

## Section 15

### Children's Educational Services Policies and Procedures Ontario Regulation 137/15

#### COVID-19 OUTBREAK GUIDANCE – CHILD CARE RE-OPENING & BEFORE AND AFTER SCHOOL PROGRAMS KINDERGARTEN – GRADE 6 POLICIES AND GUIDELINES

**Re-Opening Child Care** – as directed by the local public health units and the Ministry of Education

##### **INTRODUCTION AND PURPOSE OF DOCUMENT**

The Ministry of Education has produced and provided all Licensed Child Care Agencies in the Province of Ontario with the document titled “**Operational Guidance During COVID-19 Outbreak**” (hereinafter referred to as the “Ministry’s Guidance Document”) and the document “**Before and After School Programs Kindergarten – Grade 6 Policies and Guidelines for the School Boards for the 2020-2021 School Year**”.

The information contained in the Ministry’s Guidance Document and the Before and After School Kindergarten to Grade 6 Policies and Guidelines for School Boards is “meant to support partners in meeting requirements set out under the *Child Care and Early Years Act, 2014* (CCEYA) and to provide clarification on operating child care programs with enhanced health and safety guidelines and/or restrictions in place to re-open. The Ministry’s Guidance Document will be modified as applicable when these restrictions can be lifted and/or amended to reflect new advice at that time. Note that the Ministry’s Guidance Document includes links and references to other documents, resources and materials (such as the *Child Care and Early Years Act, 2014* and its’ Regulations, the Child Care Centre Licensing Manual etc.), all of which must also be adhered to.

In some areas of Operational Guidance, enhancements to the Ministry’s Guidance Document may be required based on the advice of the local Medical Officer of Health.

Please ensure a copy of the document titled “**Operational Guidance During COVID-19 Outbreak**” and the document “**Before and After School Programs Kindergarten – Grade 6 Policies and Guidelines for the School Boards for the 2020-2021 School Year**” is always on site and available.

##### **Maximum Group Size and Ratio**

Child care settings are permitted to operate using maximum group sizes as set out under the CCEYA (ie. Licensed age groups prior to the COVID-19 outbreak).

Children are permitted to attend on a part time basis and must be included in the maximum group size for the period of time they are in attendance. As with children attending full time, children attending part time should be included in one group and should not mix with other groups.

While groups are permitted to return to the previous maximum group size under CCEYA, each group should stay together throughout the day and as much as possible should not mix with other groups.

Reduced ratios are permitted as set out under the CCEYA provided that groups are not mixed with other groups. Reduced ratios are not permitted at any time for infants.

The ministry 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.

## **Maximum Capacity of Building**

More than one child care program or early years program or day camp can be offered per building as long as they are able to maintain separation between the programs and/or groups and follow all health and safety requirements that apply to those programs.

## **Vulnerable Sector Checks (VSCs)**

COVID-19 Outbreak Emergency Child Care and Re-Opening Child Care – this is child care that is operated under the direction of the Ministry of Education and the local Health Unit during a State of Emergency called by the Provincial Government.

If we are operating as such, we will follow the Ministry of Education guidelines that indicates a maximum of 5 years to update the police record check for staff employed in our programs.

- Licensees are required to obtain VSCs in accordance with the CCEYA from staff and other persons who are interacting with children at a premises, including students on educational placement.
- If an individual is unable to obtain a VSC in a reasonable amount of time due to significant backlogs, they must ensure the individual has applied for a VSC and put in place additional measures as set out in their reference check policy.

## **Attendance Records (Visitor Log)**

We are required to maintain daily records of anyone entering the facility and the approximate length of their stay (ie. students, parents, visitors, cleaners, students, people doing maintenance work, people providing supports for children with special needs, those delivering food). School Age programs must use this log to document all visitors. (This includes teachers who may be in their classroom before or after school).

Records are to be kept on the premises.

The visitor logs have been updated for this specific time period (re-opening child care during COVID-19). Please ensure you are using these ones as there is more data to be collected (ie. name and contact information, time of arrival/departure for each individual) that must be kept up-to-date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak (ie. records can be made available to public health within 24 hours of a confirmed COVID-19 case or outbreak).

