

City of Greater Sudbury

Licensed Child Care COVID-19 Plan



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Table of Contents

Background	2
Licensing Processes and Renewals	2
Program Requirements.....	2
Maximum Group Size and Ratio	3
Staffing	3
Access to Child Care Spaces and Prioritizing Families	4
Communication with Families	4
Parent Fees	4
Visitors	5
Program Statement/Activities	5
Outdoor Play	5
Interactions with Infants/Toddlers	6
Food Provisions.....	6
Provision of Special Needs Resources (SNR) Services / Special Needs.....	7
Enhanced Health & Safety in Child Care	8
Appendix A: Agency Prioritization Policy.....	10
Appendix B: Health Screening Procedure Policy	11
Appendix C: Requirements for Health & Safety Practices.....	14
Appendix D: Environmental Cleaning and Disinfecting Policy and Procedures	17
Appendix E: Toy Disinfecting Policy and Procedures.....	23
Appendix F: The Use of Masks, Personal Protective Equipment (PPE) and Handwashing Policy and Procedures.....	26
Appendix G: Testing and Exclusion of Sick Children or Staff Policy and Procedures	31

Background

The City of Greater Sudbury's Child Care Re-opening Plan is to be used to support community-based licenced child care facilities and licensed in-home child care to re-open. The City is working with licensed community child care providers and Public Health Sudbury and Districts to do this in the safest way possible while opening the maximum spaces within the limitations of the remaining COVID-19 restrictions.

This is a generic plan that individual agencies can adapt and add to in order to align with specific agency practices while adhering to the guidelines described in this plan. Agency Child Care Re-opening Plans and all subsequent versions should be submitted to the City of Greater Sudbury for review.

Licensing Processes and Renewals

- Licences are required to be amended, if necessary, to ensure Director approvals and conditions on the licence align with new restrictions.
- To support the operational needs of licensees, the ministry will prioritize and expedite the review of requests to revise and amend licences.
- Licensees are required to meet all the requirements set out in the *Child Care and Early Years Act, 2014 (CCEYA)* and its regulations and to obtain all necessary municipal approvals to support licence revision requests.
- Licensees must follow all current ministry and CMSM/DSSAB policies and guidelines.
- Licences that expire during the emergency period will be automatically extended by six months.
- Renewal, revision and application fees are set at zero for the period of the emergency and during the 60 days after the end of the emergency period.
- Ministry staff will conduct in-person and/or virtual monitoring and licensing inspections.
- Ministry staff will conduct in-person monitoring and licensing inspections when necessary and will use technology to complete virtual monitoring and inspections where appropriate.

Program Requirements

- While the ministry is providing guidance on how to operate child care during the COVID-19 pandemic, CMSMs/DSSABs, licensees, and home child care providers must follow the advice of local public health officials when establishing health and safety protocols.

- School boards are required to ensure the provision of before and after school programs where there is sufficient demand and/or viability. Licensees should work in collaboration with school boards as third party providers.
- The entire re-opening plan and policies must be reviewed by staff before working in the program and when any changes occur.
- Daily attendance for all children and staff should be recorded; there should also be a record of which groups had in-person contact with inspectors, supervisors or SNR consultants.
- The WSIB has indicated that all certifications that expire after March 1, 2020 are automatically temporarily extended until December 31, 2020.
- Licensees are encouraged to monitor the WSIB website for any updates on First Aid/CPR certificate extensions for any staff, home child care providers or in-home service providers whose certification would have expired after March 1, 2020.
- Vulnerable Sector Checks (VSCs): Licensees are required to obtain VSCs from staff and other persons who are interacting with children at a premises.
- A licensee is not required to obtain a new VSC from staff or persons interacting with children where the fifth anniversary of the staff or person's most recent VSC falls within the emergency period, until 60 days after the emergency period ends.

Maximum Group Size and Ratio

As of September 1, 2020, child care setting may return to maximum group sizes and maintain ratios as set out under the CCEYA. Child care and SNR staff as well as students are not included in the group. Groups should stay together throughout the day and as much as possible should not mix with other groups. Mixed age groups are permitted. Having more than one part time child sharing a single space is also permitted but should be assigned to a specific group and should not mix with other groups. Reduced ratios are permitted provided that groups are not mixed with the exception of infant groups where reduced ratios are not permitted at any time.

Providers, in collaboration with school boards will make every effort, to the greatest extent possible, to limit interactions between before and after school students from different classes. This may have an impact on group size and ratio.

Staffing

- It is strongly encouraged to have all staff and children assigned to a specific group and not mixed with other groups.
- Supervisors and/or designates should limit their movement between rooms, doing so when absolutely necessary.
- Assign supply/replacement staff to a specific group. If staff must provide coverage to other groups, PPE must be changed between groups, good and frequent hand hygiene must be practiced, physical distancing should be practiced

- as much as possible and the movement tracked in detail (i.e. the length of time and role in each group).
- Students on field placement should be assigned to a specific age group.

Access to Child Care Spaces and Prioritizing Families

Priority/waitlist policies may need to be updated to account for limited capacity when re-opening. Any changes to policies should be communicated to families so they are aware of the changes. An equitable approach should be implemented to assess priority for care. The Agency Prioritization Policy (Appendix A) must describe in detail how families will be prioritized for the limited child care spaces.

For before and after school programs, providers will work together with school boards to assess viability and demand and develop planning processes that are responsive to the particular qualities and needs of a community

Communication with Families

Communication with families regarding the enhancement of health and safety measures facilitates transparency of expectations. New policies should be shared with families, for their information and to ensure they are aware of these expectations, including the requirements and exemptions related to masks and keeping children home when they are sick. Parents should be aware of the daily screening requirements. The child care operator should communicate clearly to parents that they may be required to have their child tested for COVID at some point while attending the centre during the COVID-19 pandemic.

