

Enhanced Health Measures Policies and Procedures

Early Learning Child Care (Daycare)

September 15, 2021

Table of Contents

1. Purpose, Readership and Notes
2. Staff & Employee COVID-19 Vaccination Policy
3. COVID-19 Screening Procedure
4. Testing and Exclusion Policy
5. Reporting to Public Health Policy
6. Serious Occurrence Reporting Policy
7. Managing Children with Symptoms of COVID-19 Policy
8. Outbreak Response Policy
9. Occupational Health and Safety Policy
10. Personal Protective Equipment Policy
11. Physical Distancing Procedure
12. Handwashing Procedure
13. Enhanced Cleaning Measures Procedure
14. Documentation Procedure
15. Drop Off Procedure
16. Pick Up Procedure
17. Snack and Mealtime Procedure
18. Diapering and Bathroom Procedure
19. Sunscreen Procedure
20. Outdoor Procedure
21. Sleep Procedure
22. Materials Procedure
23. Procedure for Assisting Children
24. First Aid Procedure
25. Emergency Procedure

Purpose, Readership and Notes

The purpose of this document is to serve as guiding, mandatory policies and procedures for staff of WDCC and Camp Waterdown programs. This document is intended to be read by staff members, and provide them with the procedures and are required by our organization, as well as by Ontario's Ministry of Education, Hamilton's Public Health Unit, and the Provincial Government of Ontario, in order to provide a safe child care environment for all members of the centre.

This policy document has been made available for parents, guardians, and other caregivers and members of the WDCC community to read, in order to ensure full transparency with the measures WDCC is taking to keep the program safe.

The following set of policies and procedures has been revised from WDCC's original Enhanced Health and Safety Measures policy. The current version below has been informed by the city of Hamilton's Public Health unit, as well as the Ontario Ministry of Education. This version follows the most recent updates, which were updated in January 2021 and forward. These policies have also been updated to reflect past updates that have been made by Public Health and the Ministry of Education, as well as our own current practices in our day-to-day. For questions on specific policies, please contact info@campwaterdown.com.

COVID-19 Staff & Employee Vaccination Policy

WDCC has a legal obligation under the *Occupational Health and Safety Act* to take all reasonable precautions to protect employees and staff members from work-related illness and injury. Moreover, the Ministry of Education recently announced a requirement for licensed child care settings to develop COVID-19 immunization disclosure and testing policies.

The COVID-19 pandemic has caused significant morbidity, mortality, and social and economic disruption in Canada and worldwide. Vaccines that have been approved for use in Canada have been shown to be safe, as well as effective against COVID-19.

WDCC is adopting this Policy to safeguard the health of its children in care, employees and staff members, their families, WDCC clients, and visitors, and the community at large from COVID-19.

Starting on **September 1, 2021**, all WDCC employees and staff members must do one of the following:

- (a) provide proof of full vaccination¹ against COVID-19 (in the form of a medical note or vaccination receipt); or
- (b) provide written proof of a medical reason from a physician or nurse practitioner that sets out a documented medical reason for not being fully vaccinated against COVID-19, and the effective time period for the medical reason; or
- (c) participate in an educational session about how COVID-19 vaccinations work, vaccine safety related to the development of COVID-19 vaccines, the benefits of vaccination against COVID-19, risks of not being vaccinated against COVID-19, and possible side effects of COVID-19 vaccination. Further details regarding this educational session will be announced at a later date.

Employees and staff members who are not immunized, including those with medical reasons for remaining unvaccinated, will be required to complete regular COVID-19 testing as directed in provincial guidance. Further details regarding testing procedures will be announced at a later date, and this policy will be updated accordingly. Employees and staff members who do not comply or who are found to misrepresent their vaccination status may be subject to discipline up to and including termination of employment.

WDCC is required to keep a log of the aggregate disclosures of its employees vaccinations and non-vaccination and update the Ministry of Education and Hamilton Public Health Services as may be required.

¹ For the purposes of this Policy, “fully vaccinated” means having received the full series of a COVID-19 vaccine or combination of COVID-19 vaccines approved by WHO (e.g., two doses of a two-dose vaccine series, or one dose of a single-dose vaccine series); and having received the final dose of the COVID-19 vaccine at least 14 days ago.

All employees and staff members, regardless of vaccination status, must continue to follow WDCC's COVID-19 infection prevention and control measures, including:

- Washing their hands frequently;
- Not attending work if they display COVID-19 symptoms;
- Reducing frequency, proximity and duration of contact between people as much as reasonably possible outside of the requirements of client physiotherapy care;
- Maintain a physical distance of 2 m/6 ft. as much as reasonably possible; and
- Wearing a mask at all times, unless eating or drinking.

This COVID-19 vaccination policy is reviewed regularly and updated to reflect the latest scientific research, guidance and legislation from provincial health authorities, as well as provincial and federal governments. A blank copy of our full current COVID-18 Vaccination Staff & Employee Policy can be reviewed by parents upon request. We are not permitted to disclose the vaccination status of individual staff and employees publicly but do ensure that it is complied with.

COVID-19 Screening Procedure

Rationale

As an organization Camp Waterdown programs and the Waterdown District Children's Centre will conduct a screening procedure for children and staff prior to entry of the program to limit exposure of COVID-19 to our facilities. Each sites' supervisor is responsible to determine and document how the workplace will implement screening in a manner that meets screening requirements given to us by our local public health unit and Public Health Ontario. Site leadership will also communicate to all staff, parents/guardians and the Ministry about the expectations of our daily screening procedures.

To ensure a safe and secure environment for vulnerable individuals, only staff, children and custodians will be permitted entry into the facility. No parents, guardians or special visitors will be allowed inside the building, unless for an emergency.

Safety Protocols

All individuals, including children, staff, and visitors, will be screened each day before entering the childcare centre. The following safety protocols will be put into place:

- Screening will occur at a designated location for each site,
- Physical distancing must be maintained by all parties at the screening area. Masks are required to be worn by parents when dropping their children off unless otherwise exempted. Physical distancing markers may be used to guide physical distancing,

- All screeners will wear personal protective equipment, including a face shield or goggles, a gown, and a mask. Gloves may be worn as well. If gloves are not worn, the screener must maintain proper hand hygiene,
- Parents/guardians who are dropping children off for care in the morning (or picking children up in the afternoon) are required to wear masks during the process, as mandated by Hamilton Public Health,
- All childcare licensees must maintain daily records of screening results, and these records must be kept on the premises for 3 years with the daily written record (attendances) for each program.

Screening Responsibilities

All individuals entering the child care premises must self-screen every day before attending the program, using the provincial screening tool, or a screening tool designated by the local public health unit. The province will continue to provide a COVID-19 screening tool for use by schools and child care, and may update this frequently throughout the year. All individuals must follow the monitoring and isolation advice outlined in the screening tool.

The ministry may direct licensees and providers to perform daily, on-site confirmation of self-screening, such as during a period of potential higher transmission (for example, after a holiday period). Licensees are expected to have a process in place to validate the daily self-screening of these individuals prior to or upon their arrival at the child care premises, if directed to do so. Confirmation or proof of self screening should be in a form deemed appropriate and accessible by the licensee.

As of August 27, and in alignment with the Ministry of Health's COVID-19 Reference Document for Symptoms, the screeners now include a shortened list of symptoms that are most commonly associated with COVID-19. As per regular protocols, all sick individuals with any symptoms of illness – including those with symptoms not included on the screening tool, should stay home and seek assessment from their regular health care provider, if required.

