Northlea Community Childcare Centre

PARENT INFORMATION PACKAGE

COVID-19 Pandemic
Health & Safety Policies & Protocols

August 2021

Welcome Back NCCC Families

Welcome back children and families! We have missed all of you so much. Northlea Community Childcare Center has been providing quality licensed childcare since 1993 and currently works with over 100 families, providing care for 263 children. Although, we are still learning to adapt with the our new normal we are excited to have everyone back together and continue doing what we love to do. We have learned over the last 18 months that this is an ever-evolving situation, and our commitment to support our families and children remains the same.

During the intake process of your child's initial enrollment with our centre, you were asked to review and sign our standard policies. As we are now returning and still under pandemic circumstances, we have revised a new set of polices pertaining to COVID-19 which require your review and acknowledgment with your signature on the last page of this Parent Information Package.

Northlea Community Childcare Centre has and will continue to implement & comply with all recommendations and requirements from Toronto Public Health (TPH) and the Ministry of Education (MOE) to protect the health and safety of all children/staff and help stop the spread of COVID-19.

On behalf of everyone at Northlea Community Childcare Centre, we appreciate your continued support and confidence in us and are very excited to see all of you!

Leslie Schober
Executive Director

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NCCC's highest priority is to ensure that children, staff and any individuals entering the building are healthy and in the safest environment possible. Individuals entering NCCC are expected to follow the 14 New COVID -19 Pandemic Health and Safety Policies & Protocols outlined below:

1. Notice of Risk

While we are closely monitoring COVID-19 and measures to attempt to control these risks are implemented in our Centre, it is important that parents and staff are aware and understand the risks. Please read the Notice of Risk below:

There is an increased risk of the COVID-19 virus coming into the Centre when children from multiple families attend a single childcare centre.
Children who are infected with the COVID-19 virus are more likely to have very mild infections or to have no symptoms at all compared to adults; however, these children can still transmit the infection to others (children/adults) as a result of contact within the Centre. This means that children can bring home an infection acquired at the centre.
The Centre has a screening process in place to help detect infections when symptoms are present; however, this screening process will not detect infected children or adults who do not have symptoms.

NOTE: The following **Mandatory daily screening steps** are required to be performed by children, parents / caregivers, staff and individuals entering NCCC:

STEP 1: **Mandatory online TPH Daily Self Screening Tool**
STEP 2: **Mandatory Daily On-site Temperature check**

2. Screening for COVID-19 Protocol

2.1 Symptoms

1. Fever 37.8C +
2. Cough, difficulty breathing
3. Sore throat or painful swallowing, decrease or loss of taste or smell
4. Nausea, vomiting, diarrhea, headache, feeling unwell, muscle aches or tired
5. Stuffy or runny nose (in absence of underlying reason for these symptoms such as seasonal allergies, post-nasal drip, etc.) Doctor's note required.

2.2 COVID-19 Screening

2.2.1 STEP 1: Mandatory Self-Screening Home Health Check

- ✓ NCCC requires daily at home screening to be completed by **ALL** individuals entering the premises of Northlea Community Childcare Centre.
- ✓ **COMPLETE MANDATORY Online COVID-19 DAILY Self-Screening questionnaire** https://forms.gle/9WtVejP9aJhBBomm8

1. no later than **7:15 am** for all children attending childcare programs
2. no later than **10:00am** for all children attend **After School program** who are going directly to school

Parents or guardians of any child who have not completed the daily self screening for symptoms prior to arriving at the centre will be required to complete screening prior to entry.

Any child that does not pass the online screening or onsite screening will be asked to return home and self-isolate. All individuals must follow the monitoring and isolation advice outlined in the screening tool.

2.2.1.1 COVID-19 Screening Tool

NCCC online COVID-19 DAILY Self-Screening tool can be found at https://forms.gle/9WtVejP9aJhBBomm8

If you, or any member of your household answer **YES** to any of the questions outlined below (Toronto Public Health COVID-19 Screening Tool)

1. **STAY HOME & SELF ISOLATE & DO NOT COME** to Northlea Community Childcare Centre.
2. Report your child's reason for absence to Northlea Community Childcare Centre
3. Contact a health care provider
4. Get tested for COVID-19
5. Follow TPH advice/ guidance

For reference ***"COVID-19 Screening Questionnaire"*** in appendix

2.2.1.1.1 COVID-19 Screening Tool Questionnaire

1. Does the child/student have any of the following new or worsening symptoms listed above in section 2.1?

2. Does anyone in your household have one or more of the above symptoms and/or are waiting for test results after experiencing symptoms?
   - If the child/student is fully vaccinated**, select ***"No"***
   - If the household member's mild headache, tiredness, sore muscles or joints occurred within 48 hours after getting a COVID-19 vaccine, select ***"No"***
   - If their symptoms last longer than 48 hours or worsen, select ***"Yes."***

3. In the last 10 days, has the child/student tested positive on a rapid antigen test or a home-based self-testing kit?
   - If the child/student has since tested negative on a lab-based PCR test, select ***"No"***

4. In the last 10 days, has the child/student tested positive on a rapid antigen test or a home-based self-testing kit?
   - If the child/student has since tested negative on a lab-based PCR test, select ***"No".***

5. Has the student/child been notified as a close contact of someone with COVID-19 or been told to stay home and self-isolate?
   - If the child/student is 12 years of age and older and fully vaccinated** with a COVID-19 vaccine and have not been advised to self-isolate by public health, select ***"No"***

6. Has the student/child been notified as a close contact of someone with COVID-19 or been told to stay home and self-isolate? • If the child/student is 12 years of age and older and fully vaccinated** with a COVID-19 vaccine and have not been advised to self-isolate by public health, select ***"No"***

7. In the last 14 days, has the child/student travelled outside of Canada AND been advised to quarantine per the federal quarantine requirements?

2.2.1.1.2 Daily Self-Screening Tool Exceptions

1. Children/students who have an existing health condition identified by a health care provider that may also display the COVID-19 symptoms should answer ***"No"*** unless the symptom is new, different or getting worse.

2. If the child/student is 12+ years old and has a mild headache, fatigue /tiredness, sore muscles or joints within 48 hours after getting a COVID-19

vaccine, they should select ***"No"*** and wear a fitted mask when at childcare/day camp/school. However, If symptoms last longer than 48 hours or worsen select ***"Yes"***

2.2.2 STEP 2: Mandatory Onsite Temperature Check

- ✓ NCCC requires Onsite temperature check & the completion of the COVID-19 self screening by **ALL** individuals entering the premises of Northlea Community Childcare Centre.
- ✓ Only essential individuals such as staff & children may enter the Centre. All others, non-essential individuals such as parent/guardians and delivery persons should remain at the door.

IMPORTANT: During the screening process for entry, NCCC onsite screening staff will:

1. Verify whether online screening has been completed
2. Record the temperature of any child, parent, employee or essential service worker.
3. Conduct a visual check of the child/ children for symptoms and general wellness

Should any individual (child, parent & staff) appear unwell in any manner but has passed the screening tool questionnaire, NCCC reserves the right to refuse entry after consulting with NCCC operation leadership (including the Director or Assistant Director).

2.2.2.1 Onsite Screening Process

1. The results of the daily screening tool taken at home by all individuals (child(ren)/ employees) entering NCCC is verified and reported to NCCC onsite screening staff.
2. A visual check of the child/ children for symptoms and general wellness will be conducted
3. NCCC onsite screening staff will take the temperature of **ALL** individuals entering the premises of Northlea Community Childcare Centre. (This includes child, parent, employee, student, volunteer or essential service worker etc.)
4. Results will be recorded/ logged on a daily log sheet by the onsite screening staff.
5. Adults with children must ensure their child(ren) follow 2-meters apart distancing rules (posters)
6. All children, employees and service workers will be required to complete hand hygiene at screening before entry.
7. Hand sanitizer will be encouraged for children/adults

8. The teacher(s) of the cohort group will be at screening to accept the child(ren) of their cohort upon each child(s) successful screening while maintaining social distance
9. Staff will ensure the screening area is disinfected regularly throughout the screening process
10. Staff that are actively screening need to maintain 2 meters' distance and wear PPE (mask and face shield)
11. Only children, staff and essential service workers will be given access to the building upon successful screening (parents will say good-bye outside or at door entrance

2.3 Entry / Exit Safety Procedures

1. Adult (limited1-2) may drop off and pick up the child(ren)
2. To reduce person to person contact, each cohort group will be assigned a time slot of 30 minutes for screening that needs to be adhered to. Arriving promptly during your assigned 30 min time block is required by children, parents, employees and service workers
3. Only **ONE** entry/exit will be used at **305 Rumsey Rd – Front entrance childcare /Parking lot area**
4. Families who have siblings in two different programs can drop off their children at the same time

2.3.1 Drop Off / Pick Up Time

PROGRAM	AM	PM
Before and After School	7:30am - 8:00am	3:00pm – 6:00pm
Toddler Program	8:00am - 8:30am	3:00pm – 6:00pm
Preschool Program	8:30am - 9:00am	3:00pm – 6:00pm

2.3.2 Drop Off Procedure

1. Parents are required to line up outside (Preschool Playground) and follow the signage of 2 meters apart while waiting for entry
2. One parent will be allowed to enter the front doors while their child is completing the temperature check and confirmation of their child's daily screening
3. Once your child has been screened, the screening staff will inform a staff member of your child's arrival. The staff member will pick up your child from the screening area and mark the child in attendance

2.3.3 Pick Up Procedure

1. Parents are to line up outside (Preschool Playground) and follow the signage of 2 meters apart while waiting for entry

2. One parent will be allowed to enter the front doors to advise the screening staff that they are picking up their child/children
3. Screening staff will page your child's cohort teacher to advise them that the parent or guardian has arrived for pick up
4. The teacher will escort the child to the front of the pickup entry door

3. COVID-19 Exclusion

3.1 Reporting Confirmed Cases of COVID-19

1. All confirmed cases of COVID 19 will be reported to TPH and any recommendations will be adhered to by NCCC
2. A serious occurrence will be completed and submitted to the Ministry of Education
3. Parents will be contacted by phone concerning the confirmed case of COVID-19 at the centre or in their child's cohort.
    - A follow up email will be sent to families including any directions/recommendations by TPH

3.2 Exclusion steps for children

1. Ill children will be separated from all other children to the designated exclusion space (indoor or outdoor) and follow all TPH guidelines
2. A face mask will be provided to children over the age of 2 to wear (only if tolerated)
3. The parent/guardian will be contacted for immediate pick up (**within 35 mins**) or if immediate medical attention is required, an ambulance will be called, and the parent/guardian will be informed
4. One staff will supervise and monitor the child until they are picked up by parent/guardian
    - Staff will physical distance
    - Staff will wear a medical mask and face shield
    - Staff will perform hand hygiene
5. Symptoms of illness will be recorded
6. Toronto Public Health will be contacted and will provide recommendations
    - Currently if symptomatic with respiratory symptoms, COVID-19 testing is recommended in children
7. The exclusion space will be cleaned & disinfected immediately after child has left

3.3 Exclusion steps for staff

1. Ill staff will inform the Director/designate immediately of symptom(s)
2. Staff will be separated from all others
    - in designated exclusion space (indoor or outdoor) to arrange a ride

- leave the childcare site immediately

3. Symptoms of illness will be recorded
4. Toronto Public Health will be contacted and will provide recommendations regarding testing
   - Currently if symptomatic with respiratory symptoms, COVID-19 testing is recommended in adults
5. The exclusion room will be cleaned and disinfected immediately after staff has left

3.4 Returning from Exclusion

Refer to ***"TPH COVID-19 Decision Tool for Child Care Attendees"*** (4pgs) in appendix

3.4.1 Tested Negative for COVID-19

Re-entry Screening of Individuals who have tested Negative for COVID-19 and returning from exclusion due to illness.

