



Tots'n'Tykes COVID-19 Policy and Process

Introduction

While the Ministry of Education is providing guidance on how to operate child care during the COVID-19 outbreak, child care centres must follow the advice of the local public health unit when establishing health and safety protocols.

As a result of this, we recognize that there may be 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 their respective communities.

We follow SMDHU guidance available here. <https://www.simcoemuskokahealth.org/docs/default-source/COVID-/covid-guidance-document--august-13-2020.pdf?sfvrsn=2>

Health and Safety Protocols

Cleaning and Disinfecting

Enhanced cleaning disinfecting will be done when children are not present (to avoid children breathing in sprayed chemicals). This will be completed after regular operating hours by a commercial janitorial service company.

1. The disinfectant products will have an 8-digit DIN number and are appropriate to use. Expiry dates of cleaning products are regularly checked.
2. Prior to the re-opening the centre was decluttered and **deep cleaned**. This includes walls, floors, windows, furniture, toys and materials etc.
3. Hand sanitizer is provided at the entrance of the centre and in all rooms.
4. All toys and equipment will be cleaned and disinfected daily and immediately after a child has sneezed, coughed or put toy into their mouth.
5. All **high touch areas** (ie. door knobs/push bars, light switches, sinks, toilet handles, soap/hand sanitizer dispensers, phones, computers, garbage cans, change tables, counter tops, table tops, chairs, mirrors, touch screen surfaces) and all **underlying surfaces** which may come in contact with children/staff (ie. under lip of tables, tops and bottoms of chairs and legs, will be cleaned twice per day and when visibly dirty).
6. All outdoor toys and equipment will be cleaned and sanitized after each group has used the play space.
7. A detailed staff & janitor checklist will be used to define what is required to be cleaned, sanitized after each use, daily, weekly and at closing.

***Cleaning** – removing all visible dirt from the surface of an object.

- Using detergent/soap and water
- Rinsing off detergent/soap residue with warm water

***Disinfecting** – reduces germs on a surface.

- Done after cleaning
- Use the approved disinfectant product
- Ensure the disinfectant remains on surfaces for the correct contact time
- After the contact time is completed the manufacturer instructions are followed for either rinsing with clean water or wiping dry



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***Deep clean means:**

- Utilize a soap and water solution to clean all surfaces (ie. walls, floors, window ledges, every surface in the room).
- Rinsing off detergent/soap residue with clean water before disinfecting
- Following with an approved disinfectant solution and follow manufacturer guidelines for surface contact time, then wipe.

Frequency of Cleaning and Disinfecting

- Clean and disinfect all children sized tables, chairs & serving counters after each snack and lunch times.
- Clean and disinfect high touch areas (door knobs, light switches, any hand rails) at least twice per day. Once during the day and again during janitorial daily clean.
- Clean and disinfect the classroom at closing time when all the children have left for the day.
- Clean and disinfect shared toys & equipment when visibly dirty, or after contact with body fluids (saliva from mouth, mucus from a sneeze a cough or drool etc.). Some toys and equipment may need be put into quarantine for 72 hours.
- Disinfect all children's washrooms (including sinks, faucets, toilet flush handle, toilet seat, soap dispensers, change table and change pad) after each washroom routine. Staff will have assigned washrooms will be disinfected (in the same manner as the children's washrooms) after each use.
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- Disinfect all electronics with alcohol prep wipes or disposable disinfectant wipes. Allow the disinfectant to dry for 1 minute.
- Carpets have been removed.
- After each daily nap time all cots will be disinfected and all cot linens (blankets & sheets) will be laundered.

Note: Should any child exhibit symptoms of COVID-19, all toys and equipment accessed by the child will be removed from the room to be cleaned and disinfected immediately and quarantined for at least 72 hours.

Maximum Group Size and Ratio

A cohort is defined as a group of children who stay together throughout the duration of the program for a minimum of 7 days.

Child care settings are now permitted to operate at full capacity using maximum group sizes and ratios as set out under the CCEYA (the licenced age groups prior to the COVID-19 outbreak)

Each cohort must stay together throughout the day and are not permitted to mix with other cohorts.

Reduced ratios are permitted as set out under the CCEYA provided that cohorts are not mixed with other cohorts.

Children are permitted to attend on a part time basis and must be included in the maximum group size for the period they are in attendance. Children attending on a part time basis will not be mix with other groups.