## **Parents, Visitors, and Students on Placement**

All visitors to the program, including parents, students completing educational placements, or others, are subject to all health and safety protocols. The number of visitors indoors should be limited to the ability to maintain physical distancing of at least 2 metres. We will have a process in place to validate the screening of all visitors and volunteers. Appropriate PPE (medical mask & eye protection) is required for all those entering our buildings. At the advice of the local public health unit, we may be asked to restrict visitor access.

We will use video and telephone interviews to interact with our families and where possible we will offer in-person tours.

## **Provision of Special Needs Resources (SNR) Services**

We recognize that children with special needs and their families continue to require additional supports and services in our programs.

The provision of in-person special needs services in our programs can continue where appropriate and licensees may use their discretion to determine whether the services being provided are essential and necessary at this time.

All SNR staff must have their daily self-screening results validated on-site before entering the child care setting and must follow all health and safety measures that staff follow, including having their attendance logged, practicing proper hand hygiene, wearing a medical mask and eye protection (as necessary), and maintaining physical distancing as much as possible. If in-person delivery is not possible, please work with your special needs service providers to explore alternative modes of service delivery.

## **Health and Safety Requirements**

While the ministry is providing guidance on how to operate child care and school age programs during the COVID-19 pandemic, licensees must follow the advice of local public health officials 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.

Strollers/car seats will not be allowed in the centre.

## **Guidance on the Use of Masks, Personal Protective Equipment and Handwashing**

Personal protective equipment (PPE) is designed to protect the user from coming into contact with harmful chemicals, body fluids, and the germs that spread illness. PPE includes items like rubber gloves for cleaning and disinfecting, disposable vinyl gloves, masks, and eye protection.

The use of medical masks and eye protection is for the safety of child care staff and the children in their care. This is very important when working with young children who may not be wearing face coverings (ie. under the age of two).

### **WHILE INSIDE:**

All adults in a child care and school age setting are required to wear medical masks and eye protection (i.e., face shield or safety goggles) that is approved by the Ministry of Education and the local public health unit while inside the child care and school age premises, including in hallways. Ministry of Health/local health unit expectations are that 1 mask/day/person can be used. If soiled or wet, replace more often. The face shields can be used for a max of 20 days and then replaced unless broken or scratched.

All children who are in grades 1 and above are required to wear a non-medical mask or face covering while inside a school or child care setting, including in hallways. All younger children (aged 2 to SK) are encouraged but not required to wear a mask or face covering while inside in a school or child care setting, including in hallways. **This policy for JK to grade 3 may be different according to school boards. We will follow the policy of the school board in which the program is located if it meets public health/Ministry of Education guidelines.** Parents/guardians are responsible for providing their child(ren) with a non-medical mask(s) or face covering each day and should be reminded that if children are wearing masks, they will require a way to store their mask when not in use.

A back-up supply of non-medical or cloth masks will also be provided for school age children in child care in case they cannot bring one from home.

For all adults, exclusions to wearing a mask and/or eye protection will be on a case-by-case basis as determined by Human Resources. A doctor's note is not required for an exemption.

For all children, exclusions to wearing a mask will be on a case-by-case basis with reasonable exceptions in place. (ie. child/ren cannot tolerate wearing a mask, medical conditions). This will be documented on an ISP (Individual Support Plan).

### **WHILE OUTDOORS:**

All adults are required to wear medical masks outdoors. Eye protection is also required as per direction from the Ministry of Education. Physical distancing is strongly encouraged between groups.

All children in grades 1 and above are required to wear a non-medical mask or face covering outdoors when a distance of 2 metres cannot be maintained. All younger children (aged 2 to SK) are also encouraged to do this, but it is not required. **If your board has a different policy, we will follow their policy if it meets public health/Ministry of Education guidelines.**

Child Care Directors (or designate) will not be required to wear a mask or eye protection while independently conducting administrative duties in an enclosed space (door must be closed). If someone enters their space or if they leave that area, a mask and eye protection is required. Director/designate must ensure all other staff members remain physically distanced and adheres to all local health requirements relating to the processes regarding how to remove or put on their mask and proper hand

hygiene. Director/designate will follow their local health unit guidance on the proper storage of masks and eye protection when not in use.

Additionally, Dietary Planners who work alone in an enclosed space (door must be closed) will not be required to wear a mask or eye protection while in the kitchen. If someone enters their space or they leave the kitchen, a mask and eye protection is required. Dietary Planners will follow their local health unit guidance on the proper storage of masks and eye protection when not in use.

