



Policies and Procedures during COVID-19 Outbreak

This policies and procedures are intent to provide clarification on operating child care programs with enhanced health and safety guidelines during the COVID-19 outbreak.

Daily Screening Prior to Entry/Drop-off

- Remind staff and parents/guardians of children attending the child care centre that they must not attend the child care program when they are ill, and that they should report any symptoms associated with COVID-19 to the centre.
- Discuss the expectations for screening and arrangements in advance with the child's parent/guardian and staff.
- Screening must be completed for every child, staff and visitor prior to entry/arrival to the child care setting.
- Daily screening may be completed in-person at the child care centre/home or remotely and submitted virtually (e.g. over the telephone, via online form, survey, video conference or e-mail) prior to arrival at the child care centre/home.
- Screen all child attendees prior to entry as prescribed by Toronto Public Health:
 - Use the Screening Questionnaire for Child Care Centres and the COVID-19 Decision Tool for Child Care (child attendees).
 - If screening is not done in-person by child care operators/staff parents and guardians continue to be responsible for screening their children for symptoms of illness every day prior to entry.
- Screen all staff/early childhood education students and any other adult visitors prior to entry as prescribed by Toronto Public Health.
- Make hand sanitizer (70-90% alcohol concentration) available at the screening stations for individuals for use prior to entry.
- Staff must escort children into the child care center/home after screening.
- Parents/guardians should not go past the screening area or enter the child care centre/home unless there is a specific need to do so and the parent/guardian passes the screening.

Enhance Attendance Reporting Practices

- Maintain daily attendance records of all individuals entering the child care centre. This includes, but is not limited to, staff, student, children, maintenance workers, cleaning/environmental staff, food service workers and government agency employees (e.g. public health inspectors, program advisors, fire inspectors).
- Records should include the following information: name, company, contact information, date, time of arrival/departure, reason for visit, rooms/areas visited and screening results.
- Records must be updated when a child, staff or student is absent.
- Follow-up with all individuals to determine the reason for any unplanned absences, and if the absence is due to illness to note any symptoms (e.g. fever, sore throat, cough). Encourage parents/guardians of ill children and staff who are ill to seek COVID-19 testing at assessment centres, contact Telehealth at 1-866-797-0000 or their primary care provider to determine if further care and testing are required.
- Non-essential visitors must not be permitted to enter the child care centre.
- Monitor attendance records for patterns or trends (e.g. children and child care staff in the same group or cohort absent at the same time or over the course of a few days).
- Attendance records must be available on-site at all times. Keep attendance records on-site for a period of 12 months.

Assign Staff and Children into Cohorts

- Group size is returned to its maximum group size as set out under the license.
- Maximum capacity rules do not apply to Special Needs Resource staff on site.
- Each group will stay together throughout the day as much as possible and shall not mix with other group.
- Ratios will be maintained as set out under the CCEYA.
- Child care staff, early childhood education students and children must be assigned to designated cohort or group.
- Staff are not included in the maximum cohort size, however, they are still considered a member of their assigned cohort or group.
- Programming must be planned in a manner that limits cohorts from mixing throughout the day and over the course of the child care program/session.
- Stagger/alternate scheduling for the following:
 - Shared washroom facilities. If washrooms are shared, only one cohort must access the washroom at a time.
 - Drop-off and pick-up times to prevent parents/guardians from gathering or grouping together.
 - Snack times and lunch/meal times.
 - Outdoor playgrounds and play spaces (dedicated to the child care) by different cohorts.
- Where different cohorts are using the same indoor area child care staff must ensure that physical distancing is maintained between the cohorts and that the groups do not mix.

Practice physical distancing

- Practice physical distancing (two metres/six feet distance) between children, staff that are assigned to different cohorts as best as possible in common areas and shared spaces.
- Use visual markers/cues spaced two metres/six feet apart in common areas such as entrances and corridors.
- Physical distancing must not compromise supervision or a child's safety, emotional or psychological well-being.
- Encourage children to greet each other using non-physical gestures (e.g. wave or nod or a verbal "Hello") and to avoid close greetings (e.g. hugs, handshakes).
- Regularly remind children to keep "hands to yourself".
- Reinforce "no sharing" policies and procedures. This includes the current practice of not sharing food, water bottles or other personal items.
- Plan activities and games that increase spacing between children while promoting social interaction.
- Avoid activities that involve shared objects or toys.
- Increase the distance between cots. If space is limited, place children toe-to-toe and/or head-to-toe to maximize distance.
- Limit the number and types of personal items that can be brought into the child care setting, and provide individual cubbies or bins for each child's belongings.
- Personal items must be clearly labelled with the child's name to prevent accidental sharing.