If a staff or parent notices one of the above symptoms in themselves or their child, the below screening procedure will inform the individual on how to proceed. Parents and staff will be required to call in and notify childcare staff of any absence. Children who do not attend care on any day they are scheduled to come, unexpectedly, will be screened by staff over the phone. This allows staff to ensure they are aware of all children's illness for proper tracking and contact tracing purposes, as well as parent/guardian's intent for testing, healthcare provision and re-inclusion. Parents are also required to report symptoms in their children that occur on their non-scheduled days, and over the weekends. In addition, when a staff member calls in sick to a shift, they will also be screened over the phone, and will be required to exclude themselves from program according to the policy below.

Visual Aids

- Visual aids will be present at all screening areas. These visual aids will be in the form of:

- Public Health – provided posters for screening procedures and symptoms, handwashing etiquette, physical distancing procedures, travel alerts, self-isolating, proper PPE usage, and others,
- Site-specific posters and licensing requirements,
- Physical distancing markers.

Visual aids will be updated as directed from Public Health and the Ministry of Education.

Infection Prevention and Control Measures

To help reduce the risk of COVID-19, the following will be implemented:

- Signage will be posted in visible areas, which clearly explains the screening process and the rules and conditions for entry,
- Alcohol-based hand sanitizer containing at least 70% alcohol content will be placed at all screening stations. Dispensers and bottles should be inaccessible to children,
- A consistent screener will be at each screening location, unless they are away or off sick in which case they will be replaced with another trained staff member.

Screening Process

Screening will be done in a matter that treats people with respect and dignity, providing them with information so they fully understand the reason for the screening and the impact of attending when not well. Parents/guardians, children, staff, visitors, and anyone else attending the centre for any reason must comply with the centre's process for completing the Daily Health Screening.

a. Location of Screening

Screening at the daycare location (WDCC ELCC) will occur at the playground entrance. Each screening station will be set up with all posters designated by Public Health, as well as others as we feel fit. The screening location will have a small trolley with hand sanitizer, disinfectant spray, extra gloves and masks, a binder with screening paperwork, and pens. A screener wearing full PPE will be stationed at the screening location. Traffic equipment, such as pylons, will be set up to designate physical distancing points while waiting to be screened. A tent will be placed over the screening area, which will also help when there is inclement weather.

b. Screening Procedure

These recommendations are based on available guidance from Ministry of Health and Ministry of Education documents. Please refer to the most current versions of these documents for the most accurate and up to date recommendations. All individuals entering the child care centre, beyond the screening area must be limited only to children, staff and essential visitors. Pre-screening by parents/staff should take place daily prior to arrival at the child care centre using the online provincial screening tool. Please instruct parents/staff to follow the most up-to-date Ministry of Health screening tool found here (<https://covid-19.ontario.ca/schoolscreening/>^[1]).

All individuals entering the child care premises must self-screen every day before attending the program, using the provincial screening tool, or a screening tool designated by the local public health unit. The province will continue to provide a COVID-19 screening tool for use by schools and child care, and may update this frequently throughout the year. All individuals must follow the monitoring and isolation advice outlined in the screening tool.

The ministry may direct licensees and providers to perform daily, on-site confirmation of self-screening, such as during a period of potential higher transmission (for example, after a holiday period). Licensees are expected to have a process in place to validate the daily self-screening of these individuals prior to or upon their arrival at the child care premises, if directed to do so. Confirmation or proof of self-screening should be in a form deemed appropriate and accessible by the licensee.

As of August 27, and in alignment with the Ministry of Health's COVID-19 Reference Document for Symptoms, the screeners now include a shortened list of symptoms that are most commonly associated with COVID-19. As per regular protocols, all sick individuals with any symptoms of illness – including those with symptoms not included on the screening tool, should stay home and seek assessment from their regular health care provider, if required.

1. All staff, parents and visitors **must** complete the Online Provincial School Screening Tool prior to coming to program in the morning.
 - a. Parents must complete the Online Provincial School Screening Tool for each of the children that they have attending care. They **cannot** complete it one time total for all children.
2. All staff and parents are required to screenshot their results each morning, with proof of date and time of completion. Parents and staff **must** show the screener their image of the completed and passed screening, with the proper date, in order to be admitted into program.
 - a. Parents must show passed screening results with the proper date for all children that are attending program,
 - b. Screeners must confirm the proper date and time are on each of the passed screening results before admitting the individual. Individuals cannot be admitted if they have a failed result.
 - c. If parents are staff refuse to prove that they have completed the screening in the morning, they should not be admitted to program.
3. Screeners must:
 - a. Verbally ask the parent or staff if they completed screening in the morning using the Online Provincial Screening tool, and will record yes or no on the form,
 - b. Visually confirm a passed screening result of the Online Provincial Screening tool with the proper date and time, and will record pass or fail on the form,
 - c. Obtain verbal confirmation from the parents or staff that they have thoroughly reviewed the Online Provincial Screening Tool, and the screener will record yes or no, with the date and time, on the form.

4. The screener will also record the date, the child's name, the child's group on the form.

Entry will be denied to any individual who fails the screening procedure whether it was completed online or in person. Please see the testing and exclusion policy below for exclusion and return to program criteria when an individual fails the screening.

A separate copy of all attestations for return to school / child care following illness or self-isolation will be required by both the school and our program before return to either morning or afternoon only program.

c. Screening Reception Area

Daily pre-screening should be conducted by parents/caregivers and staff prior to arrival at the child care centre, however the child care setting will continue to designate a single entrance where screening can take place, as required. The child care setting is to designate a screener who must be trained on the screening procedure.

The screening area must have public health approved signage identifying the screening process, must be set up at the entrance of the facility, meeting the following criteria:

- Child care settings must have one of the following:
 - o Space allowing for a minimum of 2 metres distance between provider conducting screening and the person being screened, or
 - o Separation by a physical barrier (such as plexiglass barrier) for the screener, or
 - o Screener must wear personal protective equipment (PPE) i.e. surgical/procedure mask, eye protection (goggles or face shield), and gown
- Signage regarding proper hand hygiene, respiratory etiquette, and proper mask use are to be displayed at the screening area.
- Where possible, we may stagger drop offs to ensure physical distancing requirements can be met.
- The child care setting must have a plan in place to:
 - o Ensure that a mobile device such as a tablet or laptop with a wi-fi connection is available at the entrance to facilitate access to the online screening tools if needed or provide a paper written process if this is not possible.
 - o Efficiently process the number of people that need to be screened
 - o Handle the volume while maintaining physical distancing (i.e. floor markers)
 - o Have a contingency plan for inclement weather
 - o Ensure a process is in place for cleaning and disinfecting the thermometer after each user using a disinfectant (spray into a cloth or using a disinfectant wipe) with a 1-3 minute contact time
- alcohol-based hand rub containing at least 70% alcohol content must be provided at screening table or upon entry to the facility.
- Anyone entering the facility must perform hand hygiene upon entering.
- Staff to assist each child with hand hygiene upon entering program

Health Screening Procedure for Children/Staff

All child care centre staff, students on educational placement, and visitors must self screen.

Any individuals that do not pass the screening procedures will be asked to return home and self isolate. We encourage all families of excluded staff to continue to perform the online daily COVID school screening form, as it details important guidelines for isolation requirements for the entire household.

At the advice of the local public health unit, licensees may choose to implement additional screening measures based on local circumstances.