Where possible, the use of in-person communication should be limited. To this point, parents are asked to use the self-screen by completing the Ministry of Health self-assessment tool before bringing their child(ren) to the centre.

Licensees are not required to revise their program statement, full parent handbook, and other policies as part of re-opening.

Parent Fees

- In an effort to stabilize parent fees upon re-opening, child care operators should maintain the fee schedule that was set prior to closure.
- Operators are prohibited from charging or accepting fees or deposits to add families to a priority list or if the parents decided not to accept a space;

- want to keep their space, once offered to them. After the 14 days, payments would be required to secure the space, whether the child attends or not.
- Licensed home child care providers must give parents 30 days to indicate whether they want to keep their space, once offered. After the 30 days, payments would be required to secure the space, whether the child attends or not.

Visitors

Non-essential visitors will not be permitted to enter the centre, however visits by the Ministry, Fire Department, Public Health inspectors are acceptable. Screening is required for these individuals.

Program Statement/Activities

Licensees are encouraged to continue to implement their Program Statement. The Ministry recognizes that there may be approaches outlined in the Program Statement which may not be possible due to physical distancing. Licensees are not required to make updates to their Program Statement during this time.

Outdoor Play

Licensees should schedule outdoor play in small groups in order to facilitate physical distancing. Where the outdoor play area is large enough to accommodate multiple groups, licensees may divide the space with physical markers to ensure groups remain separated by at least 2 metres.

If play structures are to be used by more than one group, the structures can only be used by one group at a time and should be cleaned and disinfected before and after each use by each group.

Licensees and home child care providers are encouraged to have designated toys and equipment (e.g., balls, loose equipment) for each room or group. Where toys and equipment are shared, they should be cleaned and disinfected prior to being shared.

Licensees and home child care providers should find alternate outdoor arrangements (e.g. community walk), where there are challenges securing outdoor play space.

For staff and children required to wear mask indoors, providers should follow physical distancing practices when outdoors. When physical distancing cannot be maintained, masks must be worn.

For younger children who are not required to wear masks but for whom parents have provided masks, check with parents to determine whether masks should be used outdoors if unable to maintain physical distancing.

Children should bring their own sunscreen where possible and it should not be shared. Staff may provide assistance to apply sunscreen to any child requiring it and should exercise proper hand hygiene when doing so (for example washing hands before and after application).

During winter months, a scarf or balaclava for children would suffice as a face covering as long as it is tightly woven.

Interactions with Infants/Toddlers

- Licensees should continue to encourage staff and home child care providers to supervise and hold bottles for infants not yet able to hold their own bottle to reduce the risk of choking.
- Licensees and home child care providers should consider removing cribs or placing infants in every other crib, and mark the cribs that should not be used in order to support physical distancing.
- Recognizing that physical distancing is difficult with small children and infants, suggestions to support physical distancing include:
 - Planning activities that do not involve shared objects or toys.
 - When possible, move activities outside to allow for more space.
- Children must not share food, feeding utensils, soothers, bottles, sippy cups, etc.
- Mouthed toys must be removed immediately for cleaning and disinfecting and must not be shared with other children.
- All personal items such as soothers, bottles, or sippy cups, must be labeled with the child's name to discourage accidental sharing.

Food Provisions

- Licensees and home child care providers should change meal practices to ensure there is no self-serve or sharing of food at meal times.
 - Utensils should be used to serve food.
 - Meals should be served in individual portions to the children.
 - There should be no items shared (i.e., serving spoon or salt shaker).
- Children should neither prepare nor provide food that will be shared with others.
- Ensure proper hand hygiene is practiced when staff are preparing food and for all individuals before and after eating.
- Where possible, children should practice physical distancing while eating.
- There should be no sharing of utensils.

Public Health Sudbury & Districts will allow snacks/lunches to be brought into the Centre with the implementation of the following precautions:

- Personal items brought into the Centre including lunch boxes, water bottles etc. should be disinfected upon entry to the Centre.
- Personal items should be labelled and not shared.
- Personal items must be stored in a manner that prevents contamination of the personal items of others.
- Hand hygiene must be performed by staff and children before eating.

Provision of Special Needs Resources (SNR) Services / Special Needs

The City of Greater Sudbury remains committed to supporting the full participation of all children in our early learning and child care programs. The goal would be to ensure that all children, including those with exceptionalities, experience a safe and engaging learning environment.

Child care providers understand that at times, a child may require additional supports over and above Early Childhood practices and curriculum. With consent, Child and Community Resources (CCR) will review the child and family profile.

In some instances, a child may require consultations and support from CCR who would develop an individualized plan for that child to be used in the child care setting. Start dates may be delayed slightly to prepare for a child with exceptionalities.

In others, it is deemed that the child's participation in the child care center would pose a high risk of harm to himself/herself or others, the family could be offered treatment, consultation and supports via technology platforms as an alternative to child care. High risk of harm would include the following elements of assessment: a) number of incidences of self-harm; aggressive behavior towards others and b) the duration of such behaviors; and c) interventions used to date indicate a low response to treatment at this time and requires further medical intervention/supports.

Families with children who have special needs will be accepted into the programs they were enrolled in prior to closure as per the Agency Prioritization Policy (Appendix A) and recommendations from Child and Community Resources.

The Ministry recognizes that children with special needs and their families continue to require additional supports and services in child care settings.

The provision of in-person special needs services in child care settings should continue where appropriate. All families should be informed that SNR staff could be in the room and attendance will be recorded for contact tracing purposes.

In the case of a child with special needs attending the before and after school program, it is important that school boards and providers are considering transition requirements that support the individual needs of the child.

