned to a child
- High touch surfaces on cots/mats/cribs must be disinfected at least twice per day and as often as necessary.
- Cots/mats must be stored in a manner which there is no contact with the sleeping surface of another cot/mat
- Bedding must be laundered daily, and when soiled or wet

Additional Infection Prevention and Control Practices for Hygiene Items

- Pacifiers must be individually labeled and stored separately (not touching each other), they must not be shared among children. The pacifier must be washed in soap and water upon arrival to the centre
- For creams and lotions during diapering, never put hands directly into lotion or cream bottles, use a tissue or single-use gloves. Use a spatula or other tool to dispense, and do not "double-dip" into the product. Upon arrival to the centre, wipe the cream/lotion container with a disinfecting wipe

Policy and Procedure Review

This policy and procedure will be reviewed and signed off by all employees of the centre or home child care providers prior to commencing employment or accepting children in our child care centre/site, and at any time where a change is made.

Exclusion of Children and Employees Who Are Ill: Policy and Procedures

Policy Statement

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

Purpose

To ensure that all employees are aware of and adhere to the directive established by Windsor Essex County Health Unit (WECHU), Lambton County Public Health, the Ontario Ministry of Health, and Lambton County Children's Services regarding environmental cleaning and disinfecting in child care centres and within home child cares providing child care.

Application

This policy applies to all employees, community members and any other persons engaged in business with SFLC child care operations.

Procedures

As required by the Child Care and Early Years Act and Ministry of Health, SFLC will separate children of ill health and contact parents/guardians to take the child home.

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

- Ill children will be separated into the designated exclusion room, and be removed from other children to be monitored by an employee until parent/guardian pick up
- Symptoms of illness will be recorded on a COVID-19 surveillance form, in the child's daily record and in a daily log as per the CCEYA
- The parent/guardian of the ill child will be notified to take them home.
- If it appears that the child requires immediate medical attention, the child will be taken to the hospital by ambulance and examined by a legally qualified medical practitioner or nurse registered under the Health Disciplines Act. R.R.O. 1990, Reg. 262, s. 34(3)

If you suspect a child has symptoms of a reportable communicable disease, please report them immediately to your local health unit. Refer to "Procedure for Suspected and/or confirmed cases of COVID-19".

When to Exclude a Child from Program:

SFLC consults the current Ministry of Health Guidance Document as posted online.

Child care employees should exclude a child from the program when the child has one or more symptoms of COVID-19: See current Ministry of Health reference document for list of symptoms.

How to Exclude children experiencing non-COVID related symptoms:

- child should be isolated from other children until the parent can pick them up
- encourage the parents to have the child assessed by a healthcare provider (HCP)
- follow the directions of the HCP - if determined not to be COVID-related, the child may be allowed back into the childcare centre 24 hours after symptoms have resolved. This extends to 48 hours symptom-free during gastrointestinal outbreaks.

How to Exclude in a Child Care Centre Children experiencing COVID-19 related symptoms:

1. Please refer to the current Ministry of Health reference document for symptoms.
2. Child should be immediately isolated in a separate, supervised room until parents can pick them up. If unable to reach parents, call the emergency person listed.
3. Only one staff member should be in the designated room and they should attempt physical distancing of 2 metres.
4. If the childcare provider supervising the symptomatic child cannot maintain a distance of 2 metres, they will wear the following personal protective equipment (PPE):
 - Mask (procedural/surgical/medical - not homemade)
 - Gloves
 - Lab coat (optional), cloth or blanket if comforting / picking the child up is required
 - Follow the proper steps for putting on and taking off PPE
 - Staff should avoid touching their face, especially with gloved or unwashed hands
 - The child should also wear a mask if tolerated.
 - Note: children under age two should not have their face covered due to suffocation risk.

Instructions for donning (putting on) and doffing (removing) PPE:

Putting on Gloves: <https://www.youtube.com/watch?v=UIBmi578NmE>

Removing Gloves: https://www.youtube.com/watch?v=WDI0Zj573Js&feature=emb_rel_end

Putting on Mask: <https://www.youtube.com/watch?v=1YiLjpLXvg4>

Removing Mask: <https://www.youtube.com/watch?v=pFJaU9nxmTA>

Putting on full PPE: <https://www.youtube.com/watch?v=s2z1uM1fXN8>

Taking off full PPE: https://www.youtube.com/watch?v=crGIUX3_4DA

Recommended Steps for Putting on and Taking Off PPE: <https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ppe-recommended-steps.pdf?la=en>

How to wash your hands and How to use hand sanitizer: <https://www.publichealthontario.ca/-/media/documents/ncov/factsheet/factsheet-covid-19-hand-hygiene.pdf?la=en>