If the individual passes the screening, which occurs by answering NO to every question on the screening form, the individual should be admitted into the program,

If the individual fails the screening, which occurs by answering YES to ANY question on the screening form, the individual must return home immediately to self-isolate, and should follow the exclusion and return criteria as outlined in the testing and exclusion policy.

If the child or staff is returning following an illness exclusion or self-isolation, they will be required to provide a signed copy of the "Attestation for return to school/child care following illness or self-isolation" form by paper form or emailed scan / photos to info@campwaterdown.com. They will then need to have passed that day's Daily Screening.

Each child's arrival and departure times from program will also be logged.

Health Screening Procedure for Children

Parents and guardians are to screen their children for symptoms of illness everyday, using the provincials COVID-19 screening tool. Parents or guardians of any child that has not completed the screening for symptoms prior to arriving at the child care setting will be required to complete the screening prior to entry.

Any child that does not pass the on-site screening procedure will be asked to return home and self-isolate. We encourage all families of excluded children to continue to perform the online daily COVID school screening form, as it details important guidelines for isolation requirements for the entire household. Families of excluded children will receive an Exclusion Letter, which outlines their exclusion, isolation and return requirements.

Health Screening Procedure for Essential Visitors

Upon arrival of an essential visitor, the screener, with surgical mask, gown and eye protection, actively screens the visitor using the Ministry of Health's COVID-19 self assessment tool. If the screening is passed, the visitor may enter the building. The screener logs the result, using the screening form, and visitor log

Failing the Daily Screening Test

Any individual who fails the screening process must be denied entry and should be advised to contact their health care provider and book a COVID-19 test by visiting www.hamiltoncovidtest.ca. If unable to access the online booking site, individuals can call Public Health's COVID-19 line at 905-974-9848 option 2 to book a testing appointment. Families of excluded children will be sent an email notification with information about the exclusion and procedures for returning to the program.

Screening Records

In accordance with the Child Care and Early Years Act, 2014, every licensee of a child care centre or home child care agency shall ensure that a daily written record is maintained for each child and staff that includes a summary of any incident affecting the health, safety or well-being of that individual. Licensees must ensure that these daily records include the COVID-19 screening result (pass/fail).

The child care centre must also keep records of each person entering the facility in a daily log book. The record keeping will take place in the screening area. The supervisor of the centre will be responsible for overseeing the log book. Records must include name, contact information, time of arrival/departure, and the screening results (pass/fail). These records must be kept up to date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak.

Considerations

- Children or staff who have, through examination by their health care provider, been identified as having seasonal allergies, or who suffer from chronic runny nose/nasal congestion, or other chronic condition that manifests symptoms listed above and have been advised they are not required to self-isolate or go for a COVID-19 test, are not required to be excluded.
- Staff who refuse to be screened will not be permitted to attend work as scheduled. Payment for missed shifts will be at the discretion of the Direction, on a case by case basis.
- Any child whose parent or guardian refuses to screen them or does not provide verbal confirmation of the results will not be permitted to attend the program as scheduled.
- If the individual answers "Yes" to any of the screening questions that indicate they should not attend, they will be excluded from the child care centre, based on the exclusion policy below (and as directed by Public Health). Any excluded child's principal registered parent/guardian will be provided with an email notification that will indicate what steps are required. If symptoms develop on site, WDCC educators will follow the directions for isolation and exclusion indicated in further policies.

Medication Use

- **We suggest that you not administer common illness medications (such as Tylenol and antihistamines) to children in the morning before our pre-screening** that might mask screening symptoms, and if doing so, you should report this to the screener.
- A doctor can give us permission in writing to administer some medications (such as pain and allergy medications) on your behalf after screening. **WDCC educators still ask that you disclose to screeners when your child has been given medication, as a precautionary safety measure, in order to monitor your child for any hidden symptoms throughout the day.**

Testing and Exclusion Policy

Rationale

WDCC and Camp Waterdown programs will put in place the following Testing and Exclusion policy, to be implemented at all programs, in accordance with Hamilton Public Health, and the Ontario Ministry of Education.

Testing

1. Symptomatic staff and program participants should follow the latest screening guidelines to be referred for medical assessment and/or for COVID-19 testing, in accordance with the Ontario Government's updated testing policy for symptomatic individuals.
2. Programs must consider two or more symptomatic, laboratory-confirmed case of COVID-19 in a staff member or child (or other visitor) as a confirmed COVID-19 outbreak with an epidemiological link within a 14 day period, in collaboration between the local public health unit, to ensure outbreak numbers are properly recorded, and contact tracing can occur.
3. Hamilton Public Health Services will work with the licensee to determine whether epidemiological links exist between cases and whether transmission may have occurred in the child care setting.
4. Program participants or staff who have been in contact with suspected COVID-19 cases should be monitored for symptoms, and further grouped together, until laboratory tests, if any, have been completed, or until directed by the local public health unit.
5. Staff members and program participants awaiting COVID-19 test results will be excluded.

Exclusion of Sick Children/Staff Policy and Procedures

The City of Hamilton wants to ensure that all licensed child care centres are providing a safe and healthy environment for children, families, and providers. Licensed child care providers must be aware of, and adhere to, established exclusion criteria.

Information on different conditions and exclusion periods for other infectious conditions are available in City of Hamilton's Infection Control Guidelines for Child Care Centres (<https://www.hamilton.ca/sites/default/files/media/browser/2018-12-07/infection-control-guidelines-child-care-centres.pdf>). In response to COVID-19, it is critical for licensed child care providers ensure staff and children are screened and excluded as appropriate.

a. When to Exclude

In alignment with the *COVID-19 Variant of Concern: Case, Contact and Outbreak Management Interim Guidance*, a more rigorous and cautious approach is being adopted to support a more comprehensive and enhanced school and child care screening program.

Single-Symptom Screening

Children and staff with any new or worsening symptoms of COVID-19, **even those with only one symptom**, must stay home until:

- They receive a negative COVID-19 test result,
- They receive an alternative diagnosis by a health care professional,
- Or it has been 10 days since their symptom onset and they are feeling better.

The provincial COVID-19 screening tool has been updated to reflect these changes:

<https://covid-19.ontario.ca/school-screening/>

You can also download the screening tool:

<https://covid-19.ontario.ca/download-covid-19-screenings#school-and-child-carescreening>

English: https://covid-19.ontario.ca/covid19-cms-assets/2021-02/COVID19%20school%20and%20child%20care%20screening_ENG_AODA.pdf

French: https://covid-19.ontario.ca/covid19-cms-assets/2021-02/COVID19%20school%20and%20child%20care%20screening_FR_AODA.pdf

Isolation Requirement for Household Contacts of Symptomatic Individuals

As outlined in the *COVID-19 Variant of Concern: Case, Contact and Outbreak Management Interim Guidance* all asymptomatic household contacts of symptomatic individuals are required to quarantine until the symptomatic individual receives a negative COVID-19 test or an alternative diagnosis by a health care professional. If the symptomatic individual does not seek COVID-19 testing, all household contacts must quarantine for 14 days from their last contact with that symptomatic individual.

b. How to Exclude

A written process must be developed to outline the steps required if a child/staff requires exclusion from the program.

- If a child or child care staff becomes sick while in the program, they should be isolated and family members contacted for pick-up. If the sick person is a child, a child care staff should remain with the child until a parent/guardian arrives.
- If tolerated and above the age of 2, the child should wear a surgical/procedure mask.
- The child care centre should specify where the isolation room will be and who will be responsible for monitoring the child.
- Anyone who is providing care to the ill child should maintain a distance of at least 2 metres or wear appropriate PPE (surgical/procedure mask and eye protection, gloves and gown if there is risk of exposure to infectious droplets).
- The child care staff should also avoid contact with the child's respiratory secretions.