1. A child or staff person may return to the childcare centre:
   a) If the child/staff has only **one** or **no** new or worsening symptom. They **MUST** stay home for 24hrs to be monitor whether the symptoms are improving or worsening.

   ✓ If the symptoms are IMPROVIING the child/staff can return to the childcare and individuals impacted must fulfill either one of the following:

   1. **Obtain a negative COVID test and isolate for a full 24hrs or**
   2. **Isolate for a period as directed by TPH**

   ✘ If symptoms are NOT IMPROVING the child/staff may not return to the childcare and must:

   1. **Obtain a negative COVID test**
   2. **Isolate for a period as directed by TPH**

   b) If the child/staff has two or more new worsening symptoms related to COVID-19 the child/staff is required to:
      1. **Isolate immediately**
      2. **Contact TPH for further advice and assessment**
      3. **Obtain a negative COVID test and isolate**
      4. **Isolate for a period as directed by TPH**

   c) Have NOT had close contact with a confirmed COVID-19 case or symptomatic person(s), in which case, they will need to self-isolate for

14 days from the last time they had close contact with the confirmed case)

d) Complete attestation form – ***"Back to Child Care/Day Camp/School - Confirmation Form"*** (2pgs)

2. Upon return to the centre, the child must complete the at home mandatory daily screening tool questionnaire and the onsite temperature check
3. The centre screening staff or designate will conduct re-entry screening procedure.
4. If **YES** was answered to **ANY** of the questions in the Mandatory Daily home tool **Step 1:**
    - Staff must refuse the individual entry into the childcare centre
    - The individual must stay home &self isolate get tested or contact a health care provider
5. If **NO** was answered to **ALL** questions in **Step 1 Home daily screening**
    - staff will proceed with conducting **Step 2 Temperature check** on the child, staff re-entering

3.4.2 Tested Positive for COVID-19

Persons who test positive for COVID-19 should follow the guidance of their local public health unit and health care professional regarding direction for isolation and returning to a childcare setting.

Refer to ***"TPH COVID-19 Decision Tool for Child Care Attendees"*** *for guidance*

NOTE: Individuals may return when cleared by their local public health unit. Proof of clearance may be required.

3.5 If Symptoms Develop During A Child/Employees Day

1. Children and adults (parents, employees and essential service workers) will be excluded and denied entry to Northlea Community Childcare Centre as per the recommendations of TPH.
2. A serious occurrence report to the Ministry is required with all confirmed cases of COVID-19 of children and/or staff that attend or work at NCCC.
3. Any child or staff who has one symptom of illness is required to self-isolate and stay home for 24hrs to see whether the symptoms get better or worse.
    - If a child or staff has two or more symptoms, they are required to contact TPH for further direction.
    - The staff or child must self-isolate for the recommended days directed by TPH or submit a COVID19 test for reentry.

4. Enhanced Hand Hygiene

1. Staff will supervise **all** child's hand hygiene to ensure hands are cleaned regularly
2. Staff will review daily with age-appropriate children, proper hand hygiene practices as well as coughing etiquette, tissue use, etc.
3. The focus will be on regular hand hygiene and respiratory etiquette to reduce the risk of infection

4.1 IN-SINK - Proper hand washing steps using soap and water

Proper hand washing steps using soap and water (in a sink)

- Remove jewelry such as rings
- Wet hands up to the wrist
- Apply enough soap to cover hands
- Lather for at least 15 seconds doing all the following:
    - Rub between each finger and front/back of hands
    - Rub each fingertip, under nails
- Rinse off all lather with water
- Dry hands well with paper towel
- Turn taps off with paper towel

4.2 OUTDOOR - Proper hand washing steps using soap and water (if available)

Proper hand washing steps using soap and water (outdoor hand washing if available)

- Large container with clean water and hand pump with spout
- Pump water over child's hands to wet up to the wrist
- Apply enough pump soap to cover hands
- Lather for at least 15 seconds doing all the following
    - Rub between each finger and front/back of hands
    - Rub each fingertip, under nails
- Pump stream of water over child's hands to fully rinse
- Dry hands well with paper towel
- Dispose of paper towel in garbage bag/can

4.3 Proper hand cleaning steps using hand sanitizer (60% and up alcohol-based)

- Remove jewellery such as rings

- Apply enough alcohol-based sanitizer into the cupped palm of one hand to wet both hands completely
- Rub the liquid into the palm, back of hands, between fingers and under nails

4.4 Hand hygiene practices/frequencies

Enhance hand hygiene practices for children and staff as follows:

- before entrance and leaving the building
- before and after preparing food or drinks
- before and after eating or handling food/feeding children
- before and after administering medications or first aid
- before and after diapering
- before and after playing outside/gym
- before and after use of gloves
- after the use of the bathroom or helping children use the bathroom
- after any contact with bodily fluid
- after handling garbage, laundry, children's bedding
- after wiping a child's nose, after washing a child's face

5. Enhanced Environment Cleaning and Disinfecting

Definitions:

Cleaning: refers to the removal of germs, dirt, and impurities from surfaces by using soap (or detergent) and water. Cleaning removes, rather than kills germs, it lowers their numbers and the risk of spreading infection. Warm water, soap and a wiping action is required to clean surfaces. Rinsing with clean water is necessary to complete the cleaning process to ensure the disinfectant film has been removed.

Disinfecting: kills germs on surfaces using chemicals. (i.e., Oxivir Concentrate Plus, in order to be effective a disinfectant must be left on a surface for period of time known as contact time. Oxivir Concentrate plus has a 5-minute contact time.

5.1 Cleaning Procedure

- Use soap and warm water to clean visibly soiled surfaces
- Rinse the surface with clean water to ensure soap is removed
- Let the surface dry

5.2 Disinfecting Procedure

✓ Accelerated Hydrogen Peroxide is on Health Canada's approved products list for covid-19 https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html.

- ✓ The disinfecting products used at Northlea Community Childcare Center is Oxivir Concentrate plus and Benefic Botanical (DECON 30). All products are high-level disinfectants.

    1. For general environmental disinfection and of high touch surfaces, large toys and equipment that cannot be immersed in a disinfectant solution use Oxivir Concentrate plus in spray bottles, the contact time for disinfecting is **5 minutes**.
    2. For all other toy cleaning & disinfecting use Soap and water, Oxivir Concentrate plus or sanitize in the dishwasher.
    3. All cooking and eating items are single use and will be disinfected using a mechanical dishwasher or in the absence of, the standard bleach 3 sink posted method.
    4. Only authorized staff are permitted to enter the kitchen and they will be appropriately clothed (clean clothes, hair net, proper no slip footwear).

5.3 Frequency Requirements:

All staff are to clean and disinfect upon ENTRY to NCCC Any hard surfaces including but limited to water bottles, travel mugs, cell phones, lunch containers.

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

1. Tables and countertops: used for food preparation and food service must be cleaned and disinfected before and after each use.
2. Chairs in tables for must be cleaned and disinfected before and after serving food.
3. Spills: must be cleaned and disinfected immediately.
4. Handwash sinks: staff and children washroom areas must be cleaned and disinfected at least 3 times per day and as often as necessary (e.g., when visibly dirty or contaminated with bodily fluids).
5. High Touch surfaces: these are surfaces that have frequent contact with hands, these areas must be cleaned before and after every transition such as leaving and entering a room, (e.g. door handles, light switches, food carts etc.).
6. 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.
7. Floor Mats/Cots: cleaning and disinfecting must be performed throughout the day, and at a minimum of twice daily, before and after each use.
8. Outdoor equipment/play toys: must be disinfected daily before the children use them and then additionally as required (e.g., visibly dirty). All outdoor play equipment/toys that are used must be easy to clean and disinfected.

6. Enhanced Toy Cleaning & Disinfection

All toys that are plush will be included back in the programs, this includes cloth toys and books. All group sensory play will no longer be suspended, . All porous toys or materials that cannot be effectively cleaned and disinfected must be removed and not used in play. Sensory play will be removed should there be an outbreak in the program

6.1 Toy Washing: Manual Cleaning and Disinfection

- 5 Step Method for Disinfecting Toys using Oxivir Concentrate - 5 min contact time.
- To ensure consistent and proper dilution of the Oxivir Concentrate, ONLY trained staff /NCCCC staff that are assigned to mixing the solution for each program. NCCC staff will stock mixed product as required in locked maintenance rooms.
- Manual cleaning steps for small toys that can be immersed in water for washing.
    1. Sink/Bin - wash with soap and warm water to clean visible dirt
    2. Sink/Bin - rinse soap off with clean water
    3. Sink/Bin - soak in Oxivir Concentrate mixture for 5 minutes required contact time for disinfecting
    4. Sink/Bin - rinse using clean water
    5. Air dry toys by placing them on a drying tray or towel

6.2 Toy Washing: Cleaning and Disinfecting Large Toys/ Equipment In-Place

- 5 step method for disinfecting large toys/equipment with use Oxivir Concentrate Plus 5 min contact time.
- Large toys, wooden toys, cots, etc. that cannot be immersed in a disinfectant solution should use this method for washing.
- Manual cleaning steps for large toys/equipment that cannot be immersed in water:
    1. Clean with soap and water using a cloth
    2. Wipe with a clean wet cloth to rinse
    3. Disinfect by spraying Oxivir Concentrate Plus and let it sit for 5 minutes required contact time for disinfecting. Do not spray product to toys and surfaces when children or other staff are nearby
    4. A final rinse is required using a single-use wet paper towel
    5. Allow toys to air dry

6.3 Frequencies and Toy Cleaning Schedules

- Toy cleaning schedules will be posted in each area and updated daily by the staff persons responsible for the areas.
- Toys, including large toys, cots, equipment and high touch items will be cleaned and disinfected at least two times per day and as often as necessary i.e., when toys/items are visibly soiled or when toys/items have been contaminated with bodily fluids.
- Toys and items such as electronic devices should be cleaned and disinfected between users prior to redistributing.
- **Refer to Environmental Cleaning and Disinfecting Policy and Process for more guidance.**

6.4 Handling used toys

- Toys that have become visibly dirty or that have been in contact with bodily fluids (e.g., toys that have been mouthed) should be taken out of circulation. Immediately and cleaned and disinfected immediately.
- Toys that cannot be cleaned and disinfected immediately should be placed in a designated dirty toy bin. The bin should be clearly labelled and inaccessible to children.

7. Cohorting of Children/ Staff Scheduling

Children will be placed in a maximum cohort size that will consist of no more than the maximum license capacity per room. This group does not include staff and children that must stay together throughout the day for a minimum of 7 days and cannot mix with other cohorts.

1. Maximum cohort size for each room will consist of no more than the licenced room capacity in each room not including teacher's taking into consideration space allowance of 2 meters apart
2. Maximum capacity rules do not apply to Special Needs Resource staff on site (i.e., if they are not counted towards staff to child ratios, they are not included in the maximum capacity rules).
3. Each cohort must stay together throughout the day and are not permitted to mix with other cohorts.
4. We will maintain ratios as set out under the CCEYA.
5. Mixed age grouping is permitted as set out under the CCEYA where a director approval has been granted on the licence.
6. Reduced ratios are permitted as set out under the CCEYA provided that cohorts are not mixed with other.
7. Each cohort will have their own separate indoor program space. Outdoor play will be extended as much as possible as this will limit close contacts and promote social distancing.