Practice good hand hygiene and respiratory etiquette

- Clean hands thoroughly with soap and water or use hand sanitizer (70-90% alcohol concentration) provided hands are not visibly soiled.
- Avoid touching face, nose and mouth with unwashed hands.
- Cover your cough or sneeze with your elbow or a tissue. Immediately throw the tissue in the garbage and wash your hands.
- Provide additional hand sanitizer (70-90% alcohol concentration) stations (e.g. wall mounted hand sanitizer dispensers) in supervised areas where children cannot access it independently.
- Staff must ensure that proper hand hygiene is practiced often and when necessary (e.g. before and after eating, after using the bathroom, after covering a cough or sneeze). This includes supervising and/or assisting children with hand hygiene.
- Monitor hand hygiene supplies to ensure adequate amounts of liquid soap, paper towel, hand sanitizer, tissues, and waste receptacles lined with plastic bags.

Modify food safety practices for snacks and meals

- Modify meal practices to ensure that there is no self-serving or sharing of food at meal times.
- Meals must be served in individual portions to the children.
- Utensils must be used to serve food.
- Do not provide shared utensils or items (e.g. serving spoons, condiments).
- Children must not be allowed to prepare nor provide food that will be shared with others.
- There must 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 are put into place, for example, expressed breast milk).
- Ensure proper hand hygiene is practiced when staff are preparing food, and for all individuals before and after eating.

Enhance Cleaning and Disinfecting Practices

- Frequently high-touch 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).
- High-touch surfaces (i.e. faucets, toilet handles) should be cleaned and disinfected in shared washrooms between cohorts.
- Checking expiry dates of cleaning and disinfectant products and following the manufacturer's instructions.
- Chlorine bleach solutions may also be used for disinfection if appropriate for the surface.
- Prepare chlorine bleach solutions according to the instructions on the label or in a ratio of:
 - 1 teaspoon (5 mL) bleach per cup (250 mL) of water, or
 - 4 teaspoons (20 mL) bleach per litre (1000 mL) of water.
 - Ensure a minimum of two minutes contact time and allow to air dry.
 - Prepare fresh bleach solutions daily.
- Educate staff on how to use cleaning agents and disinfectants:
 - Required disinfectant contact times (i.e. amount of time that the product will need to remain wet on a surface to achieve disinfection).
 - Safety precautions and required personal protective equipment (PPE).
 - Directions for where and how to securely store cleaning and disinfectant supplies.
- Cots and cribs that are assigned to an individual child must be cleaned and disinfected weekly and as often as necessary (e.g. when soiled or after use by a symptomatic child).
- Blankets/sheets must be assigned to an individual child, stored separately to prevent accidental sharing and in manner that prevents contamination. Launder blankets/sheets weekly and as often as necessary (i.e. when soiled).
- Maintain logs to track cleaning and disinfecting activities for each room/area, individual/play items and sleeping equipment such as cots and cribs.

Toys, play equipment and outdoor playgrounds

- Provide toys and play equipment that are made of materials that can be cleaned and disinfected – no plush toys.
- Assign specific toys and play equipment to one cohort if possible or clean and disinfect between cohorts.
- Toys must be cleaned and disinfected daily and as often as necessary (e.g. when soiled, contaminated or if the toy has been used by a symptomatic individual).
- Toys that have been mouthed or become contaminated must be taken out of circulation (e.g. stored in a 'dirty toy' bin) after the child has finished using it, and cleaned and disinfected prior to being used by a different child.
- Toys must be cleaned and disinfected between cohorts.
- Clean and disinfect toys in a three compartment sink. Toys must be washed and rinsed prior to disinfection. Using two sinks is acceptable if washing and rinsing are done in the first sink.
- Ensure required disinfectant contact times are achieved or alternatively allow toys to air dry.
- Dry toys in a designated area that is separate from bathrooms, change tables and protected from sources of contamination.
- Indoor/outdoor play equipment must be cleaned and disinfected daily, between use by cohorts and as often as necessary (e.g. when visibly dirty, contaminated or if used by a symptomatic individual). o Alternatively, batch outdoor play equipment and rotate weekly.

- Indoor/outdoor play structures must only be used by one cohort at a time.
- Shared outdoor spaces may be used if physical distancing can be maintained between groups and other individuals outside of the group at all times.
- Children must perform hand hygiene before and after using outdoor play structures.
- Outdoor play structures are not required to be cleaned and disinfected unless the equipment is visibly soiled or dirty.
- Suspend group sensory play activities.
- Items that cannot be readily cleaned and disinfected (e.g. books) should be batched. Batched items can be rotated on a weekly basis.
- Items should be taken out of rotation after use, placed in a sealed container and/or set aside for seven days before reusing.
- Consider providing individualized bins or packs for art materials and supplies for each child. Label these bins to prevent accidental sharing.