- Staff member must perform hand hygiene after any contact with the ill child.
- If a separate room is not available, the ill child should be kept at a minimum of 2 metres from others. This may be achieved by using physical barriers, floor markers, etc.
- The ill child should be provided with tissues and reminded of hand hygiene, respiratory etiquette, and proper disposal of tissues.
- All items used by the ill person should be cleaned and disinfected by the cleaning staff designated for that cohort. Any items that cannot be cleaned (paper, books, cardboard puzzles) should be removed and stored in a sealed container for a minimum of 3 days.
- The ill individual and/or their parent or guardian be advised to use the online self-assessment tool, and follow instructions which may include seeking medical advice or going for testing for COVID-19,
- While an ill child self-isolates at home and their parent/guardian contacts health care provider for advice/assessment, asymptomatic household contacts and/or close contacts can continue to attend school/work and monitor for symptoms.
- An ill individual who has a known alternative diagnosis provided by a health care professional may return to child care if they do not have a fever and their symptoms have been improving for at least 24 hours. Staff should watch for symptoms in the child that are unrelated to their diagnosis. If they child begins exhibiting symptoms that are not related to their diagnosis, they should be excluded following all protocols. If they only exhibit symptoms related to their diagnosis, monitor the child and let the family know to monitor the child at home for any unusual or unrelated symptoms.
- **Children or staff who have been in contact with a confirmed or suspected COVID-19 case should follow Public Health’s recommendation on isolation and testing.**

c. End of Exclusion/Return to Child Care

Children and staff should follow the direction provided in the most current COVID-19 screening tool for school and child care from the Ministry of Health.

Return to Care Scenarios:

1. **For a child or staff who are waiting for test results**
 - a. A symptomatic child or staff **MUST** self isolate at home until test results are known
 - b. All symptomatic household contacts of symptomatic individuals are required to quarantine until the symptomatic individual receives a negative COVID-19 test result, or an alternative diagnosis by a health care professional
2. **For a symptomatic child or staff who tests negative, they can return when ALL of the following apply:**
 - a. They do not have a fever without using medication,
 - b. It has been at least 24 hours since their symptoms started improving
 - c. They were not identified as a “high risk” contact with someone who currently has COVID-19

- d. Additionally – all asymptomatic household contacts of symptomatic individuals can return to child care/school if the symptomatic individual receives a negative COVID-19 test result and meets the above criteria for returning to child care
- 3. For a symptomatic child or staff who tests positive**
 - a. Child or staff who test positive must complete a 10 day isolation period
 - b. Asymptomatic household contacts and other close contacts of a COVID-19 positive case must complete a 10 day isolation period, even if they receive a negative COVID-19 test
 - c. Child or staff who test positive can then return to child care after the 10 day isolation period if all of the following apply:
 - i. Child or staff does not have a fever (without using medication)
 - ii. It has been at least 24 hours since the child or staff symptoms started improving
 - 4. For a symptomatic child or staff who is not tested**
 - a. The symptomatic child or staff must complete a 10 day isolation period
 - b. All household contacts must complete a 14 day isolation period from their last contact with that symptomatic individual
 - c. They (symptomatic child or staff and household contacts) may return earlier if all of the following apply:
 - i. A doctor diagnosed child or staff with another illness,
 - ii. Child or staff does not have a fever (without using medication)
 - iii. It has been at least 24 hours since child or staff symptoms started improving,
 - iv. They were not identified as a high risk contact with someone who currently has COVID-19

Considerations

- In alignment with the Ministry of Health’s Management of Cases, and Contacts of COVID-19 in Ontario and COVID-19 guidance: School Case, Contact and Outbreak Management, asymptomatic, high risk, close contacts of a case are now required to isolate for 10 days, unless they are fully immunized, or tested positive. Siblings and other people in the household of the individual identified as a high risk close contact can go to school, child care or work, but must not leave the home for other non-essential reasons. Household members who are fully immunized or who previously tested positive for COVID-19 in the last 90 days, and have since been cleared are not required to stay at home.
- In alignment with the Ministry of Health’s COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance, asymptomatic individuals who are fully immunized or who were previously positive within the past 90 days and have since been cleared, are not required to isolate if they are in contact with an individual who is symptomatic or who tests positive for COVID-19, unless otherwise directed by the public health unit.
- Unvaccinated children under the age of 12 are now exempt from federal quarantine if they travelled in the company of someone who qualified for an exemption from quarantine based on vaccination status. However, they may not attend school or child care for 14 days after their

arrival. Children may also continue to attend school or child care if their international travel was solely due to a cross border custody agreement

Reporting to Public Health Policy

Rationale

Child care centre licensees have a duty to report suspected or confirmed cases of COVID-19 under the Health Protection and Promotion Act. There are separate reporting requirements for the Ministry of Education and the City of Hamilton Public Health, as outlined below. Communication protocols to update and inform necessary stakeholders within the child care community while maintaining confidentiality of the ill individual should be initiated. Operators must ensure that staff are aware of the current reporting requirements.

Note: ill individuals should be excluded as per City of Hamilton COVID-19 Exclusion of Sick Children/Staff Policy and Procedures document.

Reporting

The following policy is taken directly from the City of Hamilton's Reporting Requirements document, as updated on October 6. This policy specifically outlines the requirements for reporting to Public Health. Requirements for reporting Serious Occurrences appears after this policy.

a. Reporting requirements for City of Hamilton Public Health

Notification to Public Health of a child or staff failing a screening is no longer required. Child care licensees must contact Hamilton Public Health Services to report:

- Clusters of suspected cases (e.g. two or more children, caregivers, visitors or staff with COVID-19 symptoms within a 48-hour period).
- Cases of COVID-19 among staff or child attendees that are laboratory-confirmed or probable (i.e. symptoms occurring among a staff or child who has been exposed to a person with confirmed COVID-19, or, travelled to an affected area in the 14 days prior to symptom onset.)
- Public Health will provide specific advice on what control measures should be implemented to prevent the potential spread and how to monitor for other possible infected staff members and children. Notification should be provided by calling the COVID-19 hotline, 905-974-9848 option 6.

Serious Occurrence Reporting Policy

Rationale

Child care centre licensees have a duty to report suspected or confirmed cases of COVID-19 under the Health Protection and Promotion Act. There are separate reporting requirements for the Ministry of Education and City of Hamilton Public Health, as outlined below.

Serious Occurrence Reporting

The following policy is taken directly from the City of Hamilton’s Reporting Requirements document, as updated on November 9. This policy specifically outlines the requirements for reporting serious occurrences to the Ministry of Education. Requirements for reporting to Public Health appears before this policy.