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Physical Distancing

Physical distancing between children in a child care setting can be difficult to maintain: however, it is an important strategy that will be encouraged whenever possible.

Each group of children (toddlers & preschoolers) will have their own assigned classroom.

When in the same common space (cubbie area, hallways, lunch room) physical distancing will be done as much as possible such as spreading children out in those areas (at meal/snack and dressing time), incorporating individual activities and using visual cues to promote physical distancing.

Educators will have children transition in small groups when going from the classroom to the cubbie area or to the lunch/sleep room.

At nap time the children will be placed head to toe on their cots.

Staffing

Staff should work at only one location.

Supervisor will limit their movement throughout the centre.

The correct number of qualified staff will be maintain.

Staff schedules will be such that it will be the same staff with same cohort for a minimum of 7 days. Staff shifts will rotate in order to maintain ratios, physical distance as much as possible and maintain the cleaning standards.

All staff will have Standard First Aid, valid Vulnerable Sector Screen.

Group Events and In-Person Meetings

Face to face meetings will not take place within the centre. Rather, HiMama communication app will be used for sending daily reports, pictures, messages, and invoicing.

Other information (parent handbook, enrolment package & SOP) will be located on our E3 website, Tots n Tykes.

No group events, field trips or outings will take place at this time.



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Guidance on the use of Masks, Personal Protective Equipment & Hand Hygiene

All child care staff, approved visitors will be required to wear medical masks and eye protection (face shield or goggles) while inside the child care setting including outside, in hallways, staff rooms (unless eating-but time with masks off should be limited & physical distance should be maintained). Staff will be assigned staggered lunch breaks.

The use of medical masks and eye protection is for the safety of child care staff and the children in their care who may not be wearing face coverings (children under age of 2).

All parents/guardians are required to wear a face covering during arrivals and departures.

Children in the child care setting are not required to wear a mask. However, if the parents request that their child does wear a mask staff will support that request. Parents would be responsible for providing the mask for their child. Masks are not recommended for children under the age of 2.

Masks should be replaced when they become damp or visibly soiled.

Eye protection may be reused if the item is clear, intact and not damaged. If damaged it should be discarded. Eye protection should be disinfected prior to wearing.

Refer to Public Health Ontario Resources for how to properly wear and remove masks and eye protection.

Exceptions to not wearing a mask for medical reasons will be dealt with on an individual basis by the CEO and Senior management of E3 Community Services.

The Ministry of Education will provide a monthly shipment of masks & face shields.

E3 Community Services will provide supplies of goggles, gloves, gowns, hand sanitizer, disinfectant, disinfectant wipes, & alcohol wipes.

Frequent hand washing using soap & water plus using the 8 step hand washing method will be expected for all staff and all children. Especially after using the washroom, before and after eating, before enter the classroom each morning and when hands are visibly dirty.

Attendance Records

Daily attendance records including arrival & departure times will be kept for all children. This will be documented and archived through the HiMama communication app.

Daily records of all who enter the child care centre (staff, janitors, maintenance staff, resource consultants, inspectors).

These records will be kept on site and along with name, arrival time, length of shift, passing temperature and answers to the screening questions, and signature.

Records will be kept up-to-date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or an outbreak (i.e., record can be made available to the local public health unit within 24 hours of a confirmed case of COVID-19 or outbreak).



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Arrivals and Departures (Refer to SOP for Arrivals & Departures)

Parents will arrive and park, sequentially under the designated number spots.

Parents are asked to refer to the local health unit student screening tool prior to coming to the centre.

Only one person wearing a mask will be allowed to drop off or pick up the child (no siblings). The parent will not be allowed to enter the centre.

All children must arrive between 8-9am to ensure screening is completed.

The parent/guardian will bring the child to the screening window, where questions will be asked and the child's temperature will be taken. All parents MUST wear face masks. The screener will be wearing PPE (mask, face shield, gloves).

A table will be placed outside at the front entrance to encourage parents to physical distance and to assist with a directional flow for children entering the building.

Hand sanitizer will be made available on the table.

Upon arrival a limited number of children will be allowed in the cubbie area. Educators from each classroom will escort their cohort children to the classroom. Upon arriving in the classroom staff will have child wash their hands.

Personal belongings from home should be kept at a minimum. Changes of clothes should be brought in sealed zip lock plastic bags (no backpacks) and labelled with name. Diapers should be sent in an unopened sleeve.