When children need to put on/remove their mask (ie. snack time, outdoor time) staff will ensure to guide children on the proper hand hygiene process and how to remove or put on their mask. Staff will follow their local health unit guidance on the proper storage of masks when not in use.

During lunch breaks, staff must remain physically distanced and adhere to all local health requirements relating to the processes regarding how to remove or put on their mask and proper hand hygiene. Staff will follow their local health unit guidance on the proper storage of masks when not in use. Alternate spaces may need to be created to ensure proper physical distancing is maintained during staff breaks.

PPE will continue to be worn as per routine practices such as when cleaning up body fluids, diapering, disinfecting surfaces, and screening.

Disposable gloves do not replace hand washing. Staff must wash their hands before gloves are put on and immediately when gloves are removed.

### **Set Up of Screening Station \*\*if required by your local health unit**

Prior to beginning active screening at the child care centre or school, set up is required. The Director is required to ensure that the following steps are completed:

- Set up the screening station **outside or just inside** the building near the entrance. This will be site specific.
- Set up a table/cart as a barrier. When families are at the screening station, ensure there is a 2 metre/6-foot distance between them and the table.
- The screener must maintain a distance of 2 m/6 ft from those being screened or be separated by a physical barrier (such as a plexiglass barrier). If a 2 m/6 ft distance cannot be maintained, personal protective equipment (PPE) (ie. medical mask and eye protection (ie. face shield)) should be worn.
- It is preferred that only ONE entrance/exit is to be used for access to the centre and/or school age program to ensure that each person is screened.
- Place front entrance signage identifying the screening process, provided by public health.
- Place hand sanitizer at the screening table. Ensure it is visible to every person.
- For child care only, provide a thermometer and alcohol prep wipes. Ear thermometer or non-contact infrared thermometer to be used. Non-contact infrared thermometers cannot be used for children 2 years of age and under.
- Thermometers must be disinfected between uses with 70% alcohol (i.e. alcohol prep wipes), ensuring the solution makes contact with the surface for at least 1 minute.
- Provide a waste container to dispose of thermometer covers, which can be disposed of in the regular garbage afterward.

### **Screening for Symptoms \*\*(adults and children)**

All individuals must self-screen before arrival at the child care setting.

- Individuals who do not pass the screening are not permitted to attend the program and must stay home.
- An ill individual who has a known alternative diagnosis provided by a health care provider may return to child care if they do not have a fever and their symptoms have been improving for at least 24 hours.

The [COVID-19 school and child care screening tool](#) is available to support parents/guardians, staff/providers and essential visitors in meeting this requirement. Our local public health units may provide additional resources to support our staff (CC & SA) in determining attendance of children at their program. A doctor's note is not required for children to return to the centre/program. Verbal attestation from the parent/guardian is acceptable.

Signs should be posted at entrances to the child care setting to remind staff, parents/guardians, and visitors of screening requirements.

Ensure that alcohol-based hand sanitizer that is 60-90% alcohol based is available at entrances and exits and is not within reach of children.

In the event that an individual is not screened prior to arriving at the child care setting, active (in-person) screening should be available. Ensure PPE is available.

All entrances should have alcohol-based hand rub with a concentration of 60-90% available with signage demonstrating appropriate use.

It is the YMCA's responsibility to ensure that all screening procedures (including on-site screening) are completed and that no individual enters the premises unless they have completed the screening and the result of that screening has indicated that they are allowed to proceed.

When families arrive at the program/school the screener will ask the parent/guardian to confirm that their child/ren passed the screening check prior to bringing arrival. The COVID Screening Confirmation Form will be used to document their result. For child care only, temperatures must be recorded for every child if required by your local public health unit. Once screening is completed, an assigned staff will bring the child/ren into the program.

Keep entrance doors locked after screening and drop-off has taken place.

When parents/guardians arrive to pick up their children, they will call the program and a staff will bring their child to them at the entrance.

### **What if they did not take their temperature at home? Child Care only \*\*if required by your local health unit**

If an individual did not take their temperatures at home prior to arriving, the Director will ask them to complete their temperature check. (Unless otherwise directed by the health unit).

- Staff at the active screening table will maintain a minimum 2-metre (6 feet) distance from those who approach for temperature checks.
- The individual will take their own temperature using the thermometer provided. (Child(ren) will be assisted by their parent/guardian.
- The individual will be monitored by the screener to ensure they use hand sanitizer before and after taking their temperature.
- They will be monitored by the screener to ensure they use the thermometer and disposable covers provided and that they are discarded immediately after use into the garbage can, and that the thermometer is disinfected with the alcohol wipes provided.
- The screener will record the temperature results for children and individuals on the COVID-19 Screening Confirmation Form.