Reporting Serious Occurrences to the Ministry of Education

- Child care licensees are no longer required to report suspected cases of COVID-19 to the Ministry as serious occurrences.
- Child care licensees are required to submit serious occurrences to the Ministry of Education for confirmed cases of COVID-19 only
- A serious occurrence is required to be submitted when one of the following individuals has a confirmed case of COVID-19:
 - a child who receives child care at a home child care premises or child care centre,
 - a home child care provider,
 - a person who is ordinarily a resident of a home child care premises (eg. the home provider’s child, the home provider’s spouse etc.; for complete definition please refer to the Home Child Care Licensing Manual)
 - a person who is regularly at a home child care premises (eg. the home provider’s friend who visits the premises once a week etc.; for complete definition please refer to the Home Child Care Licensing Manual),
 - a home child care visitor, or
 - a staff member at a child care centre
 - a student at a home child care premises or child care centre

While licensees are no longer required to report a serious occurrence for suspected cases; if the local public health unit determines that a full or partial closure is required (i.e., program room, home premises or entire child care centre must remain closed for a period of time), a serious occurrence report must be submitted under the “Unplanned Disruption of Service” category. Please also note there are requirements of employers to let workers know if they may have been exposed in the workplace. Please see the guide on developing a COVID-19 workplace safety plan for more information.

Should additional individuals at the child care program develop a confirmed case, licensees must either revise the open serious occurrence report to include the additional cases, or submit a new serious occurrence report if the first has been closed already. Licensees are required to post the serious occurrence notification form as required under the CCEYA, unless the local public health unit advises otherwise.

Considerations

- WDCG has created an efficient communication procedure to ensure that all COVID-19 related information that is required to be tracked and reported as serious occurrences are reported according to WDCG's Serious Occurrence Policies (both COVID-19 and non-COVID-19 related policies), as well as the requirements from the CCEYA. This communication is done in a way that protects the identities of the individuals involved, informs only those who are required to know, and ensures all parties (educators, administrative staff, parents/families) have accurate information in a time sensitive manner.

Managing Children with Symptoms of COVID-19 Policy

Rationale

WDC and Camp Waterdown programs have made this policy to comply with Public Health guidelines, to create a safe and supportive environment for staff and children when individuals exhibit COVID-19 symptoms.

Managing Children with Symptoms of COVID-19

WDC has taken our original Managing Children with Symptoms of COVID-19 Policy, and have only changed it in places that require updating to conform to more recent updates from Hamilton Public Health. Please contact info@campwaterdown.com with any questions regarding this policy.

If a child begins to experience symptoms of COVID-19 while attending a program at WDC, the following procedure must be adhered to:

1. The symptomatic child should be immediately separated from the group they were in, and taken to an isolated, supervised area until they can go home. Their staff member is to stay with the child until they are picked up.
2. The staff member should put on PPE as required (surgical mask, gown, gloves, and face shield/goggles). In addition, anyone who is providing care to the child should maintain a distance of at least 2 metres.
3. Contact your location supervisor to inform them of the symptomatic child. They will take the next steps to ensure that all the required steps have been taken to report, and notify all the relevant parties (administrative staff, parents/families, public health, Ministry of Education), and that it is tracked appropriately.
 - a. Other children and staff in the centre who were present while a child or staff member became ill should be identified as a close contact, and grouped together and monitored for symptoms. They should also be grouped together until they can be picked up, if pick up is required. For more information on exclusion of close contacts of symptomatic children, and close contacts of positive cases, please see the Exclusion policy.
 - b. Child care centres must consider two or more, symptomatic, laboratory confirmed cases of COVID-19 in a staff member or child in a child care centre, with an epidemiological link, within a 14 day period, where at least one case could have reasonably acquired their infection in the child care centre as a confirmed COVID-19 outbreak, in consultation with the local public health unit. Outbreaks should be declared in collaboration between the centre and the local public health unit to ensure an outbreak number is provided.
 - c. Childcare centres must consider a single confirmed case of COVID-19 in children, staff or parents as a serious occurrence, and must report the case to the Ministry, and the public health unit, following the Serious Occurrence policy.

- d. Children or staff who have been in contact with a suspected COVID-19 case should be monitored for symptoms and grouped together, until laboratory tests, if any, have been completed, or until directed by the local public health unit
4. Contact the symptomatic child's parents or emergency contact to pick them up immediately.
5. The following should be done while the staff member is with the child:
 - a. Hand hygiene and respiratory etiquette should be practiced while the child is waiting to be picked up
 - b. Tissues should be provided to the child for proper respiratory etiquette, along with proper disposal of tissues.
6. Environmental cleaning of the space the child was in should be conducted once the child has been picked up. Cleaning of the items and spaces the child had contact with throughout the day also must occur using enhanced cleaning measures.
7. Children and staff who had been exposed to a confirmed case of COVID-19 should be excluded from the child care centre according to the Exclusion policy, and should be referred to the local public health unit for next steps.
 - a. Those who are tested for COVID-19 should be excluded according to the Exclusion policy.
 - b. Testing of asymptomatic persons should only be performed as directed by the local public health unit as part of outbreak management.
8. Staff members awaiting test results, who are asymptomatic, may continue to work unless there is reason to believe they would be considered a case (e.g., potential exposure to an ill or positive case or household contact). Staff should also monitor for symptoms while waiting for test results; if they become symptomatic, they should be excluded from work. Staff awaiting test results should follow all direction that was provided to them by Public Health officials when they got their test.
9. Belongings of a child who became symptomatic must be cleaned and disinfected according to the enhanced cleaning measures policy. If items cannot be cleaned, they must be collected and stored in an airtight container for a minimum of 3 days.

Please contact Hamilton Public Health with any questions regarding testing, exclusion, and re-admittance to the program.

COVID 19 Positive Cases and Contact Management Policy

Rationale

To keep child care centres and schools a safe and health place for children, the Ministry of Health, and the Ministry of Education has created the following procedure for identifying positive COVID cases, and close contacts, as well as steps that child care centres should follow. WDCC commits to following the procedure as laid out below in order to keep our centres as safe as possible for the WDCC community.

Procedure

In accordance with guidance provided by Hamilton Public Health, the following measures will be used to determine and manage positive cases, or close contacts of positive cases, in staff and children in the child care setting.

1. The COVID School Health team will now be responsible for all positive cases for children and staff who attend child care programs in the school and in the community
 - a. The COVID School Health team can be contacted at 905-974-9848 ex. 5
 - b. Hamilton Public Health acknowledges that staff, children and families often report a positive COVID-19 test result before public health reaches out to the child care centre. This is common because there is often a time delay between when the individual receives test results, and when public health receives test results.
2. The COVID school Health team often will learn that a child or staff attends or works at a child care centre during their initial case interview. During this interview, the COVID School Health team will determine any risks, and identify next steps, and then reach out to a child care operator **ONLY** when there is a risk of exposure to the child care community.
 - a. If there is no risk to the child care community, personal health information will not be released, and there is no need to isolate contacts.
 - b. Therefore, the child care centre would not be contacted by Public Health
3. If further action is required after the case interview, the COVID School Health team will email an early alert to our Divisional staff, which is sent out to the primary and secondary contacts that the child care operators provided last fall.
4. It may take up to **48 hours** for a public health staff member to contact you. In the meantime, child care centres should:
 - a. Isolate the positive child or staff, and follow the Managing Cases of COVID Policy
 - b. Determine who the child or staff has had close contact with,
 - c. Collect information on enrolment,
 - d. Complete enhanced cleaning of the areas of exposure,
 - e. Inform the school, if your child care centre is located in a school
5. When close contacts have been identified, Public Health will provide a spreadsheet to complete, which can be sent to a secure portal in order for Public Health to complete the risk assessment for staff.