Parents, Visitors, Vendors, Contractors & Inspectors

SMDHU requires that the number of individuals entering the child care centre be limited to staff, children and only absolutely necessary individuals.

An individual permitted to enter the centre must be screened using the COVID-19 Active Screening Checklist and have a passing temperature check.

The following individuals will not be permitted to enter the centre:

- Parents/Guardians
- New parents/tours
- Volunteers and students

Vendors who are making deliveries will use the buzzer, identify themselves and then leave the delivery on the table outside the front entrance.

Contractors, plumbers, electrician, janitorial staff, or emergency services must be screened upon entering the centre. We will schedule their work for a time when children are not present

All contractors/delivery personal entering the centre must wear a facial covering.



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Screening Process

The parent/guardian will bring the child to the screening window, where questions will be asked and the child's temperature will be taken with an infrared thermometer. The thermometer will be disinfected between each use, with Lysol wipe.

All parents MUST wear face masks. The screener will be wearing PPE (mask, face shield, gloves).

A table will be placed outside at the front entrance to encourage parents to physical distance and to assist with a directional flow for children entering the building

The manager or designate is responsible for the screening process. All staff at the centre will be trained in the screening process.

Families will pre-screen the HOUSEHOLD prior to coming to the Centre.

The screener will ask if they have completed the screening checklist and record yes or not on the screening tool list. Screener will take child's temperature and record on the screening tool list.

The screener at the window will maintain a minimum 2 metre (6 feet) distance from those who approach for temperature checks.

Upon entering the centre all staff, contractors, etc. will be asked to take their temperatures, record as pass or fail and will answer the questions on the screening tool checklist.

Once screening is completed, an assigned staff will take the child/ren to the classroom where they will wash hands prior to beginning to play.

Screening of Educators/Manager

Each day, the educators will self-screen at home and will repeat the screening questions in writing upon entry at the centre and complete their temperature check, to ensure they do not have symptoms of COVID-19.

The manager or designate will be the first person to arrive at the centre.

The manager or designate will ensure that active screening is completed for all staff every day.

Monitoring and Responding to Reports of COVID-19 Symptoms

The child care centre, Ministry of Education, Public Health will work closely to monitor and respond to reports of COVID-19 symptoms.

Anyone who is symptomatic, does not pass screening, or has been advised to self-isolate by the local public health unit must not be permitted to enter the centre and should stay at home.



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If an individual (staff or child) becomes ill while in the child care setting:

The ill adult will be asked to leave and go home.

The ill child must be immediately separated from others, in an isolation room.

The isolation room will be stocked with masks, gloves, gowns, hand sanitizer, a garbage bin with lid, lined with garbage bag, cot, extra sheets, and a few toys that can easily be disinfected.

If ANY ONE of the symptoms related to COVID-19 are present in a child, the child must be immediately excluded from the child care centre and sent home. If the child has a sibling who attends the same child care centre, the sibling must also be excluded.

Staff are required to:

- Immediately isolate the child with symptoms from other children into the isolation room.
- Parents must be contacted for pick-up of symptomatic child. While waiting for the child to be taken home, the child must be supervised by only one educator until the child leaves while maintaining a physical distance of 2 metres (6 feet) if possible.
- Move the cohort of children who were in the program room with the symptomatic child to a vacant program room or outside and immediately clean and disinfect the impacted room.
- Increase ventilation in the exclusion room if possible (e.g., open windows).
- Hand hygiene and respiratory etiquette should be practiced while the ill child is waiting to be picked up. Keep the child comfortable by providing a separate cot and toys. Clean and disinfect the cot and all toys after the child leaves the centre.
- If child needs immediate medical attention call 911
- Have the child wear a face mask (if tolerated) to cover the child's nose and mouth. The staff caring for the child will don full PPE (mask, face shield, gown and gloves). the educator will perform hand hygiene and keep surfaces disinfected. Educator will ensure that they wash their hands or use hand sanitizer (if hands not visibly soiled) immediately upon removal of the gloves. The most important measures are proper hand hygiene and maintaining a 2 metre (6 feet) distance as much as possible.

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

Communication protocols to update and inform necessary stakeholders within the child care community while maintaining confidentiality of the ill individual will be initiated (e.g., contact the school, service system manager and/or ministry through a Serious Occurrence Report as applicable).



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Regular child care operation can continue unless directed otherwise by the local public health unit.