## **Communication Protocols– Positive Cases and/or Outbreak**

The following is a communications protocol to be followed, should a positive case/outbreak of COVID-19 occur within any of the YMCA of SWO programs.

Directors are to contact your Regional Manager/VP. The operational VP will notify the Crisis Response Team via text and/or email asap.

The director is also responsible to contact the appropriate school board (if applicable), the Ministry of Education (SO reporting), Consolidated Municipal Service Managers (CMSMs) and follow direction given by the Regional Manager or VP for communication with families and staff.

A positive test result or an outbreak of COVID-19 would result in the local Public Health Unit (PHU) informing the YMCA as soon as the test results are available. They will ask questions pertaining to contact tracing and advise what steps must be taken as a result and as a precaution to others the individual may have come in contact with (e.g. this could include shutting down the classroom or entire site anywhere between 48 hours and 14 days).

A phone call by the YMCA (director of affected site) will be provided to:

- a. The parent(s)/guardian(s) of a child (under the age of 18) exposed to the positive case in the same CES class/site;
- b. The individual(s) (18+ years of age) exposed to the positive case;
- c. Staff and students either directly or indirectly exposed to the positive case.
- d. Advise those involved that the health unit MAY be in contact with them for further questions/updates.

\*If deemed necessary, clear email messaging will be provided to the same individuals listed above.

Should the media inquire about a statement pertaining to a positive case at a Y location, an appropriate spokesperson from YSWO, will respond.

The social channels (e.g. Twitter, Facebook) of YSWO are part of the front-line communication vehicles. Marketing/communication will provide language, key messaging, guidance, and in most cases, will take the lead on social messaging regarding a positive COVID-19 case.

## **Monitoring and Responding to Reports of COVID-19 Symptoms in a Child Care Setting If anyone needs immediate medical attention, call 911.**

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

If an individual becomes ill while in the child care/school setting:

- The ill individual must be immediately separated from others, in a separate room where possible (ie. isolation room).
- Parents/guardians must be contacted for pick-up of symptomatic children.
- Symptomatic children who are separated from others must be supervised.
- The person caring for the individual should wear a medical mask and eye protection and be trained on proper use of PPE, including donning and doffing.
- Anyone providing care to an ill individual should maintain as much physical distance as possible. If physical distancing is not possible (ie. if a young child needs comfort) staff should consider added PPE (ie. gloves, gown).
- If tolerated, the ill individual should also wear a medical mask.
- Hand hygiene and respiratory etiquette should be practiced while the ill individual is waiting to be picked up.

- Staff will document the symptoms observed, the date and time that symptoms occurred, and the program room the child attended on the Record of Illness Form.
- Cleaning and disinfection of the area the separated individual was in and other areas of the setting where the ill individual was should be conducted as soon as reasonably possible after the ill individual leaves.
- The ill individual and/or their parent or guardian is advised to use the online self-assessment tool and follow the instructions which may include seeking medical advice or going for testing for COVID-19. A medical note or proof of negative test to return back to the program is not required.
- 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 unless your local health unit advises differently.
- 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.
- Persons who test positive may not return to the child care/school setting until they are cleared by the local public health unit. A note is not required.
- Remove and store all items that cannot be cleaned (paper, books, etc.) and store them in a sealed container for a minimum of 7 days.

### **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 (ie. cases in the same room, cases that are part of the same before/after school care cohort) where at least one case could have reasonably acquired their infection in the setting.
- The local public health unit will work with the licensee to determine whether epidemiological links exist between cases and whether transmission may have occurred in the 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 program.
- 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 setting is required.
- If the public health unit determines that partial or full closure of the setting is required, the licensee must revise their existing serious occurrence report for a confirmed COVID-19 case to include information about the closure.

### **Sanitary Practices for Re-Opening Child Care**

Child care programs should be cleaned frequently. Focus should be on regular hand hygiene to reduce the risk of infection related to high touch surfaces. Cleaning plus disinfection twice daily is suggested at a minimum, however, more frequent cleaning and disinfection may be necessary, depending on the frequency of use and extent of soilage.