6. If the child who tests positive attends school in the HWDSB, a meeting will take place that includes representatives from child care and school boards to determine the course of action that will be taken.
7. The COVID School Health team will issue a contact tracing letter which you are required to share with families and staff.
 - a. For students in schools, the school boards take the lead for children attending Before and After School Programs and coordinate the timing of the messages with you to the school community, families and staff of your child care program
8. When a staff of a child care program located in a school tests positive, you are required to notify the school board designate to make them aware, and work with the COVID School Health team to determine next steps
 - a. If Public Health requires you to send out a Contact Tracing letter, please coordinate with the school board on the communication for both the school community and your child care program
9. If your centre makes a decision to close a classroom, or the centre, and it was an organizational decision, Public Health does not have a role in opening the centre or classroom. It is only when Public Health has required the closure that they would then be involved in decisions around reopening
10. Continue to notify Alex Madjercic of all positive cases via email at alex.madjercic@hamilton.ca and please do not share any identifying information in your email communication

Outbreak Response Policy

Rationale

WDCC has created the following Outbreak Response Policy to ensure proper safety measures and protocols are implemented, and in order to ensure the health and safety of all members of our program.

Outbreak Case Definition

An outbreak will be declared when there are 2 or more lab confirmed COVID-19 cases in children and/or staff (or other visitors) in a child care centre with an epidemiological link, within a 14-day period, where at least one case could have reasonably acquired their infection in the child care centre. Hamilton Public Health Services will work with the licensee to determine whether epidemiological links exist between cases and whether transmission may have occurred in the child care setting.

Triggering an Outbreak Assessment

Investigate clusters of children, staff or visitors that have failed COVID-19 screening and tested positive for COVID-19 in the child care centre and take the following steps:

1. Child care centre licensees have a duty to report suspected or confirmed cases of COVID-19 under the Health Protection and Promotion Act. The licensee must contact City of Hamilton Public Health to report clusters of suspected COVID-19 cases and confirmed COVID-19 cases. The local public health unit will provide specific advice on what control measures should be implemented to prevent the potential spread and how to monitor for other possible infected staff members and children.
 - a. symptomatic staff/parents of symptomatic children should be advised to contact their local health care provider and book a COVID-19 test by visiting www.hamiltoncovidtest.ca.
2. Where there is a confirmed case of COVID-19 in a child, staff, student, home child care provider, home child care visitor or a person who is ordinarily a resident /regularly present at a home child care premises the licensee must report this to the ministry as a serious occurrence
3. Enforce enhanced screening measures among children and staff. Screening should be conducted prior to arrival using the provincial tool and more frequent monitoring of staff/children should take place throughout the day.
4. If the local public health unit declares an outbreak, they will determine what happens next. This could include closing child care rooms or cohorts or an entire child care setting.
 - a. The public health unit will help determine which groups of children and/or staff/providers need to be sent home or if a partial or full closure of the child care setting is required.

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

In addition, WDCC will take the following steps:

1. If a child or staff becomes sick while in program, they should be isolated, and the Managing Children with Symptoms of COVID-19 Policy, and the following, should be followed. Childcare staff should:
 - Remain with the child until a parent/guardian arrives. If the child is over the age of two, and can tolerate a mask, the child should wear a mask, provided by the child care centre,
 - Specify where the isolation will be, and who will be responsible for monitoring the child,
 - Perform hand hygiene and put on a mask, face shield or goggles, and a gown and gloves,
 - Avoid contact with the child's respiratory secretions,
 - Staff members must perform hand hygiene after any contact with the ill child,
 - If a separate room is not available, the ill child should be kept at a minimum of 2 meters (6 feet), distance from others. This may be achieved by using physical barriers, floor markers, etc.
2. All items used by the ill person should be cleaned and disinfected by the cleaning staff designated for that cohort. Any items that cannot be cleaned (paper, books, cardboard puzzles), should be removed and stored in a sealed container for a minimum of 3 days.
3. One staff member must report suspected or confirmed cases of COVID-19 under the Health Protection and Promotion Act. Staff must contact their local public health unit to report a child suspected to have COVID-19, according to the Reporting policy guided by Hamilton Public Health. Revised guidance on reporting can be found above. Public Health will provide specific advice on what control measures should be implemented to prevent the potential spread and how to monitor for other possible infected staff members and children.
4. Where there is a confirmed case of COVID-19 in a child, or staff, the licensee must report this to the Ministry of Education as a Serious Occurrence according to the Serious Occurrence policy. Where a COVID-19 outbreak is declared and a centre is closed, the licensee must report this to the Ministry of Education as a Serious Occurrence. Revised guidance on serious occurrence reporting can be found above.

Required Steps in an Outbreak

An outbreak may be declared when, within a 14 day period, there are two or more confirmed cases of COVID-19 in a centre. If an outbreak is declared at a child care centre, the following measures must be taken:

1. Consult with and follow directions from the local public health unit.
2. Notify all family, staff and essential visitors of the facility's outbreak status (i.e. letters and signage).
3. Enhanced cleaning and disinfecting procedures.

4. Enhanced screening procedures.
5. More frequent hand hygiene.
6. Review staff training on proper PPE use.

Outbreak Communication Procedure

The following procedure should be followed as closely as is possible, situation dependent, if a positive case of COVID-19 is reported in a WDCC program:

1. The executive director of the centre should be notified immediately if a staff member becomes aware of a positive case of COVID-19 in a child in any of WDCC's program.
2. The executive director will contact Hamilton Public Health in order to report the positive case and determine any next steps that should be taken, and any close contacts of the positive case.
3. The executive director will draft an email that will be sent to all staff to inform them of the positive case of COVID-19 with all details that are deemed necessary, including and direction from public health that is relevant.
4. The executive director will draft a notice that will be sent to all parents. Several notices may be drafted and sent out depending on the information that is deemed required to report to parents of children in unaffected programs.
5. The executive director will report the positive case as a serious occurrence on the Ministry of Education portal. This serious occurrence notification will be updated regularly and will be posted as required by the CCEYA.
6. The executive director will then inform all other relevant parties in the community, as deemed necessary.
7. Updates will be sent via email to parents and staff as frequently as new information becomes available, and in the event of other positive cases, or related centre closures.
8. The executive director should also provide staff with a briefing session, in order to support staff who may be receiving parent questions regarding the positive case, including what information staff are at liberty to share, and what information they are not.

Management of a Single Case in a Child/Staff

All members of the cohort are to be excluded from the child care centre for 14 days. In consultation with Public Health, cohort members may be referred for testing. If an additional case is identified, an outbreak may be declared. As well, the facility should increase surveillance and health checks to identify additional cases in other cohorts.

Management of Cases in Multiple Cohorts

If there are additional positive cases in other cohorts, an outbreak assessment will be done in consultation with Public Health. All staff and child in the child care centre may be referred for testing and the facility may be closed.

Declaring an Outbreak Over

In consultation with public health, the outbreak can be declared over if no new cases have occurred in 14 days from the last day of attendance of the most recent COVID-19 positive staff/child.

Past Updates

- In a revision from Hamilton Public Health on August 14, 2020, CMSMs/DSSABs must ensure that training that is aligned with local public health unit direction is provided to all child care staff/providers on the health, safety and other operational measures outlined in this document plus any additional local requirements in place as close to re-opening as possible. New training is not required with each iteration of this guidance but should be offered in a way that includes child care staff/providers at least once, whether they have re-opened through the summer or later into the fall.” WDCC will be providing all staff with training when schools re-open in the fall, to provide staff with an opportunity to refresh our policies that stay the same, and to learn about updates that we made, and updates from the government. This will ensure all staff are fully up to date on all aspects of our new policies for the start of school.