8. Cohorts will have access to their own time for outdoor play. All toys and equipment used will be cleaned and disinfected between the cohorts use of outdoor space or removed until cleaned and disinfected
9. Staff and children will be assigned to designated cohorts or groups by age.
10. Staff are not to go into other cohorts either inside the classroom or outside in the playground, unless specified by the Supervisor, in the event of a situation or emergency where a staff may need to be replaced PPE will be worn
11. Cohorts will be designated to a specific classroom or area, and staff will arrange the schedule to avoid mixing of cohorts in the hallway, washroom, etc.
12. There will be no mixing of classes/cohorts at any time during operating hours. Children and staff will be in their specific room /cohorts throughout the day. Staff must avoid standing in doorways to talk to children or staff in that cohort.
13. Programming will be planned in a manner that prevents cohorts from mixing throughout the day. Cohorts may only use their designated space, washroom or designated area of the playground.
14. Any staff rotation should be limited to required breaks and shift changes (if any).
15. Multiple staff will be assigned to one room consistently over the course of the day and should not need to move to other rooms.
16. Shifts will be organized so that staff will avoid covering off for colleagues or being assigned to different cohorts or working in different rooms/areas during the day.
17. If a staff must cover off for a colleague in a different cohort/room they must do so in a manner that maintains physical distancing as best as possible. In the event a staff has to cover another staff outside in the playground, that replacement staff must wear a mask and face shield/goggles and socially distance from the staff and children in that cohort even though they are outside.
18. In case of emergencies (injuries, etc.), cohort division must be maintained and administrative/designate staff will be notified immediately of said emergency. Administrative/designate staff may go into a cohort to help staff deal with the emergency. PPE must be worn and other children/staff will be separated from the area where the emergency is taking place. The classroom will be cleaned and disinfected after the emergency has been taken care of.
19. When on breaks, or if staff are communicating with each other during the day, it is important to remember to protect yourself and others by wearing PPE, social distancing, not sharing utensils or personal belongings, and being conscious of communication, remembering that loud laughter, shouting, singing, or speaking forcefully will put others at risk.
20. Staff may take breaks, eat or drink outside in the playground when on lunch, when the children are not using the playground.
21. There are room restrictions in certain areas – 6 staff only in staff room, two staff in food prep area, one in sanitation (laundry room), at any given time.

8. Physically Distancing Indoors

1. Cohorts will not mix with other groups, operating in separate indoor and outdoor spaces. In the rare event that groups cross paths, they will maintain a physical distance of two meters at all times.
2. We will continue to encourage children within their groups to maintain physical distancing of 2 meters. While close contact may be unavoidable between members of a group, physical distancing and general infection prevention and control practices will still be encouraged, where possible.
3. Learning areas throughout the space/rooms will be divided to allow for appropriate physical distancing (both indoors and outdoors). To encourage more space between children, individual activities will be incorporated along with small group activities of no more than 3 children per group. A plexi glass will be on the tables between the children while engaging in small groups during indoor small group learning.
4. Visual cues will be incorporated into the site (i.e., Floor markings, signage) to remind staff, children and parents/guardians to maintain physical distancing.
5. Each child's cot will have increased space between them (2 meters apart where possible) see posted bed charts for each space. Children will be required to sleep head to toe throughout the room during rest time.
6. Physical distancing will never compromise supervision or your child's safety.

9. Personal Protective Equipment

Masks and gloves **do not** replace the need for physical distancing, hand washing, and staying home when sick.

9.1 General Guidance

The following PPE is available and will be used by all staff during the day and when there is an identified risk of exposure to the COVID-19 virus:

1. Gloves - Gloves will be worn when hands come in to contact with a child exhibiting respiratory symptoms or when contact with mucous membranes, broken skin, tissue, blood, bodily fluids, secretions, excretions, and any objects/ surfaces that may be contaminated (e.g., diaper change pads and surrounding counter tops). Gloves are disposable and single use and must be disposed of after every task is completed.
2. Face masks/Face shield/ Goggles - Staff will be required to wear medical masks and/or visors/googles while working in the center and when physical distancing cannot be maintained (i.e., administering first aid, changing diapers).
3. All children (grade 1 and up) are required to wear mask at the Childcare centre, school hallways and when they are in their shared space. Kindergarten children are encouraged to wear a properly fitted non-medical or cloth mask while inside a childcare setting, including hallways. Children younger than grade 1 are

encouraged to wear a non-medical or cloth mask while inside a childcare setting, including hallways
4. Masks are not recommended for children under the age of two
5. Children in the Toddler and Preschool Program who would like to wear a non-medical mask are permitted to do so, if properly trained on proper mask use at home.

Note: Parents /guardians in the before and after school programs are responsible for providing their children with a non-medical mask(s)or face covering each day. Parents are required to send their child with an additional face mask daily and a pouch for your child to be able to store their mask when not in use

9.2 PPE Exceptions

1. Exceptions with the use of PPE will be permitted when outdoors where staff are able to maintain a physical distance of 2 meters apart and when performing duties in which a staff member is separated from their cohorts (e.g., working alone in their office, or during meal preparation in the kitchen).
2. **Toddler and Preschool Program** - A designated area closest to a window in the Toddler and Preschool Program will be designated for the staff and children to be able to remove their PPE during inclement weather (the designated area permits the removal of PPE ONLY one person at a time)
3. **Before and After program** - A designated area closest to a window in the Before and after school programs will be designated for the staff and children to be able to remove their PPE when needed during program or in inclement weather (the designated area permits the removal of PPE ONLY one person at a time).

9.3 Exemptions for PPE

For children include underlying health, medical conditions that make it difficult to wear a mask or eye protection (difficulty breathing, low vision) a cognitive condition or disability that prevents wearing a mask or eye protection: hearing impairment or when communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication.

**__NOTE__: NCCC will encourage staff and children to use the outdoor space available when needing to remove PPE.*

10. Attendance and Visitor Procedure

1. Non-essential visitors will be not being permitted into the centre unless they have been screened or have completed the Mandatory online screening

2. The provision of special needs services may continue. Use of video and telephone interviews will be used to interact with families where possible, rather than in person.
3. Ministry staff and other public officials (e.g., fire marshal, public health inspectors) are permitted to enter the premises at any reasonable time.
4. Volunteers or students are permitted in the centre.
5. A daily record (**Visitor's Log)** will be maintained of anyone entering the centre and the approximate length of their stay (such as cleaners, people doing maintenance work, people providing supports for children with special needs, those delivering food). Records are to be kept on the premises. Records (e.g., name, contact information, time of arrival/departure, screening completion/result, etc.) will be kept up-to-date and available to facilitate contact tracing in the event of a confirmed COVID-19

11. Food Safety Practices

1. Food is distributed and prepared by a certified food handler.
2. Children are to be spread apart for meals/snacks.
3. One designate staff is to serve food on the children's plates directly no self-serving.
4. Utensils will be used to serve not fingers using gloves.
5. There will be no common food items shared with the children (i.e. water pitchers, bowls).
6. Same designate staff is to do second serving of food paying close attention to not tap a child's plate with a serving utensil.
7. Spaces between chairs at different tables in program space will be required during lunch time.
8. There will be no activities that involve food preparations with the children.

12. Additional Guidance Measures for:

12.1 Care of Children

1. Children will stagger for arrival/departure by cohorts and the cohort's assigned staff will be in their respective classrooms to receive the children, the staff escort will bring the child(ren) to their assigned program space inside or outside
2. Children and staff in a cohort are not mix with other cohorts
3. Children's environment/space will be setup to encourage the children to be spread out into different areas of the room while they play
4. Children will bring their bag from home and it will be stored in their program space – no shared locker areas to be used by different cohorts
5. Children's activities will be planned/provided as individual activities, and activities that limit close contact
6. Children's bedding will be stripped daily and washed
7. Cots will be disinfected and remade for the next day

8. Children's group sensory play will be removed (e.g., water tables / sand tables) water tables can be used in yard space for staff to clean toys ONLY
9. Children's toys that cannot be easily cleaned and disinfected will be removed
10. Children's program space will have reduced clutter, remove/store unnecessary items (e.g., extra chairs, toys, shelves turned)
11. Children's toys will be limited to those that can be easily cleaned and disinfected repeatedly during the day, or if mouthed after each use
12. Children that are age appropriate will have hygiene practices such as proper hand hygiene, coughing etiquette, tissue use, etc. reviewed with them daily
13. Children will all be supervised to ensure hand hygiene practices are being done appropriately and hands are clean

12.2 Staff providing Child Care

1. Staff will follow physical distancing guidelines
2. Staff will communicate with co-workers prior to moving into common areas by using walkie talkies/phone and social distance in common area
3. Staff have been provided a full-face shield and cloth masks to wear in their cohort for close contact, such as diapering and providing first aid.
4. Staff should practice physical distancing when not on work premises (i.e. outside on personal breaks
5. Staff will use receiving blankets/towels as a physical barrier on their shoulder to allow for comforting a child, blankets/towels will be replaced with clean blanket/towel after each child interaction
6. Staff will bring extra clothes to change into in case their clothes get contaminated while working
7. Staff will wear hair up in a ponytail or ensure their hair is off their face to minimize touching of the children
8. Staff will assist with the application of sunscreen; staff will wash hands in between helping/applying each child's sunscreen or use gloves to apply
9. Staff will be provided extra food/utensils prior to snack and lunch times to be easily accessible
10. Staff will ensure that banisters and door handles in staircases are cleaned after their cohorts have used the staircase by wiping with a disinfectant (last staff with group to wipe down staircase)
11. Staff will place any contaminated clothes in a labeled plastic bag to go home with the child
12. Staff will have staggered rest times/breaks/lunch times to limit contact with each other, additional covered outdoor spaces will be provided for physical distancing during the summer months. Additional space will be requested should it be needed for the staff at NCCC.TDSB staff room is available for staff to use during breaks.

16. Staff are required to work with the same cohort for 7 days. In the event it is necessary for a staff to assist or support another, staff will be fully equipped with required PPE and will have limited contact with the children

12.3 Use of ALL outdoor spaces

Each outdoor space/yard will have a trolley with the following supplies:

1. Hand sanitizer –, paper towels, small garbage container
2. Drinking water, disposable cups'
3. Two bins for washing/rinsing small toys, dish soap, towels for drying, disinfectant
    - red laundry bag for clean toys to hang and dry
    - blue laundry bag for dirty/used toys to be brought inside for cleaning
4. Receiving blanket/tea towel for staff shoulder, small laundry bin

13. Communication with Families/Guardians

Toronto Public Health will be contacted if there is a suspected or confirmed case of COVID-19 at Northlea Community Childcare Centre and we will follow their recommended protocol. Please refer to https://www.toronto.ca/home/covid-19/to stay up to date on latest updates.

1. All confirmed cases of COVID-19 will be reported to TPH and recommendations or direction will be followed by NCCC. A serious occurrence report to the Ministry will be completed and all families will be notified by a phone call that there is a confirmed case of COVID -19 at the center or in their child's cohort, a follow up email will be sent to families with any direction or recommendations from TPH
2. Any change or update to any of the center polices and processes we have provided concerning COVID-19 will be sent to all families by email.
3. Signs are posted indoors and outdoors of the center to allow visualized instructions for families and staff. All signage is in support of Toronto Public Health's message to help stop the spread of COVID-19.
4. Daily communication will take place by phone or by email pertaining to children in our programs.
5. Tours or meetings, group events are not being scheduled at Northlea Community Childcare Center at this time. All meetings with Parents, staff and board members will take place virtually. Toddler and Pre school families are welcomed to view the centre (appointment only) by looking in from the playground area and adhering to all TPH requirements. Parents are also able to view the rooms on our centre website
6. All trips and extra curricular activities at NCCC will be canceled and not be taking place during COVID-19
7. For the duration of COVID-19, we will make every effort to provide families with contactless paperwork, by email or by placing in your child's bag. For example, Accident /Incident Reports and Medication Forms.