Use of Mask and Personal Protection Equipment

- There must be sufficient personal protective equipment (PPE) for use by staff when necessary.
- Staff are required to wear a medical mask and eye protection (e.g. face shields, safety glasses and goggles) while inside in the child care premises, including in hallways and staff rooms (unless eating, but time with masks off should be limited and physical distance should be maintained).
 - o The use of masks and eye protection is not required for staff/early childhood education students, home child care providers or children when outdoors if physical distancing can be maintained.
- All other adults (i.e. parents/guardians and visitors) are required to wear a face covering or nonmedical face mask while inside the premises.
- Masks are not recommended for children under the age of two.
- Document is needed for exceptions related to wearing PPE:
 - o Exceptions to wearing a mask and eye protection indoors may include medical conditions that make it difficult to wear a mask or eye protection (e.g. difficulty breathing, low vision); a cognitive condition or disability that prevents wearing a mask or eye protection; hearing impairments or when communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication; and when performing duties in which a staff member is separated from their cohort and other staff/students (e.g. working alone in an office or during meal preparation in the kitchen).
- Gloves must be worn when it is anticipated that hands will come into contact with mucous membranes, broken skin, tissue, blood, bodily fluids, secretions, excretions, contaminated equipment or surfaces (e.g. diaper change pads and surrounding counter tops).

Evaluating Children Who Present Symptoms during Screening or While in Care

- Symptoms (e.g. runny nose, congestion) may be evaluated by home child providers or child care staff (in consultation with their supervisor) to determine if isolation and exclusion is required. The following information may be considered when evaluating a child's symptoms:
 - o Daily screening results.
 - o Information provided by the parents/guardian about the child's baseline health and other known underlying conditions (e.g. allergies, anxiety, asthma).
 - o Daily observations made by staff that care for the child (e.g. identifying a new or worsening cough, or differentiating between a runny nose that is persistent as opposed to one that subsides and is likely caused from returning inside from the cold).
 - o Alternative assessments by a physician or a health care practitioner regarding symptoms (if available).

Protocols When a Child or Staff Demonstrates Symptoms of Illness or Becomes Sick

- It is recommended that child care staff, and children with symptoms of COVID-19 go to an assessment centre for testing as soon as possible, and to self-isolate at home until their result is available.
- If a child or staff becomes ill with symptoms associated with COVID-19 while in care, immediately separate them from the rest of their group in a designated room.
- For ill children:
 - o Provide supervision until they are picked-up.
 - o Notify parents/guardians or emergency contacts to pick up the ill child as soon as possible.

- Children older than two years should wear a medical mask (if tolerated) and they are able to use it properly (e.g. donning and doffing carefully, avoiding touching while on).
- Child care staff supervising the ill child should maintain physical distancing as best as possible, and wear PPE, including a surgical/procedure mask (i.e. medical mask) and eye protection (e.g. face shield, safety glasses and goggles).
- Clean and disinfect the area immediately after the child with symptoms has been picked-up.
- Establish a protocol to determine contaminated areas and carry out cleaning and disinfection when an individual is suspected of having COVID-19 in the child care setting:
- Identify areas that may require cleaning plus disinfection (items used by the individual and all surfaces within 2 metres of the ill person) versus cleaning alone (such as a hallway or room where the individual had passed through).
- Use disposable cleaning equipment, such as disposable wipes, where possible.
- Items that cannot be cleaned and disinfected (e.g. paper, books, cardboard puzzles) should be removed from the program and stored in a sealed container for a minimum of seven days.
- The designated room/space must have a handwashing sink or hand sanitizer (70-90% alcohol concentration) available.
- Provide tissues to the ill individual to help support respiratory etiquette.
- Open outside doors and windows to increase air circulation in the area if it can be done so safely.
- Staff and children who have been exposed to an individual who became ill with symptoms must continue to be grouped together (i.e. cohorted), and monitored for signs and symptoms of illness:
 - Staff must not be assigned to other groups/cohorts or work in other child care settings. They must also be advised to avoid being in contact with vulnerable person or settings where there are vulnerable people.
 - Child care staff must ensure that mixing of children is prevented.
 - Supervisors must inform parents/guardians of children who were exposed to the ill individual, and advise that they should monitor their child for symptoms.