5. Every effort will be made to keep the child comfortable until someone arrives to take him or her home.
6. Tissues should be provided to the child for proper respiratory etiquette, with proper disposal of the tissues and proper hand hygiene.
7. Increase ventilation in the designated exclusion room if possible (e.g. open windows/doors)
8. Once the child and their siblings have been picked up, immediately conduct environmental cleaning of the space the child was separated in.
9. Contact local Public Health to notify them of a potential COVID-19 case and see input regarding the information that should be shared with other parents of children in the childcare centre.
10. Children with symptoms must be excluded from childcare for 14 days after the onset of symptoms.
11. Children or staff who have been exposed to a confirmed case of COVID-19 or symptomatic person(s), should be excluded from the childcare setting for 14 days.
12. Encourage the parents to call their Health Care Provider to have the child assessed.
13. They can also complete the online assessment tool at: <https://covid-19.ontario.ca/self-assessment>
14. If they do not have a doctor, they can call local Public Health to be assessed.

How to exclude a child who is ill in a home child care:

- Contact the parent immediately for pickup of the child. If unable to reach the parents, then call the emergency contact listed
- While waiting, ensure the child is at least two meters from other children
- If the home child care provider cannot maintain a distance of two meters, they will wear the following personal protective equipment (PPE):
 - o Mask (surgical)
 - o Gloves
 - o Place a cloth or blanket between self and child if required to pick up child and/or comfort

Please refer to Putting On/Taking Off Personal Protective Equipment (PPE) at the end of the manual

- Every effort will be made to keep the child comfortable until someone arrives to take him/her home
- Tissues should be provided to the child for proper respiratory etiquette, with proper disposal of the tissues and proper hand hygiene. The child will also put on a mask (if tolerated).
- Increase ventilation in the designated room if possible (e.g. open doors/windows)
- After attending to the child displaying symptoms, ensure you disinfect your hands prior to attending to the other children.
- Remove any toys/objects that the child displaying symptoms has interacted with; do not return these items until they have been washed/disinfected
- Contact local Public Health to notify them of a potential COVID-19 case and seek input regarding the information that should be shared with other parents of children in the home child care.
- Children with symptoms must be excluded from the home child care for 14 days after the onset of symptoms.
- Children who have been exposed to a confirmed case of COVID-19 or symptomatic person(s), should be excluded from the childcare setting for 14 days.
- Encourage the parents to call their Health Care Provider to have the child assessed
- They can also complete the online assessment tool at [https://covid- 19.ontario.ca/self-assessment](https://covid-19.ontario.ca/self-assessment)
- If they do not have a doctor, they can call local Public Health to be assessed.

Staff or Home Childcare Provider Illness

1. Any staff person or home childcare provider who suspects they have an infectious disease should not attend the child care centre or accept children into their home if they are not well, particularly if their symptoms include any outlined in the COVID-19 screening. Staff must pass the daily active screening process to work at the site.
2. All family/household members in the home childcare provider's home must also pass the daily active screening process.
3. If a staff member becomes ill with COVID-19 symptoms while at the centre, they should let their supervisor know, put on a face mask and remove themselves from the centre as soon as possible.
4. If a home child care provider becomes ill with COVID-19 symptoms while having children in their care, they should put on a face mask and gloves and call the families immediately to come pick up their children.
5. The employee/home childcare provider will begin self-isolation at home and will not be permitted back to work or to have children into their care until 14 days of isolation are complete.
6. Following the Ministry of Health document COVID-19 Guidance: Child Care Centres, if a child care worker or home child care provider is suspected to have or is diagnosed with COVID-

19, the childcare worker or provider must remain off until symptoms are fully resolved and negative laboratory tests have been confirmed.

7. The supervisor or designate will notify local Public Health of the symptomatic staff member and include the following details:

- a. Staff name
- b. What Child Care Centre
- c. What Room
- d. Names of people (staff and other children) who have been in close contact (as defined) up to 48 hours prior to symptoms.

8. The supervisor or designate will contact children and/or staff who have been in close contact (up to 48 hours before symptoms) with a symptomatic person(s) (or confirmed COVID-19 positive), with instructions to begin self-isolation for 14 days.

9. The supervisor will notify Disability Management and Health and Safety for any illnesses that are believed to be the result of exposure to infectious disease through the course of work. Disability Management and Health and Safety will file notification with the appropriate bodies (WSIB, MOL).

10. A staff person who presents with non-respiratory symptoms of ill health (non COVID-19 related, e.g. vomiting and diarrhea) must follow normal procedures for return to work. During gastrointestinal outbreaks, staff must not return to the centre until symptom-free for 48 hours.