Enhanced Health & Safety in Child Care

Every licensee must ensure that there are written policies and procedures outlining the licensee's health and safety protocols. Licensees must submit an attestation to the Ministry that confirms new policies and procedure have been developed and reviewed with employees and providers. These policies and procedures must be consistent with any direction of a medical officer of health and include information on how the child care setting will operate during and throughout the recovery phase following the pandemic including:

- sanitization of the space, toys and equipment;
- how to report illness;
- how physical distancing will be encouraged;
- how shifts will be scheduled, where applicable;
- rescheduling of group events and/or in-person meetings; and,
- parent drop off and pick up procedures.

Health Screening is an obligatory requirement of all employees and families prior to entering or having the child enter the child care centre. Staff will be trained on how to utilize the screening tool. **Everyone must be screened prior to entering the child care centre.**

Note for before and after school programming:

An individual who has been screened for symptoms prior to the before school program would not need to be re-screened for school and similarly, an individual that has been screened prior to the after school program, would not need to be re-screened for the after school child care program.

Precautions will include the daily health screening of all children, staff and families and enhanced drop off and pick up procedures found in *Health Screening Procedure Policy (Appendix B)*.

- Screening will involve a screening questionnaire.
- Parents will only be allowed past the screening area in case of emergency.

Daily records will be maintained of anyone entering the facility/home and the approximate length of their stay. Records will be kept on the premises. This record should include the following information: name, company, contact information, date,

time of arrival/departure, reason for visit, rooms/areas visited, and screening completion/results.

- Monitor attendance records for patterns or trends (for example, children and child care staff in the same group absent at the same time or over the course of a few days).

Enhanced Health and Safety procedures and measures for children, staff and families will be implemented, monitored and recorded daily. Sanitary practices will be enhanced regarding how the child care setting will operate during and throughout the recovery phase following the pandemic including:

- *Requirements for Health and Safety Practices (Appendix C)* will include:
 - how physical distancing will be encouraged;
 - description of how shifts will be scheduled; and
 - rescheduling of group events and/or in-person meetings.
- Sanitization of the space, toys and equipment – found in Environmental Cleaning and Disinfecting Policy and Procedures (Appendix D) and Toy Disinfecting (Appendix E)
- Hand Hygiene Policy and Procedures (Appendix F)
- A protocol in the event that a child, parent or staff member at the site is showing COVID-19 symptoms – found in *Testing and Exclusion of Sick Children or Staff Policy and Procedures (Appendix G)*.

Agencies will ensure staff receive training prior to commencing work and that staff sign off that they have read and understood all associated policies and procedures.

Appendix A: Agency Prioritization Policy

Purpose

Given the strict health and safety measures in place and the advice of local public health units, **XXXX** may continue to operate at a reduced capacity for a period of time. This policy outlines the process regarding accessing child care spaces and how families will be prioritized.

Policy

The process should include – how you determine what spaces are available, how you prioritize families, when families are contacted, how long families are given to make a decision, when parental fees will be charged

When determining prioritization of limited spaces, you may wish to consider the following:

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

Appendix B: Health Screening Procedure Policy

Purpose

In order to help reduce the risk of COVID-19, a health screening is an essential step. This procedure applies to all staff, children and families. Everyone must be screened prior to entering the child care centre and completion/results must be recorded.

This tool was developed to assist Child Care Centre staff in preparing and administering health screening for all those who enter the building.

Home child care providers and residents must also be screened each day before receiving children into care.

Policy

XXXXX is committed to providing a safe and healthy environment for staff, children and families. This screening policy will include the drop off and pick up procedure.

It will be reviewed and signed off by all staff prior to commencing employment, or returning to work, at any time when a change is made and annually.

NOTE:

Where possible, daily screening should be done electronically (e.g., via online form, survey, or e-mail) prior to arrival at the child care setting.

If providers choose to conduct electronic screening, it must be robust and comprehensive. Using the Ministry of Health screening tool is highly recommended. Providers who are doing electronic screening should include details in their policies on how electronic screening will take place.

If screening is done electronically for children/staff, you will likely require a screening policy/procedure be in place for visitors attending the facility and parents/guardians who cannot take part in electronic screening.

Child care centres within the meaning of the *Child Care and Early Years Act, 2014* have a duty to report suspected or confirmed cases of COVID-19 under the Health Protection and Promotion Act. The centre should contact Public Health Sudbury and Districts, and City of Greater Sudbury to report a child or staff suspected to have COVID-19. Public Health Sudbury and Districts 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 as well as who needs to be informed and when.

Drop-Off and Pick-up / Screening Procedure

- Personal belongings (e.g., backpack, clothing, etc.) should be minimized. If brought, belongings should be labeled and kept in the child's cubby/ designated area.
- Procedures support physical distancing and separate groups as best as possible (i.e., children of one room enter door A and children of another room enter door B, or staggered entrance times).
- Parents/caregivers should only go past the screening area in the case of an emergency.
- Pick up and drop off of children should occur outside when possible.
- Consider dedicating one to two staff to be screeners. Have one staff screening and have another staff available to bring the child(ren) to their designated room(s).
- All entrances should have hand sanitizer available.
- Parents/guardians should use [face coverings](#) when dropping off their child.
- At minimum screeners must wear PPE (i.e. medical mask and eye protection). Where possible, maintain a distance of at least 2 metres from those being screened, or be separated by a physical barrier.
- PPE must be worn while screening (as it is required while in the centre including hallways in the MEDU guideline document).
- All individuals including children, staff, students, parents/guardians and visitors must be screened each day before entering the child care setting. It is recommend to use the Ministry of Health Self-Assessment tool symptoms. Parents and guardians should be reminded of this requirement when children are first registered for the program and through visible signage/markings at the entrance and drop-off areas. Maintian daily records of screening results on the premises.