Return to care for children with symptoms

- If an ill child who has not been exposed to someone with COVID-19 has a negative test result:
 - They may return to the setting if their symptoms have been improving for 24 hours.
- If an ill child who has not been exposed to someone with COVID-19 is not tested:
 - Ensure that the symptomatic child stays home and self-isolates for 10 days from the date their symptom(s) started.
 - Advise parents/guardians to contact a health care provider for further advice or assessment, including if the child needs a COVID-19 test or other treatment.
 - They may return to the setting after 10 days if they do not have a fever (without taking medication) and their symptoms have been improving for 24 hours.
- Child care operators may allow symptomatic children that have not been tested to return to care based on an alternative assessment made by a physician or health care practitioner. The child may return to the setting if their symptoms have been improving for 24 hours.
 - Medical notes are not recommended or required by Toronto Public Health.
 - Parents can complete a Return to Child Care Confirmation Form to provide to the child care operator/home child care provider to confirm the child is well and may return to child care.
- Refer to the COVID-19 Decision Tool for Child Care (child attendees) for more detailed information.

Individuals with a laboratory confirmed positive COVID-19 test

- Staff and children must stay home and self-isolate for 10 days from the day their symptoms first appeared (or from the date of their positive laboratory test, if they did not have any symptoms).
- They may return to the child care setting after 10 days if they do not have fever (without use of medication) and their symptoms have been improving for 24 hours or longer.
- Staff and children who are being managed by Toronto Public Health (TPH) must follow TPH instructions to determine when to return to the child care centre/home:
 - Staff must also report to their occupational health and safety department prior to return to work when applicable.
 - Clearance tests are not required for staff or children to return to the child care centre.

Close contacts of someone with COVID-19

- Staff and children (i.e. contacts) exposed to a confirmed case of COVID-19 must be excluded from the child care setting for 14 days from the day of their last exposure:
 - These individuals must self-isolate at home and monitor for symptoms for the next 14 days.
 - Individuals who have been exposed to a confirmed case of COVID-19 should get tested.
 - Staff and children who were exposed to a confirmed case of COVID-19 will need to continue to self-isolate for 14 days even if their test is negative.
 - Children in the same household (e.g. siblings) must stay home from child care until the child who is a close contact completes their period of self-isolation.
- Child care operators should dismiss a cases' cohort(s) (i.e. close contacts) for self-isolation while awaiting the results of the TPH investigation.
- Refer to COVID-19 Interim Decision Guide for Child Care Operators to Direct Cohorts to Self-Isolate.

Report laboratory-confirmed cases of COVID-19 to Toronto Public Health

- Child care centre supervisors must immediately report laboratory-confirmed cases in child attendees and staff that attend the child care setting to TPH by completing the Toronto Public Health COVID-19 Notification Form for Child Care Settings.

Covid-19 Immunization Disclosure Policy

Purpose

The purpose of this policy is to outline organizational expectations with regards to COVID-19 immunization disclosure.

Contingent upon vaccine availability, all eligible individuals, are strongly encouraged to receive a COVID-19 vaccine, unless there is a medical reason to not receive a vaccine.

Background

Little Giants Childcare center recognizes the importance of immunization of individuals regularly interacting and providing services to children due to the nature of their work and potential for exposure in the community. This COVID-19 immunization policy aims to protect the child care program's population including children, staff, volunteers, students on educational placements and any person providing child care or other services to a child in care.

COVID-19 is an acute respiratory illness caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It may be characterized by fever, cough, shortness of breath, and several other symptoms. Asymptomatic infection is also possible. The risk of severe disease increases with age but is not limited to the elderly and is elevated in those with underlying medical conditions.

Application of the Policy

The Immunization Disclosure Policy will apply to the following groups of individuals, except where the individual works remotely and the individual's work does not involve in-person interactions:

- Employees of the licensee (including home visitors in the case of home child care);
- Home child care providers;
- Volunteers;
- Students on an educational placement;
- Any licensee who regularly interacts with children, staff or providers;
- Adults ordinarily a resident of or regularly present at a home child care premises; and
- Any person who provides child care or other services to a child who receives child care (e.g., special needs resourcing consultant)

Policy

The Chief Medical Officer of Health has directed all licensed child care programs to develop, implement and ensure compliance with a COVID-19 immunization disclosure policy. All individuals covered by this policy must provide one of the following:

1. Proof of all required doses of a COVID-19 vaccine approved by the World Health Organization.
2. Written proof of a medical reason, provided by either a physician or nurse practitioner that sets out:
 - a. that the person cannot be vaccinated against COVID-19; and
 - b. the effective time period for the medical reason (i.e., permanent or time- limited).
3. Proof that the individual has completed an educational session approved by Little Giants Childcare Centre

Educational session

The educational session has been approved by and/or provided by (insert child care name) and addresses all of the following learning components:

- How COVID-19 vaccines work;
- Vaccine safety related to the development of the COVID-19 vaccines;
- Benefits of vaccination against COVID-19;
- Risks of not being vaccinated against COVID-19; and
- Possible side effects of COVID-19 vaccination.