8. Parents are required to update us with any change to phone numbers or email addresses.
9. If you are **not** bringing your child to the centre, please call or email to report the reason why your child is not coming in via:
   Telephone: 416 424-2890
   Email: info@northleachildcare.com

13.1 PARENT REMINDERS

13.1.1 DAILY ITEMS REQUIRED - Preschool & Toddler Program

1. All Children enrolled in regular childcare (Preschool and Toddler Program) should bring the following:
   - ✓ Bag with labelled items
   - ✓ 2 extra sets of clothes
   - ✓ Sun hat
   - ✓ Sunscreen
   - ✓ Weather appropriate outdoor wear as required

2. All children's belongings sent to the center will be with your child for the day and will go home with them at pickup, we will not be storing daily belongs during the COVID-19 pandemic.

13.1.2 DAILY ITEMS REQUIRED – Before & After school Program

Parents /guardians who have children in the Before & After school program are responsible for providing their children with:

- ✓ a non-medical mask(s)or face covering each day
- ✓ send their child with an additional face mask daily
- ✓ a pouch for your child to be able to store their mask when not in use

13.2 PARENT/ Guardian Acknowledgement

I, _____have read all the Pandemic Health and Safety Protocols for Child Care During COVID-19 Parent Information Package. I understand the following new policies and protocols at NCCC:

Policy & Protocols	Parent/ Guardian Initials
1. Notice of Risk	_____
2. Screening for COVID-19 Protocol	_____
3. COVID-19 Exclusion - Reporting Confirmed Cases of COVID-19	_____
4. Enhanced Hand Hygiene	_____
5. Enhanced Environment Cleaning and Disinfecting	_____
6. Enhanced Toy Cleaning & Disinfection	_____
7. Cohorting of Staff and Children	_____
8. Physical Distancing	_____
9. Personal Protective Equipment	_____
10. Attendance and Visitor Procedure	_____
11. Food Safety Practices	_____
12. Additional Guidance for Providing Care	_____
13. Communication with Families/Guardians	_____

I am aware that in order to obtain entry into NCCC I must report my child(ren) results of their daily screening and temperature taken at home every day. I am aware that this is an entrance requirement for the health and safety of my child(ren) and of all the children at NCCC.

_____ _____

Parent's Signature/Guardian Date

_____ _____

Parent's Signature/Guardian Date

Appendix

14. COVID-19 Screening Questionnaire

STOP COVID-19 Screening Questionnaire

Please complete before entering the child care/day camp/school setting.

Name: _____ Date: _____ Time: _____

1. Does the child/student have any of the following new or worsening symptoms?*

Yes ☐ No ☐

Fever > 37.8°C

Yes ☐ No ☐

Cough

Yes ☐ No ☐

Difficulty breathing

Yes ☐ No ☐

Decrease or loss of taste/smell

Yes ☐ No ☐

Sore throat or pain swallowing

Yes ☐ No ☐

Stuffy or runny nose

Yes ☐ No ☐

Nausea, vomiting or diarrhea

Yes ☐ No ☐

Headache**

Yes ☐ No ☐

Feeling unwell, muscle aches or tired**

If "YES" to any symptom:

Stay home & self-isolate +  **Get tested** **Or**  **Contact a health care provider**

2. Does anyone in your household have one or more of the above symptoms and/or are waiting for test results after experiencing symptoms?***

☐ Yes ☐ No

3. Has the child/student travelled outside of Canada in the past 14 days?

☐ Yes ☐ No

4. Has the child/student been notified as a close contact of someone with COVID-19 or been told to stay home and self-isolate?

☐ Yes ☐ No

If "YES" to Questions 2,3,or 4:

Stay home +  **Follow Toronto Public Health advice**

*Children who have an existing health condition identified by a health care provider that gives them the symptoms should not answer YES, unless the symptom is **new, different or getting worse.** Look for changes from the child/student's normal symptoms.

**If the child/student is 12+ years old and has a mild headache, tiredness, sore muscles or joints within 48 hours after getting a COVID-19 vaccine, they should select "No" and wear a fitted mask when at child care/day camp/school. If symptoms last longer than 48 hours or worsen, they are to stay home, self-isolate and get tested.

***If the household member received a COVID-19 vaccination in the last 48 hours and is experiencing mild headache, fatigue, muscle aches and/or joint pain that only began after vaccination, select "No."

Updated June 18, 2021

MY CHILD/STUDENT HAS 1 OR MORE SYMPTOMS OF COVID-19, WHAT SHOULD I DO?

Was the child/student a close contact of someone who tested positive for COVID-19?

YES

- Everyone, including household members, should stay home & self-isolate. Get your child tested.
- **If positive**, notify the child/student's child care/day camp/ school of the positive result. Toronto Public Health will follow up with further instructions.
- **If negative,** the child/student will still need to self-isolate for 14 days from last exposure to the person who was positive. Any household members can go to child care/day camp/ school/work but must not leave the home for other non-essential reasons.
- **If your child/student is not tested** they need to self-isolate for 10 days. Household contacts will also need to stay home and self-isolate for 14 days.

NO

- Notify the child/student's child care/day camp/school that they have symptoms.
- The child/student should stay home, self-isolate & get tested.
- Anyone in the household who attends a child care/day camp/school setting must also stay home and self-isolate until the child's test is negative.
- If the child/student is 12+ years old and has a mild headache, tiredness, sore muscles or joints within 48 hours after getting a COVID-19 vaccine, they should wear a fitted mask when at child care/day camp/school. If symptoms last longer than 48 hours or worsen, they are to stay home, self-isolate and get tested.

What was the result of your child/student's COVID-19 test?

POSITIVE

- Let your child/student's child care/day camp/school know that they tested positive for COVID-19.
- The child/student must stay home & self-isolate for 10 days from the day their symptoms started. They can return to child care/ day camp/school, after 10 days even if someone else at home develops symptoms.
- Household members & close contacts must self-isolate for at least 14 days.
- Toronto Public Health will contact you to do an investigation & will provide further instructions.

NEGATIVE

- The child/student may return to child care 24 hours after their symptoms started improving.
- Siblings and adults who attend a child care/day camp/school setting can return right away as long as there are no other household members with symptoms.

NOT TESTED

- The child/student must stay home & self-isolate for 10 days from the day symptoms started. After 10 days, the child/ student can return to the child care/day camp/school setting if their symptoms are improving.
- Everyone in the household must self-isolate until the child/student with symptoms gets a negative COVID-19 test or 14 days have passed.
- If a health care provider has diagnosed a condition that isn't related to COVID-19, the child/student can return to child care/day camp/school 24 hours after their symptoms improve. Household members do not need to stay home.

If the child/student has travelled outside of Canada in the last 14 days:

- They are required to self-isolate for 14 days even if they test negative for COVID-19.
- If the child/student has symptoms,their household members should self-isolate until the child/student's COVID-19 test is negative.
- If the child/student does not have symptoms, household members should stay home except for essential reasons while the student/child is self-isolating. Essential reasons include attending school/child care/day camp/ work and essential errands such as obtaining groceries, attending medical appointments or picking up prescriptions.

15. TPH COVID-19 Decision Tool for Child Care Attendees

COVID-19 Decision Tool for Child Care Attendees

Version 3.3. Updated on July 8, 2021 and adapted from COVID-19 Decision Tool for Schools (JK-Gr12) Version 3.5

Updated COVID-19 screening for symptoms:

Children attending child care must be screened prior to entry. Screening may be performed by a child care staff or a parent/guardian by completing a self-screening questionnaire. For children with a chronic health issue that is medically diagnosed and unrelated to COVID-19, look for **new, different or worsening symptoms.**

* If the child aged 12 years and older has symptoms of a mild headache, tiredness, sore muscles or joints that occur within 48 hours after getting a COVID-19 vaccine, they should indicate "NO" to the symptoms, and the child is to wear a fitted mask when at child care. If their symptoms last longer than 48 hours or worsen, they are to stay home, self-isolate and get tested.

Does the child attending child care have any of the following symptoms (even mild symptoms)?


Fever >37.8°C


Cough


Difficulty breathing


Decrease or loss of taste or smell


Sore throat, painful swallowing


Stuffy/runny nose


Nausea, vomiting, diarrhea


Headache*

Feeling unwell, muscle aches, tired*

Children should be excluded from attending child care, under the following conditions:

(A) If the child has **one or more symptoms,** even if it is mild or has resolved, the child should stay home, self-isolate, and get tested or contact their health care provider.

(B) If anyone in the child's **household** has one or more of the above symptoms the child should also stay home, self-isolate and follow instructions from public health.**

(C) If the child has been in **close contact with a person who has COVID-19** they will need to stay home and self-isolate for 14 days, even if they don't have symptoms.

(D) If the child has **travelled outside of Canada** they must **self-isolate** for 14 days.***

** This does not apply if the household member received a COVID-19 vaccination in the last 48 hours and is experiencing mild headache, fatigue, muscle aches and/or joint pain that only began after vaccination.

*** If the individual who travelled does not have symptoms and they are fully vaccinated (have received both doses of a two-dose series and it has been more than two weeks since their last dose) prior to their entry into Canada, they may not need to self-isolate. There are some exemptions for people eligible to enter Canada who also meet specific federal conditions for fully vaccinated travellers.

Child has symptoms but is not a close contact of someone with COVID-19

- If the child has any new or worsening symptoms, they must stay home, self-isolate, and get tested or contact their health care provider, even if the symptom has resolved.
- Anyone in the household who attends a child care setting must also stay home and self-isolate until the child's test is negative.

Child has symptoms and tests positive for COVID-19

- The child must stay home and self-isolate for 10 days, starting from the day the symptoms started.
- The child may return to child care after 10 days if they do not have a fever (without use of medication), and their symptoms have been improving for at least 24 hours.
- Even if the child does not have symptoms they must stay home and self-isolate for 10 days from the day of the test.
- All other adults and children in the household must stay home, self-isolate for at least 14 days from their last contact with the contagious child and follow public health advice.

Child has symptoms and tests negative for COVID-19

- The child may return to child care if their symptoms have been improving for 24 hours, and if they are not a close contact of someone with COVID-19 or have travelled outside of Canada.
- Household members can return to child care right away as long as they do not have symptoms.

Child has symptoms, is not a close contact of a positive case, and is not tested for COVID-19

- If the child has symptoms of COVID-19 that are not related to an existing medical condition or recent COVID-19 vaccination* and they are not tested, they must stay home and self-isolate for 10 days from the date their symptom(s) started. The child can return to child care after 10 days if they do not have a fever (without taking medication), and their symptoms have been improving for 24 hours.
- The children and adults in the household that attend a child care setting must self-isolate and can return to child care after 14 days from their last contact with the individual who has symptoms, as long as they do not have symptoms.

Child has symptoms but has an alternative medical diagnosis, and is not tested for COVID-19

- Children who have symptoms, but have been given an alternative diagnosis by a health care provider (**not** related to COVID-19), may return to child care if their symptoms have been improving for 24 hours.
- A cold or respiratory infection is not considered an alternative diagnosis, and the individual should be tested for COVID-19.
- Household members can return to child care right away as long as they do not have symptoms.

Child has been in close contact with someone with COVID-19

- A child who has been in close contact with someone with COVID-19 must stay home and self-isolate for 14 days.
- The child should go for testing. Even if the test is negative, they will have to self-isolate for the full 14 days.
- Household members can attend school/child care/day camp/work, as long as they don't have symptoms of COVID-19, but will need to stay home for other non-essential reasons**** until the child who is a close contact completes their period of self-isolation.

Household member has been in close contact with someone with COVID-19

- Any household member who has been in close contact with someone with COVID-19 must stay home and self-isolate for 14 days, and arrange to get tested. Even if the test is negative, they must self-isolate for the full 14 days.
- The child and the other individuals in the household who are not close contacts can attend school/child care/day camp/work, as long as they don't have symptoms of COVID-19, but will need to stay home for other non-essential reasons**** until the household member who is a close contact completes their period of self-isolation.