When possible do cleaning and disinfecting when children are not present (to avoid children breathing in sprayed chemicals).

1. Ensure your cleaning products have an 8-digit DIN number and are appropriate to use. In most cases, the disinfectants we have been using meet the requirements (ie. Quats). Remember to check expiry dates of cleaning products.
2. Provide hand sanitizer at the entrance of the centre and all rooms.
3. All toys and equipment will be cleaned and disinfected daily or immediately after a toy has been sneezed or coughed on or put into a child's mouth.
4. All **frequently touched surfaces** include but are not limited to washrooms (for example toilet fixtures, faucets, sinks, change tables), eating areas (for example, tables, chairs, sinks, countertops), doorknobs/push bars, handrails, light switches, soap/hand sanitizer dispensers, mirrors, handles, desks, phones, keyboards, touch screens, push buttons, computers, photocopiers, sports equipment, water fountain knobs 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).

5. Tissues and lined, no-touch waste baskets (for example, foot pedal-operated, hand sensor, open basket) are to be provided, where possible.
6. The Re-opening Child Care Sanitary Log will be used.
  - \***Cleaning** – removing all visible dirt from the surface of an object.
    - Use detergent/soap and water (e.g. in a spray bottle prepared each day)
    - Remember to rinse off detergent/soap residue with clean water before disinfecting
  - \***Disinfecting** – reduces germs on a surface.
    - Done after cleaning
    - Use the regular public health recommended concentration of disinfectant for the task
    - Before using, ensure that the disinfectant is not expired (some disinfectants that are mixed each day, like bleach must be discarded at the end of the day)
    - Ensure you are leaving disinfectant to remain on surfaces for the correct contact time (I.e. don't wipe disinfectant off immediately after spraying, wait until it dries)
    - After the contact time is complete follow the manufacturer instructions for either rinsing with clean water or wiping dry
    - **Chemicals like detergents, disinfectants, and sanitizers can be dangerous, therefore always read and follow the manufacturer instructions, ensure all chemicals in containers are labelled correctly, and never mix two chemicals in the same container. If you are unsure...ASK.**

### **Shared Spaces/Objects**

The risk associated with transmission with shared objects is low. Instead of regular cleaning of shared objects, the focus should be on regular hand hygiene and respiratory etiquette to reduce the risk of infection related to shared equipment. This is especially the case for young children where shared equipment is important for learning (for example, toys for imaginative play, manipulatives for math). Recognizing that physical distancing is difficult with small children and infants, additional suggestions include:

- planning activities for smaller groups when using shared objects or toys;
- when possible, moving activities outside to allow for more space; and,
- singing is permitted indoors; with as much distancing as possible maintained within a cohort.

**Note:** Any food delivered or purchased at the grocery store and brought into the centre does not have to be wiped/cleaned. There is no evidence to support the transmission of COVID-19 in this way. Should you receive different direction from your local health unit, please comply with their expectations. Please encourage your dietary planner to perform hand hygiene after handling deliveries.

### **Outdoor Play/Physical Activities**

1. Follow policies as set out by the local health unit.
2. In shared outdoor space, mixing between groups and any other individuals outside of the group is permitted, though physical distancing should be encouraged between groups as much as possible.
3. Children/students will bring their own sunscreen and it is not to be shared. Staff may provide assistance to apply sunscreen to any child requiring it and should exercise proper hand hygiene when doing so.
4. High-contact physical activities should take place in outdoor settings.
5. When moderate to vigorous physical activity takes place outdoors, masks do not need to be worn.

#### **Moderate Intensity Physical Activity:**

- Moderate intensity activity makes you breathe harder and your heartbeat faster
- You should be able to talk but not sing
- **Examples:** Walking quickly, skating, bike riding and skateboarding

#### **Vigorous Intensity Physical Activity:**



- With vigorous intensity aerobic activity, your heart rate will increase even more
  - You will not be able to say more than a few words without catching a breath
  - **Examples:** Running, basketball, soccer, cross country skiing
6. Low contact activities are permitted indoors.