Occupational Health and Safety Policy

Rationale

WDCC will implement the following Occupational Health and Safety Policy, in accordance with the local public health unit, for the safety of staff at WDCC.

Occupational Health and Safety

1. Employers must have written measures and procedures for staff safety, including for infection prevention and control.
2. If a staff member is diagnosed with COVID-19, the staff member must remain off work for 14 days following symptom onset and has received clearance from the local public health unit.
3. If a staff member is a close contact of an individual diagnosed with COVID-19, the staff member must remain off work until 14 days from last exposure.
4. The staff member should consult with the local public health unit to determine when they can return to work. Staff members should also report to their Employee Health/Occupational Health and Safety department prior to return to work.
5. If the staff member's illness is determined to be work-related, in accordance with the Occupational Health and Safety Act, and its regulations, the employer must provide a written note within 4 days of being advised that a staff member has an occupational illness, including an occupationally-acquired infection, or if a claim has been made to the Workplace Safety and Insurance Board, or on behalf of the staff member with respect to an occupational illness, including an occupational infection, to the:
 - a. Ministry of Labour, Training and Skills Development
 - b. Joint health and safety committee
6. Any instances of occupationally acquired infection shall be reported to WSIB within 72 hours of receiving notification of said illness.

Personal Protective Equipment Policy

Rationale

For the purpose of this document “PPE” can refer to *any* of the following: gloves, gown, mask, face shield. Not all staff, roles or situations require the same PPE usage. When reading and following procedures, please use PPE for your role/situation, or as designated by Public Health (e.g. If you are only required to wear gloves, only gloves should be changed when policy indicates “PPE”).

WDCC staff will ensure that all staff members, essential visitors, and children (when applicable) are wearing the appropriate PPE at all times in the appropriate situations.

Storage of PPE

PPE will be stored in the office back room, which is not accessible to children. Staff should do daily/weekly inventory, and sign out when a surplus of PPE is used, in order to keep a running inventory, to ensure enough PPE is always onsite. WDCC staff have received necessary training outlined by Public Health that indicates proper donning and doffing of PPE.

Use of PPE

The following are WDCC-set guidelines, that align with Hamilton Public Health guidelines for the use of PPE when in the child care centre:

Expectations for Adults in a Child Care Setting: All child care staff, visitors, and students on educational placement are required to wear medical masks while inside a child care setting, including hallways, staff rooms, etc. Eye protection is required for individuals working in close contact with children who are not wearing face protection (children younger than grade 1). Eye protection is not required for individuals working with children who wear face protection (children grades 1 and above).

Masking and eye protection are not required outdoors. Physical distancing is strongly encouraged between groups.

Expectations for Children: All children in grades 1 and above are required to wear a properly fitted, not medical or cloth mask while inside a child care setting, including in hallways. Children younger than grade 1 are encouraged to wear a non-medical or cloth mask while inside a child care setting, including in hallways.

Masks are not recommended for children under the age of two.

Parents/guardians are responsible for providing their children with a non medical mask or face covering each day and should be reminded that if child are wearing masks, they will require a way to store their mask when not in use.

Guidance for child face masks is as follows:

- Masks must cover the nose, mouth and chin without gaping. A properly fitted mask provided better protection,
- School age children must wear a non medical masks before they enter the child care premises. Masks are not to be shared or traded with others.
- Families must provide the child with a sealed Ziploc bag with extra PPE in case the PPE they are wearing to the program becomes soiled throughout the day.
- Families are encouraged to teach their children about proper PPE use, including putting it on and taking it off.
- All reusable masks MUST be washed at home each night. Only fresh, clean masks will be permitted in the centre.
- If the PPE becomes soiled, children must inform staff. If staff notice PPE is soiled, they will tell children to change their PPE. It is strongly recommended that children know how to change their own PPE, to prevent staff from having to come into close contact with children's faces.
- If children are unable to change their own PPE, or they cannot abide by PPE etiquette (continuous touching, not changing it when required, etc.), staff will touch base with families about other accommodations.

Face Mask Policy

To help ensure the safety of everyone at WDCC and Camp Waterdown programs, the following policy has been created. It takes into consideration all public health guidelines surrounding the use of masks, and indicates when, and where masks are required.

- Masks are not recommended for children under the age of 2
- Children between the ages of 2 and 3.8 are encouraged to wear a mask while inside program premises, however, this remains at the parent's discretion. WDCC had created communication to parents of children aged 2-3.8 regarding mask usage.
- All children from Kindergarten to Grade 12 are required to wear a mask while in school buildings. ALL staff and school age children will be required to wear masks while in any building that our programs run from.
- WDCC will ensure all program locations have a surplus supply of medical and non medical masks to ensure staff and children have access to masks, as well as extra masks in the case that one becomes soiled throughout the day. Masks must be worn by staff AT ALL TIMES so it is important to have a surplus supply (at least enough for each staff for two per day per one week must be on site at all times, as per public health guidelines).
- If staff use more masks than is typical, or they take the last mask in a box, we ask that staff inform a designated staff member (site supervisor, admin staff), so that it can be properly recorded, in order to keep track of PPE inventory.
- Staff must use proper donning and doffing techniques each time they use a new mask, and must dispose of it safely and in a cleanly way.

- Parents, guardians and caregivers will be required to wear a mask or face covering at both pick up and drop off each day. Signs will be posted at the screening area to remind parents about the face mask/covering requirement.

Exceptions/Exemptions

Reasonable exceptions to the requirement to wear masks may be put in place by licensees and it is expected that these will be relatively rare cases. Exceptions to wearing masks could include circumstances where a physical distance of at least 2 metres can be maintained between individuals, situations where a child cannot tolerate wearing a mask, reasonable exemptions for medical conditions, etc. Licensees are asked to carefully review their masking exceptions policies and ensure that children are supported to wear masks to the greatest extent possible. Licensees may discuss with parents/guardians, in consultation with the child's health care provider, whether other types of face coverings might work for the child. In addition, resources are available that can be shared with parents/guardians on supporting children in wearing masks and on health and safety practices for children who cannot wear masks. Child care centres should document their requirements and exemptions related to masks (e.g. within their COVID-19 policy). Note that medical documentation is not required and should not be requested in these circumstances.

Considerations

- Keep in mind that it may be difficult to put on a mask and eye protection properly, without contamination, after having removed them, given the frequent and spontaneous need for close interactions with young children in a child care setting.
- Masks should be replaced when they become damp or visibly soiled.
- The use of medical masks and eye protection is for the safety of child care staff/providers and the children in their care. This is especially important when working with individuals who may not be wearing face coverings.

I. Past Updates

- In a revision from Hamilton Public Health on August 28, 2020, goggles are an appropriate substitute for a face shield. It is the responsibility of the operator to acquire substitute PPE such as goggles for staff, if needed. Prescription eye glasses or sunglasses are not a replacement for goggles. Staff who require prescription eye glasses are required to wear a face shield.
- In a revision from Hamilton Public Health on August 28, 2020, cloth masks can no longer be used. Medical masks and eye protection (e.g. face shield) are required for all adults in the child care setting.

Physical Distancing Procedure

Rationale

The following is a list of protocols to follow to ensure physical distancing is being maintained in our program. To ensure the safest and most supportive program for the children, families, and staff, it is important to incorporate physical distancing into our everyday routine. This policy *only* addresses physical distancing concerns (while touching on cleaning only slightly when required). For enhanced cleaning policies and procedures for the locations listed below, please see Enhanced Cleaning Procedures or the policy for the specific area.