Request that only ONE parent/guardian enters the screening area with the child and request they both use hand sanitizer.

Screening Questions for Staff/Families

Parents should be directed to <https://news.ontario.ca/en/release/58629/ontario-revises-covid-19-screening-guidance-for-schools-and-child-care> to preview the screening tool/questions for children in child care in advance.

XXXX will use the most recently updated version of this tool to screen all children, and/or in-person along with the Public Health Sudbury and District Flowchart to determine screening results and responses.

XXXX may develop a tool for parents/caregivers or ask parents/caregivers to use the Ministry of Health self-assessment tool.

Describe agency policy

Should any additional information or resources should be required, XXXX will notify Public Health Sudbury & Districts at 705.522.9200, ext. 393 and further guidance will be provided.

Appendix C: Requirements for Health & Safety Practices

Health and Safety Practices include how physical distancing will be encouraged and how shifts will be scheduled, where applicable.

Purpose

To ensure that all employees are aware of, and adhere to, **XXXXX** Health & Safety Practices and the directive established by Ministry of Health.

Policy

XXXXX is committed to providing a safe and healthy environment for staff, children and families. **XXXXX** will take every reasonable precaution to prevent the risk of communicable diseases within our centre.

This Policy applies to all staff, families and children. This policy and procedure will be reviewed and signed off by all staff prior to commencing employment, or returning to work, at any time when a change is made and annually.

Child care centres are required to follow all existing health and safety requirements as directed by the local medical officer of health and as outlined in the Child Care and Early Years Act, 2014 and other policies and guidelines issued by the Ministry of Education. Plans must also be in place to respond should any staff, children, or parents/guardians be exposed to COVID-19.

Requirements for Health and Safety

Monitor staff and children daily for symptoms included in the screening tool. Ensure the screening tool is updated as necessary and in accordance with the COVID-19 Reference Document for Symptoms. Reference: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_reference_doc_symptoms.pdf.

1. Should staff or children show any signs, they will be immediately separated from all others. Staff will be sent home to [self-isolate](#) and a parent/guardian will be called and will need to pick up the symptomatic child immediately.
2. Ensure all current infection prevention and control practices are adhered to, this includes but is not limited to:

- Ensuring all toys used at the centre are made of material that can be cleaned and disinfected (e.g. avoid plush toys);
 - Increasing the frequency of cleaning and disinfecting objects, toys and frequently touched surfaces;
 - Performing proper hand hygiene (including assisting children with hand hygiene); and,
 - Incorporating additional hand hygiene opportunities into the daily schedule.
3. Linens must be laundered twice per week, when soiled and between children.
 4. Children must not share soothers, bottles, sippy cups, toothbrushes, facecloths, etc. Label these items with the child’s name to discourage accidental sharing.
 5. Reinforce “no food sharing” policies.
 6. If meals or snacks are provided, ensure each child has their own individual meal or snack. Multi-use utensils must be sanitized.
 7. Pick-up and drop-off of children should happen outside the childcare setting unless it is determined that there is a need for the parent/guardian to enter the setting.

How shifts will be scheduled

X This should explain how you schedule staff –XXXXXXXXXXXX

Space Set-Up and Physical Distancing

The Ministry recognizes that physical distancing between children in a child care setting is difficult and encourages child care staff and providers to maintain a welcoming and caring environment for children. Reference:
<http://www.edu.gov.on.ca/childcare/building-on-how-does-learning-happen-child-care.pdf>

When setting up the play space, physical distancing of at least 2 metres must be maintained between groups and should be encouraged, where possible, between children within the same group:

- 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, or alternating, lunchtime and outdoor playtime; and
- Use visual cues to promote physical distancing.
- Avoid handshakes, high fives, and hugs

Each cohort must have their own assigned indoor space, separated from all other cohorts by a physical barrier. The purpose of the barrier is to reduce the spread of respiratory droplets that are thought to transmit COVID-19 and to reinforce physical distancing requirements between cohorts. The physical barrier must begin at the floor and reach a minimum height of 8 feet to ensure that it will always be 12 inches taller than the tallest person in the facility. It must be as wide as the space/room will allow.

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

Licensees and home child care providers are encouraged to increase the distance between cots/resting mats/playpens or place the children head to toe or toe to toe if the space is limited.

Shared spaces and structures that cannot be cleaned and disinfected between cohorts should not be used.

Recognizing that physical distancing is difficult with small children and infants, additional suggestions include:

- planning activities that do not involve shared objects or toys;
- when possible, moving activities outside to allow for more space; and
- avoid singing activities indoors.

Appendix D: Environmental Cleaning and Disinfecting Policy and Procedures

***The specific disinfectants used should each be identified in the policy and procedures and their proper preparation and use must be described in detail as directed by the product label, manufacturer or local public health.**

Reference:

<https://www.pshsa.ca/resources/health-and-safety-guidance-during-covid-19-for-employers-of-child-care-centre>

<https://www.publichealthontario.ca/-/media/documents/ncov/factsheet-covid-19-environmental-cleaning.pdf?la=en>

Purpose

To ensure that all staff are aware of, and adhere to, **XXXXX** Sanitary Policies and Procedures and direction by the Public Health Sudbury and Districts regarding cleaning and disinfecting in the re-opening Child Care Centre.

Policy

XXXXX is committed to providing a safe and healthy environment for staff, children and families. **XXXXX** will take every reasonable precaution to prevent the risk of communicable diseases within our centre.

This policy and procedure will be reviewed and signed off by all staff prior to commencing employment, or returning to work, at any time when a change is made and annually.