### **Staffing**

1. Movement of supervisors and/or designates, staff and students on educational placement between child care locations and between licensed age groups is permitted. Reducing the movement of staff and placement students where possible is encouraged to minimize potential for transmission.
2. Staff DAs (director approvals) can be transferred from one child care centre to another child care centre that is operated by the same licensee.
3. Welcome all children and assist them to wash their hands before entering the classroom.
4. Staff are required to sign children in on the attendance sheet once they have been brought to the classroom. The same is required when they are picked up at the end of the day.
5. All children's belongings should be stored in a designated area within a group.
6. Follow physical distancing guidelines.
7. Performing proper hand hygiene is critical; assist children with hand hygiene.
8. Gloves are not required during regular activities – only when cleaning and disinfecting body fluids or caring for ill child/ren.
9. Incorporate additional hand hygiene opportunities into the daily routine.
10. If group sensory materials (e.g., playdough, water, sand, etc.) are offered, emphasis should be placed on hand hygiene before and after the use of materials.
11. Licensees are encouraged to increase the distance between cribs/cots or place the children head to toe or toe to toe if the space is limited.
12. Family style meals are permitted to operate provided that food handlers use adequate food handling and safety practices.
13. Ensure proper hand hygiene is practiced when staff are preparing food and for all individuals before and after eating.
14. Where possible, children should practice physical distancing while eating.
15. Clearly communicate to parents/guardians. In child care use Weemarkable to share information about their child's day. Phone communication may be increased during this time.
16. During lunch breaks when eating time with masks off should be limited and physical distance should be maintained.
17. Bring only what is necessary into centre.
18. Face shields should be disinfected at the end of each shift and stored properly.
  - Create a cleaning station at your screening table which includes; soap and water spray, disinfectant spray, large Ziploc bags (labelled), plastic tote, paper towels.
  - Clean face shield with soap and water, follow with disinfectant (allow to dry) and place in Ziploc bag labelled with your name and store in large tote.
  - Ensure proper hand hygiene is followed.

### **Ventilation**

The YMCA has implemented best practices and measures to optimize ventilation (see Public Health Ontario's guidance: Heating, Ventilation and Air Conditioning (HVAC) Systems in Buildings and COVID-19). Adequate ventilation will be provided by opening windows, moving activities outdoors when possible, and through mechanical ventilation including HVAC systems.

Heating, ventilation and air conditioning systems (HVACs) and their filters are designed to reduce airborne pollutants, including virus particles, when they circulate through the system.

- Ensure HVAC systems are in good working condition.
- Keep areas near HVAC inlets and outlets clear.
- Arrange furniture away from air vents and high airflow areas.
- Avoid re-circulating air.

While ventilation is important, it must be used along with other public health measures. There is not one public health measure that can guarantee protection from COVID-19; multiple strategies are needed.

Other measures include symptom screening and self-isolation for people with symptoms, practicing physical distancing, wearing a mask, and practicing good hand hygiene and respiratory etiquette.

### **Staff Training**

In collaboration with local public health units, all staff will be trained on the health and safety measures that are in place during Re-Opening of child care and school age programs. The YMCA COVID Policies and Procedures will inform all staff of any new requirements. Including by not limited to, physical distancing protocols, cleaning protocols, PPE information (what to use and when), relevant Public Health guidelines (How to Cough; How to Wear a Mask; Monitor your Symptoms; How to Disinfect Common Spaces). Once the policies and procedures have been reviewed, all staff will provide a signature to indicate this part of the training was completed.

All staff will be required to view the videos outlined on the YMCASWO Mandatory Training Videos document and provide a signature to indicate completion.

### **Serious Occurrence – COVID-19**

**COVID-19 Outbreak**– licensees have a duty to report suspected or confirmed cases of COVID-19 under the *Health Protection and Promotion Act*. The local health unit will provide 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.

Where a child, staff, or placement student has a confirmed case of COVID-19 (ie. a positive test result), licensees must report this to the ministry as a serious occurrence and report to the local public health unit and provide any materials (ie. daily attendance records) to public health officials to support case management and contact tracing and other activities in accordance with all applicable legislation.

If a closure is ordered by the local public health unit and the licensee has already submitted a serious occurrence for a confirmed case, the existing serious occurrence must be updated to reflect the closure.

Should additional individuals at the child care program develop a confirmed case, licensees must either revise the open serious occurrence report to include the additional cases or submit a new serious occurrence report if the first has been closed already.

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

Licensees are required to post the serious occurrence notification form as required under the CCEYA, unless local public health advises otherwise.