Child who is fully vaccinated has been in close contact with someone with COVID-19

- If a child is fully vaccinated with 2 doses of COVID-19 vaccine, and it has been more than 2 weeks since the last dose, and the child does not have symptoms, they do not need to self-isolate.
- The child should still go for testing if recommended.
- If the fully vaccinated child develops symptoms, they must self-isolate immediately and get tested.

Household member who is fully vaccinated has been in close contact with someone with COVID-19

- If a household member is fully vaccinated with 2 doses of vaccine, and it has been more than 2 weeks since the last dose, and they do not have symptoms, they do not need to self-isolate.
- The household member should still go for testing if recommended.
- If the fully vaccinated household member develops symptoms, they must self-isolate immediately and get tested. Children and adults in the household who are not fully vaccinated will have to stay home until the household member with symptoms tests negative.

Child has been in close contact with someone with COVID-19 and develops symptoms, but is not tested

- The child must self-isolate for 10 days from when their symptoms started.
- All household members should self-isolate and stay home for 14 days from their last contact with the child who has symptoms, as this is how long it can take for their symptoms to appear.

Household member has symptoms of COVID-19 and is not a close contact of a positive case

- If a household member has symptoms of COVID-19, any children and adults who attend a child care setting must stay home until COVID-19 is ruled out for the household member with symptoms.
- If the household member with symptoms does not go for testing, the children and adults in the home must self-isolate for 14 days from their last contact with the household member with symptoms.
- If the household member has symptoms of a mild headache, tiredness, sore muscles or joints that occur within 48 hours after getting a COVID-19 vaccine, children and adults in the home can attend a school/child care/day camp/work setting. If symptoms last longer than 48 hours or worsen, the household member is to stay home, self-isolate and get tested. Children and adults in the home will have to stay home until the person with symptoms tests negative.

Household member has symptoms and is a close contact of someone who had COVID-19

- If a household member has symptoms of COVID-19 and is a close contact of someone who has COVID-19, all children and adults in the household must stay home and self-isolate until COVID-19 is ruled out.
- If the household member with symptoms is not tested, the rest of the household must self-isolate for 14 days from their last contact with the household member with symptoms.
- If the household member tests negative, children/adults in the home can return to school/child care/day camp/work but will need to stay home for other non-essential reasons**** until the household member completes their self-isolation.

Child has travelled outside of Canada

- If the child has travelled outside of Canada in the last 14 days, they must self-isolate for 14 days.
- The other individuals in the household who have not travelled can attend school/child care/day camp/work, as long as they don't have symptoms of COVID-19, but they will need to stay home for other non-essential reasons**** until the person who has travelled completes their period of self-isolation.
- If the child does not have symptoms and is exempt from federal quarantine requirements, the rest of the household can still attend child care.
- If the child who travelled does not have symptoms and they are fully vaccinated (have received both doses of a two-dose series and it has been more than two weeks since their last dose) prior to their entry into Canada, they may not need to self-isolate. There are some exemptions for people eligible to enter Canada who also meet specific federal conditions for fully vaccinated travellers.

Household member has travelled outside of Canada

- If anyone in the household has travelled outside of Canada in the last 14 days, the person who travelled must self-isolate for 14 days.
- The other individuals in the household who have not travelled can attend school/child care/day camp/work, as long as they don't have symptoms of COVID-19, but they will need to stay home for other non-essential reasons**** until the household member who has travelled completes their period of self-isolation.

- If the individual does not have symptoms and is exempt from federal quarantine requirements, the rest of the household can still attend child care.
- If the individual who travelled does not have symptoms and they are fully vaccinated (have received both doses of a two-dose series and it has been more than two weeks since their last dose) prior to their entry into Canada, they may not need to self-isolate. There are some exemptions for people eligible to enter Canada who also meet specific federal conditions for fully vaccinated travellers.

Return to Child Care Confirmation Form

- Toronto Public Health does not recommend or require medical notes for return to child care.
- It is the decision of each child care operator/licensee to decide if they choose to accept a *Back to Child Care/Day Camp/School- Confirmation Form*.

**** Essential reasons include attending school/child care/day camp/work and essential errands such as obtaining groceries, attending medical appointments or picking up prescriptions.

16. Back to Child Care/Day Camp/School - Confirmation Form

Updated July 5, 2021

Back to Child Care/Day Camp/School - Confirmation Form

Please check only one box and complete this form to confirm that your child is healthy and able to return to child care/ day camp/ school. By adding your signature, you are verifying that the information is true. Return the completed form to the child care/ day camp operator or your child's school principal. *Please note: It is up to each operator/school/school board to decide if they choose to accept and use this form.*

Student Name: _____

My child was ill:

- ☐ My child tested negative for COVID-19 and their symptoms have improved for more than 24 hours.
- ☐ My child (12 years and older) just had a COVID-19 vaccine and has symptoms of a mild headache, tiredness, sore muscles or joints that occurred within 48 hours after getting a COVID-19 vaccine. My child can return to child care/ day camp/ school and must wear a properly fitted mask.
- ☐ My child did not have a COVID-19 test, but has completed 10 days of self-isolation from when the symptom(s) started. My child does not have a fever (without the use of medication) and his/her symptoms are improving for at least 24 hours.
- ☐ My child tested positive for COVID-19 and has completed 10 days of self-isolation from when the symptom(s) started (or the test was done). My child was not hospitalized. My child does not have a fever (without the use of medication), and their symptoms are improving
- ☐ The health care provider confirmed that my child does not have COVID-19 and has diagnosed a condition that is not related to COVID-19. Their symptoms have been improving for more than 24 hours. My child does not have a cold or respiratory infection.

Someone in my household (e.g. parent, sibling) was ill with symptoms of COVID-19:

- ☐ The household member tested negative for COVID-19, and my child (name listed above) can return to school now.
- ☐ The household member had a COVID-19 vaccine and has symptoms of a mild headache, tiredness, sore muscles or joints that occurred within 48 hours after getting a COVID-19 vaccine. My child is well without symptoms and can return to child care/ day camp/ school.

☐ The household member had a health care provider confirm that they do not have COVID-19 and has diagnosed a condition that is not related to COVID-19. Their symptoms have been improving for more than 24 hours. They are well and do not have a cold or respiratory condition. My child (name listed above) can return to school now.

☐ The household member did not have a COVID-19 test, but my child (listed above) completed 14 days of self-isolation. My child is well with no symptoms.

Close contact of someone who tested positive for COVID-19:

☐ My child was a close contact of someone who tested positive for COVID-19 and has completed 14 days of self-isolation. My child is well with no symptoms.

☐ My child was a close contact of someone who tested positive for COVID-19. My child has received two doses of the COVID-19 vaccine and it has been more than 14 days since the last dose. My child is well with no symptoms.

Recent travel outside of Canada:

☐ My child has returned from travel outside of Canada. My child stayed home for the 14 day travel quarantine period. My child is well with no symptoms.

☐ My child has returned home from travel outside of Canada. My child is fully vaccinated (has received two doses of the COVID-19 vaccine and it has been more than 14 days since the last dose), prior to their entry into Canada. My child is well with no symptoms.

Date of COVID-19 test *(if applicable):* _____ (*day/ month/ year*)

I declare that my child is well, and is able to return to school.

Parent/Guardian Name: _____

Signature: _____ Date: _____ (*day/ month/ year*)

17. TPH COVID-19 Guidance for Child Care Settings

Revised August 20, 2021

COVID-19 Guidance for Child Care Settings

The following recommendations are intended to help child care operators and staff (including home care providers) working in both licensed child care centres and home child care to reduce the spread of COVID-19. The recommendations and guidance provided in this document are intended be used to develop infection prevention and control (IPAC) policies and procedures. As each child care centre is different, it is ultimately the responsibility of every child care centre to review their own policies, procedures and site-specific circumstances, and assess their ability to operate while ensuring that the appropriate infection prevention and control (IPAC) measures are implemented and maintained.

The aim and purpose of this document is to assist child care operators and staff (including home care providers) with information related to the Ontario Government's reopening framework as well as Toronto Public Health requirements to reduce the spread of COVID-19 in the child care setting. It is important to know that breaches of some of these directions may constitute offences under provincial regulations or other public health legal requirements. While we aim to provide relevant and timely information, no guarantee can be given as to the accuracy or completeness of any information provided. This guidance is not intended to, nor does it provide legal advice and should not be relied upon or treated as legal advice. Users seeking legal advice should consult with a qualified legal professional.

The guidance in the document is based on the current rates of COVID-19 in Toronto. If rates of COVID-19 increase or decrease, the guidance may change. Updated information about COVID-19 can be found in Toronto Public Health's COVID-19 Fact Sheet.

This document addresses and builds on guidance included in the Ministry of Education Operational Guidance for Child Care Centres during the COVID-19 Outbreak, the Ministry of Education COVID-19: Health, Safety and Operational Guidance for Schools (2021-2022) and the Ministry of Health COVID-19 Guidance: School Case, Contact, and Outbreak Management. This document must be used in addition to Toronto Public Health's Infection Prevention and Control in Child Care Centres Requirements and Best Practices Document. In the event of any differences between the guidance in this document and the Toronto Public Health *Infection Prevention and Control in Child Care*

Requirements and Best Practices document, the recommendations in this document will take precedence.

Before and After School Programs are permitted to operate for the 2021-2022 school year. For guidance specific to Before and After School programs, please refer to the Ministry of Education 2021-2022 Before and After School Kindergarten to Grade 6: Policies and Guidelines for School Boards document. EarlyON Child and Family Centres are permitted to operate with enhanced health and safety requirements in place. For guidance specific to EarlyON Child and Family Centres, please refer to Ministry of Education Operational Guidance during COVID-19 Outbreak: EarlyON.

Recommendations for Child Care Operators and Staff to Reduce the Spread of COVID-19:

Before Re-Opening

Develop/update COVID-19 and IPAC policies and procedures

- Develop and/or update administrative and IPAC policies and procedures to include mitigation measures to help reduce the spread of COVID-19.
- COVID-19-related policies and procedures must address the following topics:
  - Screening and screening confirmation
  - Attendance reporting
  - Cohorting staff and children
  - Guests/volunteers in child care setting
  - Transportation of children (i.e. bussing)
  - Physical distancing
  - Hand hygiene and respiratory etiquette
  - Mask requirements
  - Isolation/exclusion of ill staff and children
  - Return to child care setting for symptomatic staff and children
  - Environmental cleaning and disinfection including cleaning and disinfection of toys, equipment and other shared materials
  - Food safety practices

- Occupational health and safety (e.g. personal protective equipment, staff vaccination policy, and, attendance policy). For more information, refer to the Toronto Public Health (TPH) Guidance for Employers on Preventing COVID-19 in the Workplace.
- Communication with families/guardians and other stakeholders
- Management of cases and outbreaks of COVID-19, with the guidance of Toronto Public Health (TPH) and the provincial Ministry of Health, including:
  - Management of symptomatic staff and children; including testing and those who choose not to be tested.
  - Management of cohorts exposed to a symptomatic/confirmed case of COVID-19 including differences for vaccinated and unvaccinated people.
  - Vaccination disclosure to quickly identify vaccinated and unvaccinated individuals.
- Toronto Public recommends that child care operators develop vaccination policies and other initiatives to increase COVID-19 vaccine confidence and uptake and achieve the highest vaccination rates. For more information refer to the TPH Guidance on Vaccine Information for Employers.