If a child develops symptoms and their self-screening indicates they should stay home but their sibling(s) do not have symptoms, the siblings do not need to isolate until the other child tests positive for COVID-19. However, check your local public health unit's website or call to see if those without symptoms should go to school/child care. Some public health units have different rules based on local risk.

If a child is tested for COVID-19, follow the guidance of the local public health unit, health care provider and related direction for isolation and returning to the program. If there are other siblings or members of the household that attend school or child care, the local public health unit will provide any further direction on returning to school/child care.

- Persons who test positive may not return to the child care setting until they are cleared by the local public health unit. Note that individuals do not need to provide a medical note or proof of negative result to return to the program.

If child has had contact with some one who has tested positive for Covid-19

Manager will ask the parent if the positive contact is considered high risk.

Manager will ask the parent what is the geographical area of the positive case.

Manager will confirm who notified the family that they had been in contact with positive case, the health unit or the positive case person.

Advise the family to contact the Health Unit and give them the same information so the health unit can advise next steps such as book covid test appointment, isolate until test appointment, then have test completed, and isolate until get results.

Once the family gets results again the health unit will advise next steps depending on if your case is considered high risk or not.

Reporting and Serious Occurrence Reporting

The child care centre has a duty to report suspected or confirmed cases of COVID-19 to the medical officer of health under the *Health Protection and Promotion Act*.

Report this as a serious occurrence to the Ministry of Education.

Effective **November 9, 2020**, child care centres will only be required to report a serious occurrence for COVID-19 related matters for:

a) **Confirmed COVID-19 cases**; or



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- b) **Closures ordered by your local Public Health Unit** (i.e., where a closure is ordered for a centre, program room/s or provider's home due to a **confirmed** or a **suspected** COVID-19 case(s)).

To support these changes, the serious occurrence categories related to COVID-19 have been updated in the Child Care Licensing System (CCLS):

Confirmed COVID-19 cases

For a Confirmed Case of COVID-19 with **no** Related Public Health Ordered Closure

- Submit a serious occurrence in CCLS under "Confirmed COVID-19" category

For a Confirmed Case of COVID-19 **with** a Public Health Ordered Closure

- Submit a serious occurrence in CCLS under 'Confirmed COVID-19' category, including information about the closure in the fields provided; or
- Where there is a confirmed case and a closure is subsequently ordered by Public Health while the serious occurrence under "Confirmed COVID-19" category is still open, please revise the existing serious occurrence to include the closure information in the fields provided; or
- Where a closure is ordered by public health **after** the serious occurrence has been closed, submit a **new** serious occurrence for an "Unplanned Disruption of Service" with the subcategory of "Public Health Ordered Closure" (as per information below).

PLEASE NOTE: Where there is an open serious occurrence for a confirmed case of COVID-19, should a second individual develop a confirmed case, please do not submit a new/additional serious occurrence for the new confirmed case.

Instead, licensees must revise the existing/open serious occurrence report to add the information related to the new confirmed case.

Closures Ordered by your Local Public Health Unit

- Where public health orders a closure with **no** confirmed COVID-19 case, submit a serious occurrence in CCLS under 'Unplanned Disruption of Service' with the subcategory of 'Public Health Ordered Closure'
- Where there is an existing/open serious occurrence in CCLS under 'Unplanned Disruption of Service' with the subcategory of 'Public Health Ordered Closure' and an individual develops a confirmed case of COVID-19, submit a new serious occurrence in CCLS under the 'Confirmed COVID-19' category



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Existing Serious Occurrences reported for COVID-19 Matters Prior to November 9, 2020

Existing Serious Occurrences for Confirmed Cases

Where there is an open serious occurrence for a previously reported confirmed case of COVID-19, this serious occurrence **will remain open** until it is resolved.

Existing Serious Occurrences for Suspected Cases

Where there is an open serious occurrence for a previously reported **suspected case**:

- If this suspected case did **not** result in a **public health ordered closure**, this serious occurrence **will be closed in CCLS by the ministry**.
- If this suspected case resulted in **voluntary closure by the licensee**, this serious occurrence **will be closed in CCLS by the ministry**.
- If this suspected case resulted in a **public health ordered closure**, this serious occurrence **will remain open** until it is resolved.

Changes to individuals to be reported for confirmed COVID-19 cases

Please note that there has been a change to the list of individuals that a serious occurrence must be reported for with respect to confirmed cases of COVID-19.

Moving forward, a serious occurrence is **not** required for a **parent of a child** with a confirmed case of COVID-19.