Criteria for coming out of isolation for symptomatic providers, employees or children with COVID-19 symptoms

- Where individuals can manage their symptoms at home and are not health care/essential services workers, it is currently recommended that they self-isolate for 14 days from symptom onset
- After 14 days, if they are without fever and their symptoms are improving, they may discontinue self-isolation
- Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection. If symptoms or fever are persisting, individuals should follow-up with their primary care provider or Telehealth.

Criteria for coming out of isolation for asymptomatic employees or children who were in close contact with staff or child with COVID-19 symptoms

- Self-isolate for 14 days from last exposure to the symptomatic individual

Exclusion for Children Experiencing Non COVID-19 related symptoms

- Nausea and vomiting
- Child should be isolated until the parent can pick them up
- Encourage the parents to have the child assessed by a Health Care Provider
- Follow the direction of the Health Care Provider. If determined to not be COVID-19 related, the centre or home child care provider may allow child back to the centre or home 24hrs after the symptoms have resolved. This extends to 48hrs symptom free during gastrointestinal outbreaks.

Returning from exclusion due to illness

Employees and /or children who are being managed by local Public Health Unit (e.g., confirmed cases of COVID-19, household contacts of cases) should follow instructions from local Public Health unit to determine when to return to the facility.

Hand Hygiene Policy and Procedures

Policy Statement

SFLC is committed to providing a safe and healthy environment for children, families and employees. SFLC will take every reasonable precaution to prevent the risk of communicable diseases within child care locations.

Purpose

To ensure that all employees are aware of and adhere to the directive established by Windsor Essex County Health Unit (WECHU), Lambton County Public Health, the Ontario Ministry of Health, and Lambton County Children's Services regarding environmental cleaning and disinfecting in child care centres and within home child cares providing child care.

Application

This policy applies to all employees, home child care providers, community members and any other persons engaged in business with a child care centre or home child care sites.

Definitions

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

Procedures

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

Ensure that employees and children are always practicing good hand hygiene. Use soap and water when hands are visibly dirty and/or after:

- Sneezing, coughing, or blowing your nose
- Using the washroom
- Handling garbage
- Handling raw foods
- Outdoor play
- Toileting/diapering routine
- Handling soiled laundry or dishes
- Handling soiled toys or other items
- Coming into contact with bodily fluids

- Coming into contact with any soiled/mouthed items
- Gardening

Hands should be cleaned using soap and water or alcohol-based sanitizer before and after:

- Preparing, handling, serving and eating food
- Handling animals
- Touching a cut or open sore
- Coming into contact with any bodily fluids
- Changing diapers or providing assistance with toileting
- Glove use
- Before and after giving medication

For washing hands with soap and water, follow these steps:

1. Remove rings, bracelets and watches
2. Wet hands
3. Apply soap
4. Lather for at least 15 seconds. Rub between fingers, back of hands, fingertips, under nails
5. Rinse well under running water
6. Dry hands well with paper towel or hot air blower
7. Turn taps off with paper towel, if available

Hand sanitizer information

When hands are not visibly dirty, a 70-90% alcohol-based hand sanitizer can be used. Hand sanitizers can only be used on children who are over the age of two and must always be used under adult supervision. Adults must ensure that the product has completely evaporated from the child's hands before allowing the child to continue their activity.

For hand hygiene with hand sanitizer, follow these steps:

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

Hand hygiene monitoring

To ensure that employees are using proper hand hygiene methods, supervisors will review hand hygiene practices on a regular basis and provide feedback to employees as required.

Glove Use

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

Gloves and Hand Hygiene

Gloves do not replace the need for proper hand hygiene. Hand hygiene shall be practiced before applying and after removing gloves. Gloves shall be removed and discarded after each use. Do not wear rings with gloves unless they have a smooth band.

To reduce hand irritation related to gloves:

- Wear gloves for as short a time as possible
- Ensure that hands are clean and dry before wearing gloves
- Ensure gloves are intact, clean and dry inside
- Gloves are single use only, and must be task specific such as nitrile gloves for diaper changes

Covering Your Cough Procedure (Respiratory Etiquette)

Germs, such as influenza and COVID-19, are spread by coughing and/or sneezing. When you cough or sneeze on your hands, your hands carry and spread these germs.

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

1. If you have a tissue, cover your mouth and nose when you cough, sneeze or blow your nose. If no tissue is available, cough or sneeze into your upper sleeve or elbow, not into your hands. Always cover and protect your coughs and sneezes.
2. Put used tissues in the garbage.
3. Clean your hands with soap and water or hand sanitizer (70-90% alcohol based) regularly and after using a tissue on yourself or others.