Train staff and early childhood education students

- All child care staff/students must be aware of the signs and symptoms of COVID-19.
- Train staff/students to ensure they are aware of and can implement the revised IPAC policies and procedures.
- Train staff/students on proper use of personal protective equipment (PPE). Refer to Public Health Ontario resources or Public Services Health and Safety Association.
- All child care staff/students must review training modules developed by Toronto Children Services, in collaboration with Toronto Public Health (TPH), prior to opening. If a child care centre has already opened, these training modules must be reviewed as soon as possible.
- Operators must ensure training is completed as often as necessary (i.e. when IPAC requirements are updated/revised).
- Operators must keep an up-to-date record of staff/students that have reviewed these training modules, policies and procedures (i.e. ask staff to sign and acknowledge that they have reviewed applicable training modules and COVID-19 related policies and procedures).
- Encourage staff to download the COVID Alert app so they can be notified directly if they have been in close contact with someone who was contagious with COVID-19.

Prepare the physical space

- Designate drop-off and pick-up locations outside, near the main area of child care centre/program area.
  - If this is not feasible for child care centres/home child care operators, arrange to use an area or space where physical distancing of two metres/six feet can be maintained.
- Designate and clearly mark specific, separate entrances and exits and only permit entry and exit through these doors.
- Designate an area near the main entrance of the child care centre/program area as a screening station for on-site screening.
  - The area should be clearly identifiable as the screening station.
  - Post signs in a visible location clearly explaining the screening process and the rules and conditions for entry (e.g. Posters for Entrances).
  - The area must allow for a minimum of two metres/six feet distance between staff conducting in-person screening and the individual being screened.
    - Alternatively, a protective barrier may be equipped around the screening station.
    - Staff conducting the screening should wear required PPE
  - Use visual markers/cues spaced two metres/six feet apart (e.g. tape on the floor, pylons, signs) to assist children and parents/guardians to maintain a two metre/six foot distance from each other if waiting to be screened.
  - Instruct children, parents, staff and others not to enter the child care centre if they are sick or they do not pass the screening process
- Provide alcohol-based hand sanitizer (70%-90% alcohol) in rooms/program areas/screening area. Dispensers should not be in locations that can be accessed by children.
- Download, print and post signs in a visible location at the designated screening station to raise awareness about health and safety measures that can help prevent the spread of COVID-19 such as:
  - Information about COVID-19
  - How the Virus can Spread
  - Physical Distancing
  - How to Protect Yourself
  - Wash your Hands
  - Cover your Cough

- COVID-19 Fact Sheet
- Wearing a Mask Dos and Don'ts
- COVID-19 Vaccine Flyer Screening Poster for Child Care Centres
- Screening Poster for Child Care Centres
- Screening Poster for Child Care Staff/Visitors

- If possible, increase space between seating and play areas so that children and staff can practice physical distancing (i.e. two metres/six feet):
  - Remove extra chairs, tables and furniture to increase space to allow children to spread out.
  - Place tape, signs or other visual markers on floors, tables, seats and in play areas.
- Use visual markers/cues (e.g. tape on floors) to demarcate walkways, play areas to encourage children and staff to maintain physical distancing.
- Designate a room(s) in the child care centre as an isolation/wellness room for sick individuals. Child care centres with large populations can consider more than one room for this purpose. This room should only be used as an isolation/wellness room and not for other purposes. It should contain only minimal items and equipment so that cleaning and disinfecting is easy to perform after an ill individual leaves the room.
- Increase ventilation and air flow in areas/rooms, if possible and if it can be done safely.

During Active Operation

Stay home when you're sick

- Remind staff/early childhood education students and parents/guardians of children attending the child care centre/home that they must not attend the child care program when they are ill, and that they should report any symptoms associated with COVID-19 to the child care operator and get tested.

Daily screening prior to entry/drop-off

- Discuss expectations for screening and arrangements in advance with the child's parent/guardian and staff.
- **Screen all children prior to entry**
  - Use the screening questionnaire or use the provincial child care screening tool.
  - Updates to the screening tool are expected before the start of the school year.
  - Use the COVID-19 Decision Tool for Child Care attendees.

- **Screen all staff and visitors prior to entry**
  - Use the screening questionnaire or the provincial child care screening tool.
  - Updates to the screening tool are expected before the start of the school year. Use the COVID-19 Decision Tool for Child Care Staff
- **Home child care operators** must also conduct daily screening of other people residing in the home, regardless of whether they participate in home child care activities prior to receiving children into care each day.
  - Do not receive children into care if anyone in the household does not pass screening or is self-isolating.
- Toronto Public Health continues to strongly recommend daily on-site confirmation of self-screening. Confirmation of self-screening should be in a form deemed appropriate to the operator.
  - The questions can be completed on a paper-based questionnaire (i.e. asked directly and answers recorded), electronically, or verbally.
  - Consider the use of smartphone applications, stickers or other innovative methods to indicate that individuals have completed their screening.
  - If completion of the questionnaire is done at home before arriving, it is important child care operators to ensure that it was completed.
  - It is recommended that child care centres validate daily self-screening for children, staff, and visitors each day. This is called active screening or screening confirmation. Checking the screening can occur outside before entry to the child care (see the section *Prepare the Physical Space*).
- Toronto Public Health continues to recommend that childcare centres consider measures to reduce the risk of congregating at drop-off/pick up locations, including:
  - Parents/guardians should not go past the screening area or enter the child care centre/home unless there is a specific need to do so and the parent/guardian passes the screening.
  - Having designated staff members escort children into the child care centre/home after screening.

Enhance attendance reporting practices for staff, children and visitors

- Maintain daily attendance records of all individuals entering the child care centre/home. This includes, but is not limited to, staff, children, maintenance workers, cleaning/environmental staff,

food service workers and government agency employees (e.g. public health inspectors, program advisors, fire inspectors).

- Records should include the following information: name, contact information, date and time of arrival/departure, reason for visit, rooms/areas visited and screening results.
- Records must be updated when a child, child care provider or staff or student is absent.
  - There should be comprehensive absence reporting of sick and well staff and children.
  - Child care operators should follow-up with all individuals to determine the reason for any unplanned absences, and if the absence is due to illness to note any symptoms (e.g. fever, sore throat, cough).
- Encourage parents/guardians of ill children and child care staff with COVID-19 like symptoms to seek COVID-19 testing at assessment centres and/or to call Telehealth at 1-866-797-0000 or their primary care provider to determine if further care is required.
- Monitor attendance records for patterns or trends (e.g. children and child care staff in the same group or cohort absent at the same time or over the course of a few days).
- For the purpose of case and contact tracing, Toronto Public Health recommends attendance records be maintained for a period of 30 days and made available on-site for all areas in the child care centre used by staff and children.

Maintain Documentation

- Child care centres are required to maintain and have available the following documentation in case it is needed for case and contact tracing in accordance with all applicable legislation, including the *Municipal Freedom of Information and Protection of Privacy Act.*
  - **Children**: Cohort list, attendance record and screening results/confirmation for each cohort. The cohort list should include each child's name, date of birth and contact information.
  - **Staff:** Staff list, attendance record, schedule, staff roles/movement, and screening results/confirmation. These lists should include the staff name, date of birth (if possible) and contact information. Include vaccination information if available.
  - **Visitors:** Record of visitors that include name, company, contact information, date, time in/out, areas visited and screening results/completion.
  - List of children in each bus cohort taking transportation and a seating chart.
  - Staggered lunch/recess schedule for each class cohort.
  - Staggered lunch break schedule for staff.

- Ensure contact information is up-to-date for both children and staff. This includes emergency contact information of an individual who is able to pick up a student whenever needed.

Assign staff, early childhood education students, and children into cohorts.

- Refer to *Ontario Regulation 137/15: General* under the *Child Care Early Years Act, 2014* to determine the maximum number of children allowable in a cohort or group.
  - Child care centre operators should assess the available space in program areas in relation to group sizes and programming activities to ensure that physical distancing can still be practiced as best as possible.
  - There are no changes to the maximum group size for home child care, which allows for a maximum of six children, not including the home child care operator's own children aged four years or older.
- Child care staff, early childhood education students and children must be assigned to designated cohort or group to limit the mixing of staff and children so that if someone develops infection the number of exposures are able to be managed.
- Cohorts must be designated to a specific "home room" or area.
- Child care staff and early education students are not included in the maximum cohort size, however, they are still considered a member of their assigned cohort or group.
- Staff to child ratios must comply with the *Ontario Regulation 137/15* under the *Child Care Early Years Act*.
- Programming must be planned in a manner that limits cohorts from mixing throughout the day and over the course of the child care program/session.
- Stagger/alternate scheduling for the following:
  - Shared washroom facilities. If washrooms are shared, only one cohort must access the washroom at a time.
  - Drop-off and pick-up times to prevent parents/guardians from gathering or grouping together.
  - Snack times and lunch/meal times.

Staffing

- The same child care staff (i.e., child care staff, provider, placement student) should remain with their assigned cohort for the duration of the child care program.

- Staffing should be sufficient to have multiple staff assigned to one room/cohort consistently over the course of the day, and not need to move to other rooms.
- Child care operators/supervisors should arrange staffing assignments to limit the number of staff entering or working in different rooms/areas as best as possible (e.g. routine cover-offs should be supported by the same staff).
- Where different staff are required to supervise a cohort (e.g., during cover-offs for lunch or break) they should maintain physical distancing.
- Toronto Public Health continues to encourage reducing the movement of staff and placement students where possible to minimize the potential for transmission.

Practice physical distancing

- Physical distancing means keeping a distance of two metres/six feet from others.
- Physical distancing must not compromise supervision or a child's safety, emotional or psychological well-being.
- Where different cohorts are using the same indoor area (e.g. gymnasium) child care staff must ensure that physical distancing is maintained between the cohorts and that the groups do not mix.
- Toronto Public Health strongly recommends physical distance between cohorts should be maintained outdoors, if feasible.
- Recognizing that physical distancing is difficult with small children and infants, additional suggestions include:
  - Limiting the number of visitors allowed in the child care centre
  - Use visual markers/cues spaced two metres/six feet apart (e.g. tape on the floor, pylons, signs) in common areas such as entrances and corridors.
  - Encourage children to greet each other using non-physical gestures (e.g. wave or nod or a verbal "Hello") and to avoid close greetings (e.g. hugs, handshakes).
  - Refer to Toronto Public Health's 10 Ways To Greet From 6 Feet.
  - Plan activities and games that increase spacing between children while promoting social interaction.
  - Increase the distance between cots/resting mats and cribs. If space is limited, place children toe-to-toe and/or head-to-toe to maximize distance.

Revised August 20, 2021

Use of masks and personal protective equipment (PPE)

- Child care operators are required to include information regarding masking and the use of PPE in their health and safety policies and procedures.
- Child care operators/licensees must provide PPE for use by staff when necessary and follow guidance from the Ministry of Labour.
- Masks do not replace the need for physical distancing, hand washing, and staying home when sick.
  - It is strongly recommended that operators maintain a one to two week supply of PPE at all times.
- For child care staff, home child care providers, and early childhood education students' requirements for PPE, please refer to the Ministry of Education Operational Guidance for Child Care Centres during the COVID-19 Outbreak.
- **Child care staff, home child care providers, home child care visitors, students on educational placement and all other visitors:**
  - Are required to wear a medical mask at all times when indoors (except when eating or if alone in a private space) unless exempt.
  - Adults are recommended to wear medical masks outdoors when physical distancing cannot be maintained.
  - Eye protection (e.g. face shield or goggles) is required for individuals working in close contact with children who are not wearing face protection (children younger than grade 1).
  - Staff should consult with their Occupational Health and Safety lead or Ministry of Labour guidelines on which PPE is required and when and how to wear PPE. This would include wearing a mask and other PPE if required at other times when physical distancing cannot be maintained, including, but not limited to:
    - Providing direct care (e.g. feeding, assisting a student with hand hygiene).
    - Consoling an upset child.
    - Assisting a student with changing.
    - Cleaning up bodily fluids with the risk of splashing.
  - Adults in contact with preschool children, children with disabilities or vocational education where it is necessary to be less than two metres/six feet from another person without a physical barrier must wear the appropriate PPE in these circumstances at all times.
  - A face shield does not provide equivalent protection to a mask. A mask should be worn, and then, a face shield or goggle on top of that. See Ministry of Labour guidelines.