Child care centres are required to follow all existing health and safety requirements as directed by the local medical officer of health and as outlined in the *Child Care and Early Years Act, 2014* and other policies and guidelines issued by the Ministry of Education. Plans must also be in place to respond should any staff, children, or parents/guardians be exposed to COVID-19.

It is recommended that operators keep a cleaning and disinfecting log to track and demonstrate cleaning schedules.

Definitions

Cleaning: refers to the physical removal of foreign material (i.e. dust, soil) and organic material (i.e. blood, secretions, microorganisms). Cleaning removes, rather than kill microorganisms. Warm water, detergent and mechanical action (i.e. wiping) is required to clean surfaces. Rinsing with clean water is required to complete the cleaning process to ensure the detergent film is removed.

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

Procedures

All products including cleaning agents and disinfectants must be out of reach of children, labelled, and must have Safety Data Sheets (SDS) up to date (within three years), which are stored in the WHMIS binder. Cleaning and Disinfecting will be done twice a day and as needed, upon Opening, mid-day and Closing. Housekeeping staff will be responsible for the cleaning and disinfecting. Staff will be responsible for the small spills happening in their room. Staff will contact housekeeping for bigger spills. Housekeeping staff/staff will wear gloves when Cleaning/Disinfecting and when immersing toys in diluted disinfectant when toy washing.

Cleaning

- Use soap and warm water to clean visibly soiled surfaces (**Bottle #1**).
- Rinse the surface with clean water (warm to tepid temperature preferred) to ensure soap is removed (**Bottle #2**).
- Let the surface dry.

Disinfecting

Accelerated Hydrogen Peroxide (AHP) was approved by PHSD for use in our child care centres as a disinfectant, however there are other products that are available and appropriate. Your policy must reference what you use.

The AHP disinfecting products used in **XXXX** centre are ***XXXXX**. All are considered high-level disinfectants which is defined as the complete elimination of all microorganisms in or on a surface, with some exceptions.

For general environmental disinfection of high touch surfaces large toys and equipment that cannot be immersed in a disinfectant solution use ***XXXXX, for the prescribed contact time.**

Disinfecting using *XXXXX

Sanitizing-Kitchen-Food Contact Surfaces

*****The specific sanitizers used should each be identified in the policy and procedures and described in detail as directed by the product label, manufacturer or local public health.***

Dishwashing

Policy should include details on temperature requirements and chemical concentrations required when using a dishwasher or if dishes are [manually washed](http://manual.nutritionforlearning.ca/wp-content/uploads/2018/08/Sink-Washing-Methods.pdf), <http://manual.nutritionforlearning.ca/wp-content/uploads/2018/08/Sink-Washing-Methods.pdf> how and what sanitizer is used.

Always use a sanitizer in the kitchen and on food contact surfaces. The solution used, **XXXXX is to be tested daily with the test strips before using. The Solution needs to be a maximum of 200ppm of quats, 100ppm Chlorine or 25ppm Iodine

Cleaning and sanitizing of “wash-in-place” items/surfaces

- Use soap and warm water to clean visibly soiled surfaces **(Bottle #1)**
- Wipe Surface
- Rinse the surface with clean water (warm to tepid temperature preferred) to ensure soap is removed **(Bottle #2)**
- **Sanitizing using **XXXXXX**

Cleaning and Disinfection Frequency Requirements

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

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

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

- Any hard surfaces such as water bottles, containers,

Clean and disinfect frequencies for other surfaces and items:

Cleaning and disinfecting routines **must** be increased as the risk of environmental contamination is higher:

- **Tables and countertops:** used for food preparation and food service must be cleaned and sanitized before and after each use, using approved sanitizer (QUAT product, Chlorine, Iodine).
- **Highchairs:** tray table for serving food, must be sanitized and highchair must be cleaned and disinfected before and after serving food
- **Spills:** must be cleaned and disinfected immediately
- **Handwash sinks:** staff and children washroom areas must be cleaned and disinfected at least two times per day, between cohort use (if applicable) and as often as necessary (e.g., when visibly dirty or contaminated with body fluids).
- **Floors:** cleaning and disinfecting must be performed as required, i.e., when spills occur, and throughout the day when rooms are available, i.e., during outdoor play
- **Outdoor play equipment:** must be disinfected before use, and as required (e.g., visibly dirty and between cohorts). Any outdoor play equipment that is used must be easy to clean and disinfect
- **High-touch surfaces:** any surfaces at your location that has frequent contact with hands (e.g., light switches, water fountain knobs, shelving, containers, hand rails, door knobs, sinks, toilets, electronic devices, and table tops, etc.). These surfaces will be cleaned at least 2 times per day and as often as necessary (e.g., when visibly dirty or contaminated with body fluids)
- **Other shared items:** (e.g., phones, tablets, music devices, attendance binders etc.) these must be disinfected between users).
- **Food** must be protected from contamination at all times. This may include ensuring guards or covering for food and utensils.
- Only one cohort should access the washroom at a time and it is recommended that the facilities be cleaned in between each use, particularly if different cohorts will be using the same washroom.
- **Classrooms must be cleaned and disinfected after the core day program ends and before the before and after school program begins.**

Clean and disinfect daily:

- Low-touch surfaces (any surfaces at your location that has minimal contact with hands), must be cleaned and disinfected daily (e.g. Window ledges, doors, sides of furnishings etc.).
- Where possible, remove area rugs/small carpets. Where carpets cannot be removed, they are to be vacuumed daily when the rooms are available, i.e., during outdoor play. The use of a HEPA filter vacuum is recommended.