## **Curriculum and Programming**

We will focus on developing relationships with children (social environment) and ensuring everyone is safe and healthy. We will continue to deliver YMCA Playing to Learn and A Place to Connect curriculum based on the age group and interests of the children. Please see the document *Building On How Does Learning Happen?* for more support and ideas on how to provide an engaging environment while physically distancing.

Guidelines:

- Develop a routine and schedule as it helps children feel safe and comfortable.
- Plan activities that support the interests and needs of the children.
- Ensure you are supporting play by being a caring, sensitive, and fun play partner.
- You may be flexible with the number of activities provided at one time. For example:
  - Some toys can be taken out of rotation and disinfected, if there is enough variety and toys for the children.
  - When setting up table activities, use tables at opposite ends of the room, to avoid children congregating in one area.

## **Space Set-Up and Physical Distancing**

Physical distancing may be challenging to maintain in a child care centre or school age program; however, steps should be taken to limit the number of people in close contact (i.e. within minimum 2 metres of each other).

If feasible, consider the following physical distancing measures:

- Physical barriers (which begin at the floor and reach a minimum height of 8 feet) are not required if a distance of 2 metres can be maintained between cohorts. Each group of students should have their own assigned indoor space, separated from all other groups by a physical barrier.
- When in the same common space (e.g., entrances, hallways), physical distancing of at least 2 metres must be maintained between different groups and should be encouraged, as much as possible, between children within the same group by:
  - 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.
- Staggering the children's arrival and departure times, spreading out the use of the outdoor play area to allow smaller numbers of children to play together and thus avoid large groups.
- Eliminate large group activities.
- Keep the same group of children together throughout the day with the same staff, do not combine groups of children (i.e. at opening and closing).
- Set up activities by spreading them around the classroom.
- Avoid gathering/grouping in one area (cubbies, outside).

## **Health Checks and Tracking Symptoms of Ill Health**

Staff must ensure that all children in care are monitored for illness, with a temperature taken as appropriate, including for the following symptoms of COVID-19:

- Fever and/or chills (Temperature of 37.8°C/100.0°F or greater)
- Cough (more than usual if chronic cough) including croup (barking cough, making a whistling noise when breathing)
- Shortness of breath (dyspnea, out of breath, unable to breathe deeply, wheeze, that is worse than usual if chronically short of breath)
- Decrease or loss of smell or taste (new olfactory or taste disorder)
- Any new/worsening symptoms, examples include;
  - Sore throat (painful swallowing or difficulty swallowing)
  - Stuffy nose and/or runny nose (nasal congestion)

- Headache that is new and persistent, unusual, unexplained, or long-lasting
- Nausea, vomiting and or diarrhea (not related to other known causes or conditions)
- Fatigue, lethargy, muscle aches or malaise (general feeling of being unwell, lack of energy, extreme tiredness, poor feeding in infants)

Staff must ensure that hand hygiene is performed before and after each health check with each child. If thermometers with disposable single use tips are used, the tips must be discarded after each use. If single use-protective covers are not available, thermometers may be disinfected with 70% alcohol (i.e. alcohol prep wipes), ensuring the solution makes contact with the surface for at least 1 minute. Staff are only required to document the health check or take a temperature if symptoms are noted. Staff must document any symptoms observed on the child's Record of Ill Health form.

**Hand Hygiene and Respiratory Etiquette**

Appropriate hand hygiene and respiratory etiquette are among the most important protective strategies. Child care staff, visitors and students on educational placement should be trained and able to assist children on appropriate hand hygiene and respiratory etiquette, including the use of alcohol-based hand rub (ABHR), and reinforcing its use.

Hand hygiene should be conducted by anyone entering the child care setting and incorporated into the daily schedule at regular intervals during the day, above and beyond what is usually recommended (for example, before eating food, after using the washroom).

**Hand Hygiene/Washing**

- Hand washing is the best way to prevent the spread of illness for staff and children. Ensure an adequate supply of liquid soap and paper towels or a hot air hand dryer is in every washroom.
- Staff are responsible for supervising children to ensure they are hand washing correctly.
- Monitor all sinks in classroom, washrooms, kitchen/food preparation area to ensure there is an adequate supply of soap and paper towels if applicable.