Below is the current list of individuals with a confirmed case of COVID-19 for whom a serious occurrence report is required:

- i. a **child who receives child care** at a home child care premises or child care centre,
- ii. a home child care **provider**,
- iii. a person who is **ordinarily a resident of a home child care premises** (e.g. the home provider's child, the home provider's spouse etc.; for complete definition please refer to the Home Child Care Licensing Manual)
- iv. a person who is **regularly at a home child care premises** (eg. the home provider's friend who visits the premises once a week etc.; for complete definition please refer to the Home Child Care Licensing Manual),
- v. a **home child care visitor**,
- vi. a **staff** member at a child care centre
- vii. a **student** at a home child care premises or child care centre,



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Existing Serious Occurrences for Parents with Confirmed or Suspected Cases of COVID-19:

Where there is an open serious occurrence for a previously reported **confirmed or suspected case of COVID-19 for a parent of a child:**

- If this case did **not** result in a **public health ordered closure**, this serious **will be closed in CCLS by the ministry.**
- If this case resulted in **voluntary closure by the licensee**, this serious occurrence **will be closed in CCLS by the ministry.**
- If this case has resulted in a **public health ordered closure**, this serious occurrence **will remain open** until it is resolved.

The child care centre will report to the local public health unit and provide any materials (e.g., daily attendance records) to public health officials to support case management and contact tracing and other activities in accordance with all applicable legislation, including the *Municipal Freedom of Information and Protection of Privacy Act*.

Public health officials will determine any additional steps required, including but not limited to how to monitor for other possible infected staff and children and the declaration of an outbreak and closure of rooms and/or entire child care settings.

Please also note there are requirements of employers to let workers know if they may have been exposed in the workplace. Please see the [guide on developing a COVID-19 workplace safety plan](#) for more information.

Outbreak Management

An outbreak may be declared by the local public health unit when: within a 14-day period, there are two or more laboratory-confirmed COVID-19 cases in children, staff or other visitors with an epidemiological link (cases that are in the same room) where at least one case could have reasonably acquired their infection in the child care setting.

The local public health unit will work with the child care centre to determine whether epidemiological links exist between cases and whether transmission may have occurred in the child care setting.

If the local public health unit declares an outbreak, they will determine what happens next. This could include closing particular child care rooms or cohorts or an entire child care setting.

The public health unit will help determine which groups of children and/or staff need to be sent home or if a partial or full closure of the



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child care setting is required.

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

Create a list of other children and staff in the center who came into contact with the staff/children.

Public Health will:

- Refer symptomatic individuals for testing.
- Provide any further direction on self-isolation of close contacts to the symptomatic individual.
- If required, declare an outbreak, and then determine when the outbreak is deemed over.
- Arrange for any further required testing of asymptomatic individuals.

Those who test negative for COVID-19 must be:

- Excluded until 48 hours after symptom resolution (i.e. symptoms end).

Those who test positive for COVID-19 must be:

- Excluded for 14 days after the onset of symptoms and can return once clearance has been received from public health.

Close Contacts:

- Can continue to attend the centre if they are asymptomatic (i.e. no symptoms), unless otherwise directed by public health.
- They should be monitored for symptoms, and if they become symptomatic, should be excluded.

Links to Resources re: COVID-19

Ministry of Health (MOH) COVID-19 website/Screening and Symptoms: <https://covid-19.ontario.ca/>

Ontario Re-opening Child Care Centre: <https://www.ontario.ca/page/covid-19-reopening-child-care-centres>

All facts sheets: <https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/public-resources>

Simcoe Muskoka District Public Health Unit Resources, Guidance and Directives:
<https://www.simcoemuskokahealth.org/Topics/COVID-19>

How to perform hand hygiene with posters:

<https://www.simcoemuskokahealth.org/Topics/InfectiousDiseases/InfectionPrevention/Handwashingintroduction.asp>
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Cleaning: <https://www.publichealthontario.ca/-/media/documents/ncov/factsheet-covid-19-environmental-cleaning.pdf?la=en>

How to wear a face mask: <https://www.publichealthontario.ca/-/media/documents/ncov/factsheet/2020/05/factsheet-covid-19-non-medical-masks.pdf?la=en>

Talking to Children about the Pandemic:

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_talking_children_guidance.pdf

COVID-19 Resources for Families and Children: <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19/resources-parents-children.html>