Clean and disinfect as required:

Blood/Bodily Fluid Spills: Using the steps below, the surface must be cleaned first then disinfected:

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

❖ Notes:

- If the spill includes broken glass, ensure a brush and dustpan is used to pick it up and discard. Disinfect the brush and dustpan after use. **NEVER** use your hands to clean up the glass.
- If the spill occurs on a carpet, follow the above steps along with professional steam/wet cleaning the carpet.

Crib and cot cleaning and disinfecting:

- Cots and cribs **must** be labelled and assigned/designated to a single child per use
- Cots and cribs **must** be cleaned and disinfected before being assigned to a child
- Crib mattresses **must** be cleaned and disinfected when soiled or wet and before being assigned to a child
- High touch surfaces on cots and cribs must be disinfected at least twice per day and as often as necessary.
- Cots must be stored in a manner which there is no contact with the sleeping surface of another cot
- Bedding must be a minimum of twice a week, and when soiled or wet and between children.

Additional Infection Prevention and Control Practices for Hygiene Items

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

Appendix E: Toy Disinfecting Policy and Procedures

****The specific disinfectants used should each be identified in the policy and procedures and their proper preparation and use must be described in detail as directed by the product label, manufacturer or local public health.***

Purpose

To ensure that all staff are aware of, and adhere to, **XXXXX** Policy regarding toy disinfecting in the re-opening of Child Care Centres.

Policy

XXXXX is committed to providing a safe and healthy environment for staff, children and families. **XXXXX** will take every reasonable precaution to prevent the risk of communicable diseases within our centre.

This policy and procedure will be reviewed and signed off by all staff prior to commencing employment, or returning to work, at any time when a change is made and annually.

This policy and procedure will be reviewed and signed off by all staff prior to commencing employment and annually thereafter and at any time where a change is made.

Definitions

Cleaning: refers to the physical removal of foreign material (i.e. dust, soil) and organic material (i.e. blood, secretions, microorganisms). Cleaning removes, rather than kills microorganisms. Warm water, detergent and mechanical action (i.e. wiping) is required to clean surfaces. Rinsing with clean water is required to complete the cleaning process to ensure the detergent film is removed.

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

Procedures

It is important to clean and disinfect all toys, especially toys that may have been placed in children's mouths. Each toy should be cleaned and disinfected before being placed back into circulation.

- Choose toys that are washable, sturdy, and too large to be swallowed to prevent choking.
- Choose toys that can be cleaned and disinfected.
- Avoid plush toys.
- Clean toys when visibly dirty and daily.
- Remove toys from circulation that children have put in their mouths or that have other body fluids on them until they can be cleaned and disinfected. Put in labeled mouth toy bin.
- When cleaning toys, check them for sharp, jagged edges or small pieces that can be easily broken off. If toys cannot be fixed, throw them away.

Cleaning

- Plastic toys that can be submerged in a sink or bucket must be submerged and cleaned with dish soap and water.
- Use soap and warm water to clean visibly soiled surfaces.
- Rinse the toys with clean water (warm to tepid temperature preferred) to ensure soap is removed.
- Allow toys to air dry.

Disinfecting using *XXXXXX

1. Submerge toy in disinfectant solution (**Bottle labeled**) *XXXXX
2. Let sit for XX minutes. Mouthed toys will require a final rinse after the required contact time is observed.

Wash in Place

For general environmental disinfection of high-touch surfaces, large toys, and equipment that cannot be immersed in a disinfectant solution use *XXXX.

Cleaning

1. Clean toys with soap and warm water to clean visibly soiled surfaces (**Bottle #1**).
2. Rinse the surface with clean water (warm to tepid temperature preferred) to ensure soap is removed (**Bottle #2**).
3. Let the surface dry.

Disinfecting using *XXXXXXX

Equipment and Toy Usage, and Restrictions

Licensees and home child care providers are encouraged to provide toys and equipment which are made of materials that can be cleaned and disinfected (e.g., avoid plush toys).

Toys and equipment should be cleaned and disinfected at a minimum between cohorts. Mouthed toys should be cleaned and disinfected immediately after the child is finished using it.

Licensee and home child care providers are encouraged to have designated toys and equipment (e.g., balls, loose equipment) for each room or cohort. Where toys and equipment are shared, they should be cleaned and disinfected prior to being shared.

If sensory materials (e.g., playdough, water, sand, etc.) are offered, they should be provided for single use (i.e. available to the child for the day) and labelled with child's name, if applicable.

Play structures can only be used by one cohort at a time. Please consult with your local public health unit regarding the use of playground equipment onsite.

Appendix F: The Use of Masks, Personal Protective Equipment (PPE) and Handwashing Policy and Procedures

Purpose

The purpose of this policy is to ensure that all Licensed Child Care staff will be using the appropriate PPE in the safest way possible, and that they support children and families to do the same and also to ensure that all staff are aware of, and adhere to, **XXXXX** Sanitary Policies and Procedures and direction by the Public Health Sudbury and Districts regarding hand hygiene.

This Policy applies to all staff, families and children. This policy and procedure will be reviewed and signed off by all staff prior to commencing employment, or returning to work, at any time when a change is made and annually.

The Use of Face Coverings, Non-medical Masks and PPE

All adults in a child care setting (i.e. child care staff, home child care providers, home child care visitors, and students are required to wear medical masks and eye protection when inside the Child Care premises as recommended by the Ministry of Education. When outside and physical distancing cannot be maintained, masks must be worn.

All parents or essential visitors are required to wear a face covering or non-medical mask while inside the child care premises. The requirement for PPE would apply if they are in any area where they may cross paths with others. Reference: as per Dr. Sutcliffe's [mandatory mask in public settings](#).