- Train staff on the proper use of masks, and how to safely put on and take off a mask.
- Staff must wear a surgical mask and eye protection (e.g. goggles, face shield) when:
  - Cleaning and disinfecting blood or bodily fluid spills if there is a risk of splashing or droplets.
  - Caring for a sick student or a student showing symptoms of illness.
- Gloves are not required for COVID-19 prevention as proper hand washing is sufficient. However, gloves must be worn when it is anticipated that hands will come into contact with mucous membranes, broken skin, tissue, blood, bodily fluids, secretions, excretions, contaminated equipment or environmental surfaces.

- **Children in grade one and above:**
  - Are required to wear a medical, non-medical or cloth mask or face covering while indoors at the child care setting or in hallways with reasonable exceptions for medical conditions.
  - Reasonable exceptions generally include such things as accommodations of certain health conditions or special needs.
  - Children are not required to wear masks outdoors but physical distancing should be encouraged between cohorts as much as possible.
  - The use of non-medical masks or face covering for children grades 1 and above will be required if taking public transportation to child care.

- **Children in kindergarten (i.e. junior and senior kindergarten):**
  - Are strongly recommended to wear a mask while indoors at the child care setting, including in hallways.
- **Children age two and above**
  - Children age two years and older will be strongly recommended to wear masks in indoor spaces if feasible and tolerated.
  - Children over the age of 2 will be required to use non-medical face masks if taking public transportation (e.g. TTC) to child care.
- **Children under the age of two**
  - Masks are not recommended for children under the age of two.
- When masks are not in use, a child's non-medical mask or face covering may be stored in a clean paper bag. Masks should be replaced when they become damp or visibly soiled.
- Teach children on the proper use of masks, and how to safely put on and take off a mask.
  - Children are expected to bring their own mask to wear on transportation and at school.

  - Children should practice proper hand hygiene before taking off their mask and before putting it back on.
  - The mask should be stored in a paper bag, envelope, or something that does not retain moisture if it will be worn again. If using plastic bags, they should only be used for short periods of time. Containers can also be used but they should be cleaned and disinfected after each use. During recess, students can place their masks in these items (ensure they are labelled) and then place it in a fanny pack for safe keeping, so they are able to carry it on their person. Bags/envelopes should be disposed after use. Fanny packs should be labelled with the child's name. If the mask is put directly into the fanny pack, without a paper bag, envelope etc., then the fanny pack will need to be laundered.
  - Mask should be put on before going inside.
- Where necessary for faces to be seen for lip reading to support students who are deaf or hard of hearing, masks with clear sections may be appropriate for staff.
  - Child Care centres can continue to refer to Public Health Agency of Canada (PHAC) and Public Health Ontario (PHO) (PDF) for guidance on appropriate mask types and usage.
  - For information for approved masks please visit the following websites:
    - Government of Canada (Health Canada)
    - Province of Ontario (Ministry of Labour)
    - Province of Ontario (Ministry of Health)
- Child care operators/licensees should document exceptions related to wearing PPE:
  - Exceptions to wearing a mask and eye protection indoors may include medical conditions that make it difficult to wear a mask or eye protection (e.g. difficulty breathing, low vision); a cognitive condition or disability that prevents wearing a mask or eye protection; hearing impairments or when communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication; and when performing duties in which a staff member is separated from their cohort and other staff/students (e.g. working alone in an office or during meal preparation in the kitchen).
- Plan mask breaks during the day:
  - If children must take masks off when they are indoors, ideally they should be seated, not moving in hallways, and keeping two metres/six feet from others. If this is not possible, they should be seated with their cohort. Windows should be open, if possible, for circulation.

- Children are not required to wear masks when outdoors for recess, so mask breaks can be taken at this time. However, when outdoors during recess physical distancing should be encouraged as much as possible.
- Masks should always be kept on when children are lining up outdoors to come in.

Support and encourage proper hand hygiene and respiratory etiquette

- Educate staff and children on proper hand hygiene and respiratory etiquette.
- Wash your hands with soap and water or use an alcohol-based hand sanitizer (70-90% alcohol concentration), provided hands are not visibly soiled. Remind staff and students to avoid touching their face, nose and mouth with unwashed hands.
- Cover your cough or sneeze with a tissue. Dispose of tissue immediately after use in a garbage receptacle with lined plastic bags.
- Provide additional hand sanitizer (70-90% alcohol concentration) stations (e.g. wall mounted hand sanitizer dispensers) near entrances, service counters and other high touch locations in supervised areas where children cannot access it independently. Monitor and refill as needed.
- Monitor supplies to ensure adequate amounts of liquid soap, paper towel, (air dryer if paper towels are not available), hand sanitizer, tissues and waste receptacles with lined plastic bags.
- Child care staff must ensure that proper hand hygiene is practiced often and when necessary (e.g. before and after eating, after using the bathroom, after covering a cough or sneeze). This includes supervising and/or assisting children with hand hygiene.
- Child care operators must monitor hand hygiene supplies to ensure adequate amounts of liquid soap, paper towel, hand sanitizer, tissues, and waste receptacles lined with plastic bags.
- Staff must wash their hands or use alcohol-based hand sanitizer (70-90% alcohol concentration) before and after touching any child's personal belongings, or any shared items.

Modify food safety practices for snacks and meals

- Licensees and home child care providers should follow applicable food safety legislation.
- Family style meals are permitted to operator provided that food handlers use adequate food handling and safety practices.
- Ensure proper hand hygiene is practiced when staff are preparing food, and for all individuals before and after eating.

- Child care operators should consider ways to support nutrition/meal breaks in a safe manner. Where possible, children should practice physical distancing while eating.
- Since eating requires the removal of masks, additional measures should be considered to reduce the spread of COVID-19.
- Children may eat together:
  - Outdoors in their cohort, with distancing if possible with distancing as much as possible within a cohort, and distancing between cohorts.
  - Indoors with a minimum distance of two metres/six feet between cohorts and distancing as much as possible within a cohort.
  - It is recommended that within a cohort, efforts should be made to keep children two metres/six feet apart while eating, since masks are removed.
  - To optimize physical distancing, children can also sit in chairs around the classroom or every other child can take their mask off to eat their lunch, and once they are done put their masks on and allow the rest of the students to do so, if this allows for better physical distancing.
- Open windows and doors if possible, to allow for circulation. When possible have lunch outdoors.
- Encourage quiet lunches to reduce the potential for spreading respiratory droplets.
- If staff are having lunch in the staff room, they are to remain two metres/six feet away from all other staff. It is recommended that they do not congregate with anyone else. Extra chairs can be removed from the staff room and only keep what is possible to allow for a two metre/six foot distance. They are to unmask only while eating lunch and then immediately put their mask back on. Lunches should be brief and quiet as much as possible while eating. When possible, staff can eat lunch in a room alone, or outdoors or in an area where there are no children or other staff present.
- Ensure children have their own drinking bottle that is labeled, kept with them during the day and not shared and that they have their own individual meal or snack.
- Reinforce no food sharing policies.
- Nutrition/third party food programs and non-instructional food events such as pizza day are permitted to operate, provided that food is provided from an inspected source and that food handlers use adequate food handling and safety practices.
- Offer a variety of nutritious foods that are minimally processed, pre-wrapped or ready-to-eat, including fresh fruit and vegetables, dairy products and whole grain products. Portion foods in the

food preparation area. If not feasible, food can be portioned with minimal food handling in the area where it will be served.

Enhance cleaning and disinfecting practices

- Assign dedicated facility staff to complete environmental cleaning and disinfection duties.
- Ensure frequent cleaning and disinfecting of high-touch surfaces and shared objects (e.g. doorknobs, water fountain knobs, light switches, toilet and faucet handles, electronic devices, tabletops) at least twice a day and when visibly dirty. More frequent cleaning and disinfection may be necessary, depending on the frequency of use and extent of soilage.
  - Review Public Health Ontario's Cleaning and Disinfection for Public Settings fact sheet.
  - Refer to Health Canada's list of hard surface disinfectants and hand sanitizers for use against coronavirus (COVID-19) for approved products.
    - Disinfectants must have a Drug Identification Number (DIN). A DIN is an 8-digit number given by Health Canada that confirms it is approved for use in Canada.
    - Check the expiry dates of products and always follow the manufacturer's instructions.
- Chlorine bleach solutions may also be used for disinfection if appropriate for the surface. Prepare chlorine bleach solutions according to the instructions on the label or in a ratio of:
  - 1 teaspoon (5 mL) bleach per cup (250 mL) of water, or
  - 4 teaspoons (20 mL) bleach per litre (1000 mL) of water.
  - Ensure a minimum of two minutes contact time and allow to air dry.
  - Prepare fresh bleach solutions daily.
- Educate staff on how to use cleaning agents and disinfectants:
  - Required disinfectant contact times (i.e. amount of time that the product will need to remain wet on a surface to achieve disinfection).
  - Safety precautions and required personal protective equipment (PPE).
  - Directions for where and how to securely store cleaning and disinfectant supplies.
- Cots and cribs that are assigned to an individual child must be cleaned and disinfected weekly and as often as necessary (e.g. when soiled or after use by a symptomatic child).
- Blankets/sheets must be assigned to an individual child, stored separately to prevent accidental sharing and in manner that prevents contamination. Launder blankets/sheets weekly and as often as necessary (i.e. when soiled).

- Maintain logs to track cleaning and disinfecting activities for each room/area, individual/play items and sleeping equipment such as cots and cribs.
- Clean and disinfect the area used by an individual suspect of having COVID-19. This includes all surfaces within two metres/six feet of the ill person.

Toys, activities, play equipment and outdoor playgrounds

- Children should practice hand hygiene before and after use of toys and equipment. The risk associated with transmission with shared objects is low therefore the focus should be on regular hand hygiene and respiratory etiquette to reduce the risk of infection related to shared equipment especially when the cleaning of shared objects is not feasible.
- Provide toys and play equipment that are made of materials that can be cleaned and disinfected (e.g., remove plush toys).
- Assign specific toys and play equipment to one cohort if possible.
- Toys and equipment (e.g., bicycles, balls) must be cleaned and disinfected daily, between cohorts and as often as necessary (e.g. when soiled, contaminated or if the toy has been used by a symptomatic individual).
- Toys that have been mouthed or become contaminated must be taken out of circulation (e.g. stored in a 'dirty toy' bin) after the child has finished using it, and cleaned and disinfected prior to being used by a different child.
- Clean and disinfect toys in a three compartment sink. Toys must be washed and rinsed prior to disinfection. Using two sinks is acceptable if washing and rinsing are done in the first sink.
- Alternatively, toys can be cleaned and disinfected in a mechanical dishwasher provided that the rinse cycle reaches a minimum of 82 degrees Celsius. Only use the dishwasher in the kitchen when it is not being used for any other purposes (i.e. washing dishes, food preparation).
- Ensure required disinfectant contact times are achieved or alternatively allow toys to air dry.
- Dry toys in a designated area that is separate from bathrooms, change tables and protected from sources of contamination.
- Shared outdoor spaces and outdoor playground structures may be used.
    - Toronto Public Health strongly recommends physical distance between cohorts should be maintained outdoors, if feasible.
    - Licensees and home child care providers should find alternate outdoor arrangements (e.g., community walk) where there are challenges securing outdoor play space.