Support for Vaccination

Little Giants Childcare center will provide the following supports for people subject to this policy to receive a vaccine:

(For example: paid time off, assistance with booking vaccine appointment, peer-to-peer support, etc.).

Testing Requirements

Individuals subject to the policy who are not fully vaccinated must regularly complete an antigen point of care testing for COVID-19 and demonstrate a negative result, every two times per week ; and provide written verification of the negative test result (insert details on acceptable documentation).

Access to Tests

Tests will be provided at no cost to licensees in one of three ways:

1. Direct Delivery

Approximately 60 of the largest child care organizations in Ontario will receive direct delivery of tests to the licensee's mailing address identified in the Child Care Licensing System. These organizations have been identified for direct delivery as they are not considered small/medium businesses and therefore not eligible for the other options detailed below.

Shipments will include enough tests for all sites associated with the organization and licensees are responsible for ensuring each site gets the required number of tests.

A separate distribution process will also be developed for licensees in remote areas, including First Nations communities.

2. Ontario Chamber of Commerce Rapid Screen Initiative

Small and medium child care organizations located close to a chamber of commerce pick-up location must arrange to pick-up tests through the Ontario Chamber of Commerce Rapid Screen Initiative.

Businesses (including non-chamber members) with 150 employees or less are welcome to participate in this program.

Tests are ordered directly from the local chamber of commerce or board of trade, not from a central provincial website, and must be picked up at a designated location. As part of this program you will also be required to report data to the local chamber of commerce.

Please visit the Rapid Screen Initiative website to see the list of participating chambers of commerce and boards of trade. Once you have identified your local chamber of commerce, please register through their website and arrange to pick up your tests as soon as possible.

3. School Board/School Delivery

Tests are being shipped directly to schools and school boards across the province. These shipments include tests for use in both the school system and child care settings that are more than 10 KM away from a chamber of commerce pick-up location.

Licensees who are picking up at a school will receive their assigned location and additional instructions on how to arrange pick-up from the Ministry of Education shortly.

Licensees will be notified of their assigned delivery/pick-up approach beginning the week of September 7, 2021.

Once a full supply of tests has been received, licensees are to make these testing kits available for those individuals required to confirm a negative test result prior to entering the premises or interacting with children.

Interim Approach for Select Licensees

Work is underway to confirm shipping locations and timeframes; however, it is likely that licensees receiving direct delivery of tests and licensees assigned to a school to pick-up tests will not receive their full supply until later in September.

As an interim approach for these licensees, the government is authorizing pharmacies to provide publicly funded COVID-19 rapid antigen testing services effective Tuesday, September 7, 2021 until Tuesday September 21, 2021. Please see the appendix for the list of participating pharmacies. This is a temporary measure that is only available to 3 those individuals subject to the mandatory immunization disclosure policy (**i.e., individuals who are not fully vaccinated**). Individuals will be required to show valid ID and a letter from the licensee indicating they are subject to testing requirements. A sample letter is attached.

For those regions where pharmacy-based rapid antigen testing is not available, licensees are to arrange to access testing kits through their local chamber of commerce. This is expected to apply in a minority of situations and leverages a distribution network already in place. Please visit the Rapid Screen Initiative for more information if this applies to your organization.

Verification of Testing

As part of the testing requirements set out in the immunization disclosure policy, licensees must verify that individuals who are not fully vaccinated have completed tests as required and received a negative result.

Work is also underway on a digital solution for verifying testing results in partnership with Creative Destruction Lab Rapid Screening Consortium (CDLRSC). The Thrive app allows for simple and straightforward tracking and verification of rapid testing results. Individuals can submit photo evidence of their rapid antigen test results for verification by the licensee (if testing at home) or organizations can input verification directly (for onsite rapid testing). The app will also allow exportation of records of verification for record keeping purposes.

Please visit the Creative Destruction Lab Rapid Screening Consortium (CDL-RSC) website for more information on this app. Further information will be shared on how your organization can access this app.

Additional information will be forthcoming on the testing and verification processes of the mandatory immunization reporting policy.

Confidentiality Statement

As per s. 77 of O. Reg 137/15 made under the Child Care and Early Years Act, 2014, Little Giants Childcare Center is required to report such statistical information to the Ministry of Education as may be required. No identifying information will be provided to the ministry in relation to this policy; all statistical information will be provided in aggregate form.