*Note that the use of masks is not recommended for children, under the age of two. School-aged children in grade 4 and higher are required to wear non-medical or cloth masks indoors and outside when physical distancing cannot be maintained. The wearing of non-medical or cloth masks is encouraged for younger school-aged children, particularly in common spaces. For younger children whose parents supply masks, follow their wishes/direction for the use of masks outdoors.

Reasonable exceptions to the requirement to wear masks are expected to be put in place by Child Care centres. Exceptions to wearing masks indoors could include circumstances where a physical distance of at least 2 metres can be maintained between individuals, situations where a child cannot tolerate wearing a mask, reasonable expectations for medical conditions. Licensees should document their requirements and exceptions related to masks.

Licensees should ensure and sustain an amount of PPE and cleaning supplies that can support their current and ongoing operations.

Information on the use of face coverings for parents/guardians and children who are wearing non-medical masks is available here: <https://www.phsd.ca/health-topics-programs/diseases-infections/coronavirus/guidance-for-wearing-non-medical-masks>

Staff and visitors who are wearing PPE should refer to this website for information: <https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ppe-recommended-steps>

Access to signage re: donning and doffing PPE reference: <https://www.youtube.com/channel/UCVHo7YRHEGDvc9JtqYA16UQ/videos>

Everyone should be encouraged to not touch their face, proper hand hygiene when donning and doffing masks/PPE and additional frequent and proper hand washing.

Definitions

Hand Hygiene is a general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using liquid soap and running water or a hand sanitizer (60-90% alcohol based is acceptable). Hand washing with liquid soap and running water must be performed when hands are visibly soiled.

Procedures

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

Hand Washing Procedure

Hand washing is the best way to prevent the spread of infection. Proper hand washing significantly reduces the spread of colds, influenza, and diarrhea illnesses. When you wash your hands, you wash away the germs that you may have picked up from other people, surfaces, or from animals. When possible hand washing using liquid soap and water is recommended over alcohol-based hand rub for children.

Ensure that employees and children are always practicing good hand hygiene when hands are visibly dirty.

Children should wash their hands:

- upon arriving at the school or daycare
- after sneezing, coughing, or blowing nose
- before and after eating
- after handling garbage
- after using the washroom
- after sneezing, coughing, or wiping their nose
- when their hands are dirty
- after playing with commonly used toys
- after playing outdoors or in a sandbox
- after coming in contact with bodily fluids
- after coming in contact with any soiled/mouthed items
- after gardening

Staff should wash their hands:

- upon arriving at work or returning from a break
- after sneezing, coughing, or blowing your nose
- before preparing, serving, or eating food
- after diapering a child or checking a diaper
- after cleaning up messes
- after wiping a nose
- after going to the bathroom or assisting a child to use the bathroom
- after playing outdoors with children
- before giving any medications
- after assisting a child with handwashing
- after handling garbage
- before and after handling raw foods
- after outdoor play
- after handling soiled laundry or dishes
- after handling soiled toys or other items
- after coming in contact with bodily fluids
- after coming into contact with any soiled/mouthed items
- after gardening

Staff Handwashing

1. Leave jewelry at home or remove it upon handwashing.
2. Use liquid soap and warm running water.
3. Rub hands vigorously as you wash.

4. Wash all surfaces including backs of hands, wrists, between fingers, and under fingernails for a minimum of 15 seconds.
5. Rinse hands well. Leave water running.
6. Dry hands on a single-use paper towel.
7. Turn off faucet with a dry paper towel. Do not use bare hands to turn off faucet.
8. Nail brushes are not to be used.

Infant Handwashing

1. Clean infant's hands thoroughly with a damp paper towel moistened with liquid soap.
2. Rinse hands from wrist to fingertips using a fresh paper towel moistened with clean water.
3. Dry infant's hands with a fresh paper towel.
4. Turn off faucet with paper towel and discard.
5. Wash your own hands.

Toddler & Preschool Handwashing

1. Have child wet hands.
2. Squirt a drop of liquid soap onto child's hands.
3. Help child wash all areas of hands for 15 seconds.
4. Rinse child's hands from wrist to fingertips under running water.
5. Dry child's hands with a fresh paper towel.
6. Turn off faucet with paper towel and discard.
7. Wash your own hands.

School-Age Handwashing

- Ask the children to wash their hands correctly.
- Show the children how to wash their hands if they do not know how or have forgotten.
- Remind the children that handwashing will help keep them from getting sick.

Hand Sanitizing Information

When your hands are not visibly dirty, a 60-90% alcohol based hand sanitizer can be used. Hand sanitizers can only be used on children who are over the age of two and must always be used under adult supervision. Adults must ensure that the product has completely evaporated from the child's hands before allowing the child to continue their activity.

Glove Use

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

Gloves and Hand Hygiene

Hand hygiene shall be practised before applying and after removing gloves. Gloves shall be removed and discarded after each use.

To reduce hand irritation related to gloves:

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

Covering Your Cough Procedure

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

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

- If you have a tissue, cover your mouth and nose when you cough, sneeze or blow your nose.
- Put used tissues in the garbage.
- If you don't have a tissue, cough or sneeze into your sleeve, not in your hands.
- Clean your hands with soap and water or hand sanitizer (60-90% alcohol-based) regularly and after using a tissue on yourself or others.

Appendix G: Testing and Exclusion of Sick Children or Staff Policy and Procedures

Purpose

To ensure that all employees are aware of and adhere to **XXXX** policy in regarding to the exclusion of sick children in **XXXXX** Child Care Centres.

Policy

XXXXX is committed to providing a safe and healthy environment for children, families and employees. **XXXXX** will take every reasonable precaution to prevent the risk of communicable diseases within our centre. This policy applies to all staff, families and children. This policy and procedure will be reviewed and signed off by all staff prior to commencing employment and annually thereafter and at any time where a change is made.