Health Screening Procedure

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

This procedure applies to all employees, parents, guardians, children, and any other persons engaging in business within an approved child care site. Everyone must be screened prior to entering the child care site. Any person who answers yes to any of the screening criteria will be denied entry into the building. No visitors, including deliveries, will be permitting into the child care centre during the COVID-19 pandemic. Deliveries shall be left in the designated location outside the entrance.

This tool was developed to assist child care employees in preparing and administering health screening to employees, parents and children who enter the location.

Prior to health screening at your location, set up is required.

Please complete the following:

- Complete the health screening training
- Identify/set up the location screening:
 - Place at front entrance, visually blocking entrance into the centre (if possible)
 - Only ONE entrance/exit is to be used, to ensure that each person is screened
 - Maintain a minimum of 2 meters distance between employees conducting screening and the person being screened.
 - Provide visual guides to assist with physical distancing (e.g. pylons) in the event that a line-up forms while parents and their children are waiting to be screened prior to entering into the child care centre
 - Ideally, families will approach the door one at a time while waiting families remain in their vehicles until it is their turn

- Employee(s) must be trained on conducting the screening tool
- Place front entrance signage identifying the screening process outside and directly inside child care centre doors (Please refer to Active Screening in Effect sign at the end of the manual)
- Place hand sanitizer at the screening table. Ensure it is visible to employees and families entering the building
- Ensure local Public Health resources are available for anyone who does not pass the screening.

Screening Procedure

All individuals including staff, children, home childcare providers, parents/guardians and anyone living at the home childcare providing childcare, must be screened each day, prior to being admitted into the child care centre or home child care. Staff must follow the screening checklist for each person and record the outcome (pass/fail).

Questions for staff and families:

- Screening questions will be provided to families over the phone upon first inquiry into childcare, along with current best practices and recommendations by local public health units and the Ontario Ministry of Health. Families will be required to monitor themselves and their children prior to arrival at the child care centre, to ensure they are not exhibiting COVID-19 symptoms as required in the document COVID-19 Guidance, Child Care, issued by the Ministry of Health.
- Greet everyone into the child care centre with a friendly, calm manner. Request that only ONE parent/guardian enters the centre with the child, and request that they both use hand sanitizer

"Good morning/afternoon/evening. As you are aware, COVID-19 continues to evolve. As a result, we are conducting active screening for potential risks of COVID-19 for everyone who enters the location. The screening will ensure the safety and well-being of staff, children and families."

1. Do you/the child, or any member of your household have any of the following symptoms (Refer to COVID-19 Screening Document):

Fever (37.8 degrees Celsius or higher) New olfactory (smell) or taste disorder(s) New or worsening cough Difficulty breathing

Sore throat Runny nose

Sneezing Nasal congestion

Hoarse voice Difficulty swallowing

Nausea/vomiting Diarrhea

Abdominal pain in infants - lethargy or poor feeding

Yes/No - record symptom(s)

2. Have you given your child any type of fever reducing medication in the last 5 hours? Yes/No (If yes record reason for administering medication)

3. Have you/the child travelled outside of Canada within the last 14 days? Yes/No

4. Parent/guardian will take child/children's temperature at screening booth:
 - a. They will use the touchless thermometer provided.
 - b. The thermometer will be disinfected between each use by the screener using an alcohol-based swab.
 - c. No other type of thermometer will be permitted to be used.

How to respond:

If the individual answers NO to all questions, and their temperature is recorded as less than 37.8 degrees Celsius, they have passed the screening and can enter the building:

"Thank you for your patience. Your child has been cleared to enter the centre. A staff member will drop off your child in __room."

If the individual answers YES to any of the screening questions, their temperature is 37.8 degrees Celsius or higher, or they refuse to answer, then they have immediately failed the screening and cannot enter the building:

"Thank you for your patience. Unfortunately based on these answers, I am not able to let you enter the child care centre."

Please review the self assessment tool on the Ministry of Health website or local Public Health website www.lambtonpublichealth.ca or www.wechu.org to determine if further care is required.

If response is for a child care staff member, advise that the Floor Supervisor (FS) will be notified and will follow up later in the day.

Provide clients with a handout of resources, if requested.

FACT SHEET

Healthcare

Cleaning Up Body Fluid Spills (Urine, Feces, Vomit, Blood, Breast Milk)

Avoid direct contact with body fluids, as they may contain germs that can cause serious infections. Germs in feces and vomit spread easily if agitated, so it is very important to clean and disinfect contaminated areas quickly and carefully.