  - Toronto Public Health continues to recommend that child care operators/providers schedule/stagger the use of outdoor playground and play spaces.
  - Outdoor playgrounds structures do not need to be cleaned or disinfected between uses unless the equipment is visibly soiled or dirty.
  - Hand hygiene should be practiced before and after using playground equipment or outdoor play structures.
  - Refer to the *COVID-19 Guidance for Outdoor Playgrounds and Fitness Equipment*.
- If sensory materials (e.g., playdough, water, sand, etc.) are offered, emphasis should be placed on hand hygiene before and after use of materials.
  - Physical distancing should be maintained as much as possible during sensory play.
  - For general information regarding sensory play programming refer to the *Infection Prevention and Control in Child Care Centres Requirements and Best Practices Document*
  - Suspend group sensory play activities if an outbreak is declared at child care facility.
- Singing is permitted indoors. Masking and physical distancing is recommended for indoor singing programs.

Visitors and Students on Placements

- The number of visitors indoors must be limited to ability to maintain a physical distance of 2 metres.
- When possible, use of video and online interviews should be considered to interact with families.
- Toronto Public Health continues to recommend reducing the movement of staff, placement students, and visitors where possible to minimize the potential for transmission.

Physical Activities

- High contact physical activities
  - High contact physical activities are defined as activities where two metres or more can't be maintained.
  - High contact physical activities should take place in outdoor settings only.
  - Masking is not required outdoors for high contact physical activities.
- Low contact physical activities
  - Low contact physical activities are defined as activities where two metres or more can be maintained.

  - Low contact physical activities are permitted indoors.
- Refer to the Ministry of Education Operational Guidance for Child Care During COVID-19 Outbreak for more information.

Before and after school programs

- Children that are received into care are only required to be screened once daily (i.e. screened in the morning). Children are not required to be screened again when returning to the after school program. This applies to children that only attend after school programming (e.g. parents/guardians may submit screening results to the child care centre in the morning prior to the child attending care in the afternoon).
- Child care centres operating before and after school care may adjust cohorting/grouping requirements where operationally required (e.g. combining groups/cohorts when walking children to school to ensure adequate supervision).
- School age children who attend different schools or from different classrooms may be accepted into care at a child care centre location. Child care centre supervisors should try to prioritize grouping based on their core-school program.
- Child care operators/supervisors should try to implement scheduling to prevent mixing between before and after school groups/cohorts and full day groups/cohorts whose child attendees do not attend a core-school program.
- If the child care program is located in a shared space (e.g. a child care sharing a space with a school classroom or a community centre) make arrangements with other users/stakeholders to ensure enhanced cleaning and disinfecting practices are maintained (e.g. frequency of cleaning appropriate disinfecting agents are used). For example:
  - Clean and disinfect high-touch surfaces in the program areas and in shared spaces (e.g. classroom) after the core day program ends and the before and after school program begins.
  - Consider posting a cleaning and disinfecting log to track and demonstrate cleaning schedules.
  - Store items, materials and other resources separately to avoid accidental sharing between different cohorts that use the space.
  - Consider labelling materials or storing in different locations.
- Child care centres operating before and after school programs within a school are encouraged to enhance communication with representatives from the school boards for the purposes of screening and attendance reporting. Consider the following strategies:

  - Assigning a dedicated liaison person
  - Maintain a communication or issues log
  - Scheduling regular meetings (e.g. virtual meetings, telephone conferences).
- Refer to the Ministry of Education's *Before and After School Programs Kindergarten-Grade 6: Policies and Guidelines for School Boards for the 2021-2022 School Year*.

Care during program activity days (PA days) and holiday programs

- Operators should continue to maintain children within their regular cohorts (e.g. before and after school programs) when providing care during program activity days.
- Mixing of groups or cohorts should be avoided. Licensees and child care operators may consider combining cohorts or groups on case by case basis when operationally required (e.g. due to low enrollment or staffing coverage).
- If cohorts are combined during PA days, licensees and child care operators should:
  - Notify parents/guardians that child care cohorts will be combined and explain the child care settings public health policies and procedures (e.g. mask use, physical distancing, respiratory etiquette, hand hygiene and screening practices).
  - Maintain physical distancing within the combined cohort.
  - Coordinate with school boards to access larger rooms/areas (e.g. gyms), if possible.
  - Provide outdoor programming as much as possible.
- Licensees providing care during holidays must ensure that cohorts/groups (i.e. child attendees, staff and early childhood education students) stay together for the duration of the program.

Isolate children and staff/early childhood education students that become ill

- It is recommended that child care staff/student, home child care providers, and children with symptoms of COVID-19 go to an assessment centre for testing as soon as possible, and to self-isolate at home until their result is available.
  - If a child/staff or early childhood education student becomes ill with symptoms associated with COVID-19 while in care, immediately separate them from the rest of their group in a designated room (or space in a home child care setting).
  - Siblings who live in the same household should be sent home as well if they are not fully vaccinated with a COVID-19 vaccine.

  - If there is more than one ill individual who presents with symptoms ideally they should be placed in separate designated rooms (if more than one room has been assigned for this purpose). If this is not possible, ensure the room is large enough and children are kept more than two metres/six feet apart.
  - Refer to the Child care decision guide for attendees and staff to determine when children/staff are required to go for testing.
- **For ill staff:**
  - Staff who become ill with symptoms should be sent home immediately, and directed to this webpage to learn what to do next. They should not use public transportation.
- **For ill children:**
  - Provide supervision until they are picked-up.
  - Notify parents/guardians or emergency contacts to pick up the ill child as soon as possible.
  - Children older than two years should wear a medical mask (if tolerated) and they are able to use it properly (e.g. donning and doffing carefully, avoiding touching while on).
  - Child care staff supervising the ill child should maintain physical distancing as best as possible, and wear PPE, including a surgical/procedure mask (i.e. medical mask) and eye protection (e.g. face shield, safety glasses and goggles).
  - Clean and disinfect the area immediately after the child with symptoms has been picked-up.
  - Establish a protocol to determine contaminated areas and carry out cleaning and disinfection when an individual is suspected of having COVID-19 in the child care setting:
  - Identify areas that may require cleaning plus disinfection (items used by the individual and all surfaces within 2 metres of the ill person) versus cleaning alone (such as a hallway or room where the individual had passed through).
  - Use disposable cleaning equipment, such as disposable wipes, where possible.
  - Items that cannot be cleaned and disinfected (e.g. paper, books, cardboard puzzles) should be removed from the program and stored in a sealed container for a minimum of seven days.
- The designated room/space must have a handwashing sink or hand sanitizer (70-90% alcohol concentration) available.
- Provide tissues to the ill individual to help support respiratory etiquette.
- Open outside doors and windows to increase air circulation in the area if it can be done so safely.

- Child care staff and children who have been exposed to an individual who **became ill with symptoms** must continue to be grouped together (i.e. cohorted), and monitored for signs and symptoms of illness:
  - Child care staff/students must not be assigned to other groups/cohorts or work in other child care settings. They must also be advised to avoid being in contact with vulnerable person or settings where there are vulnerable people.
  - Child care staff must ensure that mixing of children is prevented.
  - Supervisors must inform parents/guardians of children who were exposed to the ill individual, and advise that they should monitor their child for symptoms.
- Refer to the COVID-19 Interim Decision Guide for Child Care Operators to Direct Cohorts to Self-Isolate.

Return to care for children with symptoms

- For information regarding return to the child care setting for those with symptoms and/or exposure to COVID-19, please refer to the Toronto Public Health COVID-19 Decision Tool for Child Care (child attendees) and/or the Toronto Public Health COVID-19 Decision Tool for Child Care Staff and Visitors
- Parents can complete a Return to Child Care Confirmation Form to provide to the child care operator/home child care provider to confirm the child can return to child care
- Medical notes are not recommended or required by Toronto Public Health.

Individuals with a laboratory confirmed positive COVID-19 test

- Child care centre supervisors, home child care providers and EarlyON program operators must immediately report laboratory-confirmed cases in child attendees, child care staff, early childhood education students that attend the child care setting to TPH by completing the Toronto Public Health COVID-19 Notification Form for Child Care Settings.
- Child care operators should refer to the COVID-19 Interim Decision Guide for Child Care Operators to Direct Cohorts to Self-Isolate.
- Additional support can be accessed by calling TPH at **416-338-7600** during work hours (8:30 a.m. to 4:30 p.m., Monday to Friday) or **3-1-1** after hours or by emailing publichealth@toronto.ca.
- Individuals with a laboratory-confirmed COVID-19 test are instructed to follow public health measures regarding testing requirements and isolation. Child care staff and children who are being

managed by Toronto Public Health must follow instructions to determine when to return to the child care setting.

Close contacts of someone with COVID-19

- For information regarding return to the child care setting for those who are close contacts of someone with COVID-19, please refer to the Toronto Public Health COVID-19 Decision Tool for Child Care (child attendees) and/or the Toronto Public Health COVID-19 Decision Tool for Child Care Staff and Visitors.
- Child care operators should dismiss a cases' cohort(s) (i.e. close contacts) for self-isolation while awaiting the results of the TPH investigation.
    - Refer to *COVID-19 Interim Decision Guide for Child Care Operators to Direct Cohorts to Self-Isolate*.

Communicate with families/guardians and other stakeholders

- Develop and implement communication platforms to provide program information and protocols on health and safety measures (e.g. screening practices, physical distancing, staying home if you're sick). Communication platforms may include the websites, email, or social media accounts.
- Develop a communications strategy in partnership with affiliated schools to ensure a collaborative response to laboratory-confirmed cases of COVID-19 in children who are both child care attendees and students.
- Use telephone or video conferencing when possible for meetings between child care staff and with parents/guardians.
- Post signs at all entrances instructing participants and their families not to enter if they are sick.
- Communicate with stakeholders such as building owners/property managers (e.g. child care programs that operate in shared spaces in schools or apartment buildings) on a routine basis to provide updates about policies and procedures and to align any gaps or concerns regarding IPAC practices.
- Child care operators should encourage parents/caregivers to speak with their employers about current exclusion/return-to-care requirements and possible work arrangements in the event that their child becomes ill and is isolated and/or excluded from care.

- Toronto Public Health will provide further advice about information that should be shared with other staff, parents/guardians and other stakeholders in the event there is a case or outbreak of COVID-19 in the setting.
    - Toronto Public Health will advise if a class, cohort or a school should be closed for a period of time. Parents, students and staff will be notified immediately.

Worker health and safety

- Employers must provide written measures and procedures for staff safety, including for IPAC.
- The provincial government has general information on COVID-19 and workplace health and safety on employers' responsibilities and how to protect workers at work.
- Workers can also get information about health and safety protections at the workplace.
- Additional health and safety guidance for employers of child care centres is available from the Public Services Health & Safety Association website.
- Go to the Ministry of Labour, Training, Health and Safety for more information.

More information

- For more information, visit our website at www.toronto.ca/COVID19 or call us at 416-338-7600.
- Child care-specific resources are available on our website: COVID-19 Guidance: Child Care Centres

Refer to Ministry of Education's Operational Guidance for Child Care During COVID-19 Outbreak for the following topics:

- **Transportation** (pg. 18)
    - The use of non-medical masks or face covering for children grades 1 and above will be required for cohort transportation (e.g. charter bus).
    - Children age two years and older will be strongly recommended to wear masks for cohort transportation (e.g. charter bus) if feasible and tolerated.
    - Encourage active forms of travel (e.g. walking, biking) or private transportation by parents and caregivers, where possible to ease crowding on public transportation.
        - Children over the age of 2 will be required to use non-medical face masks if taking public transportation (e.g. TTC) to child care.
- **Field Trips** (pg. 26)
- **Ventilation** (pg. 28)

  - For more information please refer to COVID-19: Transmission, Aerosols and Ventilation and Heating, Ventilation and Air Conditioning (HVAC) Systems in Buildings and COVID-19.
- **Special Needs Resources (SNR) Services** (pg. 30)

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