Testing for COVID-19

1. Symptomatic staff and children will be asked to:
 - seek medical advise from a Health Care Provider if symptoms are due to an alternative diagnosis or underlying medical condition; or
 - complete the Ministry of Health self-assessment tool and follow the direction to test or not to test.

A list of symptoms, including atypical signs and symptoms, can be found in the [‘COVID-19 Reference Documents for Symptoms’](#) on the Ministry of Health COVID-19 Website.

- If testing is required, the child must remain in isolation at home and cannot attend the child care centre in person while waiting for the appointment or test results. As appropriate, Public Health and the Assessment Center will provide guidance about whether siblings or any other close contacts, such as people living in the same household, are required to isolate at home while waiting for your child’s test results.
- If testing is recommended by a health care provider and/or the *COVID-19 Screening Tool for Children in School and Child care* and the **family decides to NOT have your child tested**, the child must stay home and self-isolate for 10 days from when their symptoms started. They may return to school/daycare after 10 full days since the symptoms started as long as they do not have a fever and their symptoms have been improving for at least 24

hours. If your child cannot isolate apart from your household contacts (e.g. they are too young) and needs help, the caregiver must also isolate with child and away from other household members.

- If **testing is not required/recommended** by Health Care Provider and/or an alternate diagnosis if provided, the child can return to child care once they do not have a fever (without using medication) and symptoms are improving for 24 hours (and/or 48 hours after last episode of vomiting/diarrhea)
- If your child tests **negative for COVID-19 or if testing is not recommended and/or an alternative diagnosis is provided**, your child may return to school/daycare if they are meeting the following criteria:
 - They do not have a fever (without using medication); AND
 - Their symptoms have been improving for at least 24 hours (or at least 48 hours if their symptoms were vomiting/diarrhea); AND
 - They were not in close contact with someone who currently has COVID-19.
- Those who **test positive** for COVID-19 will be contacted by Public Health Agency of Sudbury Districts to provide further direction and guidance.

For information on dealing with symptomatic staff/children: <https://www.phsd.ca/health-topics-programs/diseases-infections/coronavirus/guidance-for-employers-covid-19/sector-specific-guidance/child-care-centres>.

2. Child care centers must consider a single, symptomatic, laboratory confirmed case of COVID-19 in a staff member or child as a confirmed COVID-19 outbreak in consultation with Public Health Sudbury and Districts. Outbreaks should be declared in collaboration between the centre and Public Health Sudbury and Districts to ensure an outbreak number is provided.
3. Staff members who have been tested while asymptomatic for the purpose of surveillance or visiting a congregate or long term care home, may continue to work unless there is reason to believe they would be considered a case (e.g. potential exposure to an ill or positive care or household contact). Staff should also monitor for symptoms while waiting for test results. If they become symptomatic, they should be excluded from work procedures.

Procedure

As required by the Child Care and Early Years Act, **XXXXX** must separate children of ill health and contact parents/guardians to take the child home.

If a child or staff begins to experience symptoms of COVID-19 while attending or working in child care, staff can refer to the “What to do: if a child is ill during school or daycare hours” resource from Public Health Sudbury & Districts.

[https://www.phsd.ca/wp-content/uploads/2020/10/COVID_Student_Illness_School-](https://www.phsd.ca/wp-content/uploads/2020/10/COVID_Student_Illness_School-Daycare_Screening_Map_EN.pdf)

[Daycare_Screening_Map_EN.pdf](https://www.phsd.ca/wp-content/uploads/2020/10/COVID_Student_Illness_School-Daycare_Screening_Map_FR.pdf) or [\[Daycare_Screening_Map_FR.pdf\]\(https://www.phsd.ca/wp-content/uploads/2020/10/COVID_Student_Illness_School-Daycare_Screening_Map_FR.pdf\)](https://www.phsd.ca/wp-content/uploads/2020/10/COVID_Student_Illness_School-</p></div><div data-bbox=)

and the following recommendations will be followed:

- Symptomatic staff must be sent home to [self-isolate](#).
- Symptomatic children must be immediately separated from others in a supervised area until they can go home.
- Where possible, anyone who is providing care to that child should maintain a distance of at least 2 metres. If that is not possible, wear eye protection, surgical/procedure mask and a gown . The child should also wear a surgical/procedure mask only if above the age of two and if they can tolerate it.
- Contact the child’s parent or guardian to pick them up right away.
- Notify parents that they can use the Ministry of Health online self- assessment tool and follow the advice to test or not or speak with their health care provider to discuss their symptoms and testing.
- Hand hygiene and respiratory etiquette should be practiced while the child is waiting to be picked up.
- Tissues should be provided to the child for proper respiratory etiquette, along with proper disposal of the tissues. A Serious Occurrence must be submitted to the Ministry of Education for each child or staff. Children Services, City of Greater Sudbury should also be informed.
- If you suspect a child has symptoms of another reportable communicable disease (Please refer to Reporting Communicable Diseases in the Ounce of Prevention Binder), please report these immediately to Public Health Sudbury and Districts 705-522-9200 as is normal protocol.

Occupational Health & Safety

If the care provider’s illness is determined to be work-related: In accordance with the Occupational Health and Safety Act and its regulations, an employer must provide a written notice within four days of being advised that a worker has an occupational illness, including an occupationally-acquired infection, or if a claim has been made to the Workplace Safety and Insurance Board (WSIB) by or on behalf of the worker with respect to an occupational illness, including an occupational infection, to the:

- a. Ministry of Labour;
- b. Joint Health and Safety Committee (or health and safety representative);
and
- c. Trade union, if any.

Any instances of occupationally acquired infection shall be reported to WSIB within 72 hours of receiving notification of said illness.