The following is a good procedure to use:

1. Gather the required materials (e.g. spill kit, disinfectant)
2. Put on gloves. If there is a risk of splashes to the face, wear facial protection (i.e. mask and goggles).
3. Using paper towels, contain and wipe up the spill, working from the least to most soiled areas. Be careful not to agitate spills of feces or vomit, so that infectious particles do not become airborne. Dispose of waste materials into a plastic bag and then into the regular waste receptacle, unless materials are saturated (dripping), in which case they must be disposed of into a biomedical waste bag.
4. Clean and disinfect the contaminated area. The procedure will depend on the type of disinfectant used.

Accelerated hydrogen peroxide (0.5%) wipes (for smaller spills):	Bleach solution at 1000-5000 ppm concentration (for larger spills):
<ul style="list-style-type: none">• Clean the area with a wipe. Follow the manufacturer's instructions for contact time. Wipe dry. Dispose of wipe.• Disinfect the area with a wipe. Follow the manufacturer's instructions for contact time (multiple wipes may be needed to ensure area stays wet for entire contact time). Wipe area dry or rinse.• Dispose of waste materials.	<ul style="list-style-type: none">• If the area is still visibly soiled, clean with warm water and soap or detergent, then rinse.• Disinfect the area using a bleach solution at a concentration of 1000- 5000 ppm (see instructions below). The solution must be made fresh daily to be most effective. Ensure area stays wet for a minimum of 10 minutes.• Dispose of waste materials.

5. Remove and discard gloves and facial protection.
6. Perform hand hygiene.
7. Wash non-disposable cleaning equipment (buckets, etc.) with soap and water and then disinfect with a bleach solution.

Spill kit: Have a spill kit on site so that you are always prepared. Your kit should include the following:

- | | |
|---|---|
| <ul style="list-style-type: none">✓ Gloves✓ Masks and goggles✓ Paper towels | <ul style="list-style-type: none">✓ Soap or detergent✓ Plastic bags✓ Small Garbage bag✓ VIREX for disinfectant |
|---|---|

Preparing a bleach solution for spills of body fluids:

(Based on liquid household bleach containing 5.25% sodium hypochlorite).

1:50 (1000 ppm) bleach solution:	1:10 (5000 ppm) bleach solution:
2 tsp (10 ml) bleach + 2 cups (495 ml) water	¼ cup (60 ml) bleach + 2 1/4 cups (562 ml) water
OR	OR
¼ cup (60 ml) bleach + 12 cups (3000 ml) water	1 cup (250 ml) bleach + 9 cups (2250 ml) water

G:\WPFILES\FACTSHEETS\CD & VPD\Cleaning up Body Fluids – Healthcare - December 13, 2019

Adapted from Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Best practices for environmental cleaning for prevention and control of infections in all health care settings. 3rd ed. Toronto, ON: Queen's Printer for Ontario; 2018.

Cleaning and Sanitizing in Your Workplace

Are cleaning and sanitizing the same thing?

- No. Cleaning removes oil, dirt and debris using soap, warm water and friction followed by rinsing. Cleaning must occur before sanitizing. Sanitizing reduces the number of harmful germs on surfaces that can lead to illness.

Perform routine environmental cleaning and sanitizing:

- Routinely clean and sanitize all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents and sanitizers that are usually used in these areas and follow the directions on the label.
- Provide disposable wipes (not personal care wipes – i.e. baby wipes) so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees before each use. Ensure that they follow the directions on the label.

How do I know what sanitizer to use for surfaces in my workplace?

To sanitize surfaces you can use either one of the following:

1. **Chlorine:** label may say “hypochlorite” or “sodium hypochlorite”. The most common chlorine-based chemical is household bleach.
2. **Quaternary Ammonium:** label may say “benzalkonium chloride”.

How to make your own sanitizer.

Workplaces can make their own sanitizing solution to use on surfaces, however, please note that there is no scientific evidence stating the exact concentration that is effective against COVID-19. The following solutions are considered effective against other viruses and bacteria:

For surfaces that can be bleached, a mild solution (1:100) of bleach and water can be used:

- 1 teaspoon (5 milliliters) bleach in 2 cups (500 milliliters) of water

If a surface has been soiled with body fluids (e.g. vomit, diarrhea, blood, saliva), a stronger solution is recommended (1:10).

- ¼ cup (62 millilitres) bleach in 2¼ cups (562 millilitres) of water. The bleach solution should stay on the surface for a minimum of 10 minutes.

Other products such as tea tree oil, baking soda, vinegar, ozone, silver are not considered effective sanitizers by Health Canada.

RESOURCES: CDC: Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID- 19), February 2020
<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html>