<b>When staff must hand wash</b>	<b>When children must wash hands</b>
<ul style="list-style-type: none"> <li>● After arriving to work, &amp; before leaving</li> <li>● After removing gloves</li> <li>● Before &amp; after handling food, preparing bottles, feeding children, &amp; eating/drinking</li> <li>● Before &amp; after handling breast milk</li> <li>● After coughing, sneezing, or blowing your nose or helping a child</li> <li>● After touching own or someone else's face</li> <li>● After using the toilet or helping each child to use the toilet</li> <li>● After each child's diaper check/change</li> <li>● Before &amp; after administering medication, lotions, creams, to self or child etc.</li> <li>● Before and after cleaning/bandaging cut, scrape, wound</li> <li>● After cleaning &amp; disinfecting</li> <li>● After taking a toy that has been put in child's mouth, sneezed, or coughed on out of rotation</li> <li>● When hands are dirty</li> <li>● After playing outside</li> <li>● After changing garbage bags, taking out garbage</li> </ul>	<ul style="list-style-type: none"> <li>● After arriving at the center, &amp; before leaving</li> <li>● Before &amp; after eating/drinking</li> <li>● After coughing, sneezing, or blowing nose</li> <li>● After using toilet</li> <li>● After diaper change</li> <li>● After playing outside</li> <li>● When hands are dirty</li> <li>● After handling shared toys/items</li> </ul>

## **Steps for Handwashing**

1. Wet hands with warm water.
2. Apply liquid soap.
3. Lather for at least 15-20 seconds.
4. Rub between fingers, back of hands, fingertips, under nails.
5. Rinse well under warm running water.
6. Dry hands well with paper towel or hot air blower.
7. Turn taps off with paper towel, if available.

## **Hand Sanitizer**

- Limit the use of hand sanitizer to adults only. Children under 2 must not use hand sanitizer. Older (SA) children must be supervised when using hand sanitizer, so they do not put their hands in their eyes, nose or mouth.
- Using soap and warm water is the best method of cleaning hands. Use hand sanitizer when soap and water are not available.
- If hands are dirty, they must be washed with soap and warm water before using hand sanitizer.
- Minimum concentration of alcohol in hand sanitizer is 70%, the maximum is 90%.
- Use enough hand sanitizer to wet hands for 15-20 seconds.

## **Steps for Hand Sanitizer**

1. Apply hand sanitizer.
2. Rub hands together for at least 15-20 seconds.
3. Work hand sanitizer between fingers, back of hands, fingertips, and under nails.
4. Rub hands until dry

## **Cough and Sneeze Etiquette (Respiratory Etiquette)**

- Cover mouth and nose when you cough or sneeze with a tissue (use enough tissue so that fingers do not touch mucus).
- Immediately dispose of tissue in a bin lined with a garbage bag and with a lid.
- Wash hands with soap and warm water.
- Keep hands away from face.

## **Mental Health**

The ministry recognizes the detrimental impact of the COVID-19 pandemic on children's mental health and well-being. The ministry's *Building on How Does Learning Happen?* supports the operation of early years and child care programs in Ontario during the COVID-19 outbreak. It provides information on how early years settings can support the social and emotional health and wellbeing of children and families, in addition to safe and healthy environments.

We will collaborate with child and youth mental health agencies to support strong connections and make the best use of mental health resources and supports across the integrated system of care.

Children's Mental Health Ontario and its partner, Ontario Centre of Excellence for Child and Youth Mental Health, are reporting new findings on how the pandemic is affecting the mental health of children, youth and their families. Click on this link to read more about it.

<https://cmho.org/featured-report/>

CHMO's nearly 100 member organizations operate in every region of the province, providing treatment and support to children, youth and families. Children's Mental Health Ontario agencies are open and providing support via phone and virtually during the Covid-19 response. Click on this link to find resources and services in your region.

<https://cmho.org/covid19/>

**Health Unit contact numbers and websites:**

Chatham Kent Public Health COVID-19 Hotline: 519-355-1071x1900  
<https://ckphu.com/>

Lambton County Public Health: 519-383-8331  
<https://lambtonpublichealth.ca/>

Middlesex London Health Unit: 519-663-5317  
<https://www.healthunit.com/>

Southwestern Public Health – St. Thomas site: 519-631-9900  
<https://www.swpublichealth.ca/en/index.aspx>

Southwestern Public Health – Woodstock site: 519-421-9901  
<https://www.swpublichealth.ca/en/index.aspx>

Windsor Essex Public Health: 519-258-2146  
<https://www.wechu.org/>

Huron Perth Public Health: 1-888-221-2133  
<https://www.hpph.ca/en/index.aspx>