Terminology

Physical Distancing: In public health, physical distancing, also called social distancing, is a set of non-pharmaceutical interventions or measures intended to prevent the spread of a contagious disease by maintaining a physical distance between people and reducing the number of times people come into close contact with each other. This means making changes in your everyday routines in order to minimize close contact with others, including:

- avoiding crowded places and gatherings,
- avoiding common greetings, such as handshakes,
- limiting contact with people at higher risk (e.g. older adults and those in poor health),
- keeping a distance of at least 2 arms lengths (approximately 2 metres) from others, as much as possible.

Public Areas

Below is a list of guidelines that must be maintained in order to ensure physical distancing in our program.

I. Hallways

- Parents or guardians will not be permitted to enter the centre, except in the case of an emergency.
- Educators will make sure that the hallway is completely clear before proceeding to their desired location.
- All hallways will be kept clear of any hazards.
- When in the same common, indoor space, physical distancing of at least two metres must be maintained between different groups and should be encouraged as much as possible between children within the same group.

II. Classrooms

- Parents will not be permitted into the classrooms unless necessary. If they *must* enter, 6 feet must be maintained between staff and other children.

- If children are rotating around to various activities, staff will be monitoring closely and will remove any materials that met bodily fluids or were touched to be sanitized.
- We will be reminding children not to touch their faces and to wash their hands after using shared items.
- Staff will incorporate more individual activities that encourage more space between children.
- Educators will be there to support the children during play to encourage conversations, reinforce the importance of physical distancing, and encourage open play.
- Common seating spaces and sleeping arrangements will be rearranged to maximize the space between children, such as:
 - Cots will be placed 6 feet apart and each child will have their own designated cot from Monday-Friday.
- Visual aids will be arranged to maximize the space between children, such as:
 - Labels and name tags will be used to identify each child's belongings and materials.

III. Cubbies

- Each child will be assigned the same cubby to use Monday-Friday.
- Cubbies will be spaced out.
- Educators will monitor when children are at their cubbies to ensure physical distancing is being maintained.
- One group at a time can access their cubbies. Other groups must check the hallway before they enter with their group.
- Parents will be instructed to pack their children on the day of their return with all items that their children would need for a week. This includes:
 - Extra clothes,
 - Diapers and wipes,
 - Cups,
 - Soothers,
 - In limited capacity, stuffies and blankets.
- All items that are brought into the daycare are required to remain at the centre for at least the entirety of any given week, to eliminate cross-contamination from centre to house and vice versa. In some cases, exceptions to this can be allowed, with communication from parents, to ensure staff are aware of what items must be returned home, and with communication from staff as to how items must be cleaned before they are brought back.

IV. Outdoor

- We will increase outdoor time with activities that promote physical distancing.
- Each group of children will have their own designated outdoor equipment, which will be cleaned after each use.
- Proper cleaning and disinfecting protocols for any shared equipment that is used during outdoor play will be followed.
- Educators will remind children of physical distancing during their outdoor play.

- Games involving physical contact will be limited.
- No more than 1 group in each outdoor location at a time.
- As for the start of the 2021-2022 school year, when in shared outdoor space, mixing between groups and any other individuals outside of the group is permitted, though physical distancing should be encouraged as much as possible. WDCC programs will continue to encourage physical distancing and the separation of cohorts while outdoors.

-

V. Bathrooms

i. Children's Bathrooms

- One child will be allowed in the bathroom area at a time, regardless of which group they are in.
- Educators must wear PPE as required when changing a child, and must dispose of it after changing a child and cleaning the bathroom.
- Changing pads will be cleaned and sanitized after each use.
- For the preschool shared bathroom, the toilet on the left is designated to one group, while the toilet on the right will be designated to the second group.
- The middle toilet will not be used to avoid cross-contamination and maintain physical distancing.
- Children will wash their hands with soap and water, and will dry their hands and dispose of their paper towels in the bathroom.
- Only one staff per group is designated to clean and sanitize the bathrooms, including sink, soap dispenser and paper towel dispenser.

ii. Staff Bathroom

- One staff in the bathroom at a time.
- Staff need to make sure the hallways are clear before entering the bathroom.
- All staff should clean and disinfect upon leaving the bathroom area, using the cleaning materials located in the bathroom.

VI. Staff Room

- The staff room will only be used by two staff members at a time, and in cases where a child becomes symptomatic. This will serve as the isolation area. It will be deep cleaned and disinfected upon the child being picked up.
- The staff room must be cleaned and disinfected in between use, and recorded on the cleaning log.

VII. Office

- Minimal staff members be permitted in the office per day. That staff member is responsible for the cleaning and disinfecting of the office that day.

VIII. Laundry Room

- Only cleaning staff members will be permitted in the laundry room per day.

- Each group will receive their own laundry basket and will leave laundry basket outside of classroom when they need their laundry done.
- Laundry room staff will be responsible for disinfecting laundry baskets and returning them outside of the classroom when they are done.
- Each laundry load must be washed and dried in a separate load from other groups to avoid cross-contamination.
- That staff member will be required to wear PPE as required while handling laundry.
- That staff member is responsible for the cleaning and disinfecting of the laundry room that day.

IX. Kitchen

- Minimal staff will be permitted in the kitchen per day.
- Staff members are responsible for the cleaning and disinfecting of the kitchen that day.
- Kitchen staff members will prepare the meals, organize the trolleys, and leave them outside the classrooms to maintain physical distancing.
- PPE is required when dropping off and picking up the trolley outside the classrooms.
- PPE is required to clean the dishes after each meal.

Considerations

- Children will be placed into the same group each day,
- *Revision from Public Health as confirmed on Friday August 14, 2020: "revised cohort size to maximum group sizes set out under the Child Care and Early Year Act, 2014 as of September 1, 2020."* WDCC will update families promptly when decisions are made regarding increasing cohort sizes.
- The educators in each group will remain the same each day (unless on vacation or sick),
- At no point in time will groups be combined, as this will make it difficult to identify who was in contact with whom if someone becomes sick,
- A strategic schedule will always be adhered with certain guidelines
- Singing is permitted indoors and outdoors. Masking is encouraged, but not required, for singing indoors, if a minimum of two metres can be maintained between cohorts and as much distancing as possible maintained within a cohort.
- Movement of supervisors/designates, staff and students on educational placements between child care locations and between licensed age groups is permitted
School boards and child care partners should work together to ensure that full day, licensed child care programs located in schools are able to operate and that health and safety policies and requirements for child care programs and schools are complementary and aligned with the advice of local public health units
High contact physical activities should take place in outdoor settings only. Masking is not required for outdoor, high contact physical activities. Low contact activities are permitted indoors. For children in grades 1 and up, masking is encouraged but not required if a minimum of two meters distance can be maintained between groups and as much as possible within a group.

Handwashing Procedure

Rationale

Handwashing is the most effective way to prevent the spread of germs and bacteria. Below is the recommended procedure for washing your hands. Throughout this document, guidelines are provided on when to wash hands. In each instance, this procedure must be followed and was written in accordance with the Public Health Handwashing documents.

Note: Staff have been properly trained on the handwashing videos provided by Public Health. Staff should supervise and assist young children when necessary to ensure proper handwashing (eg. hand over hand).

How Germs Spread

- By touching your eyes, nose and mouth with unwashed hands,
- By preparing or eating food or drinks with unwashed hands,
- Touching items or surfaces that may have been contaminated.

When You Should Wash Your Hands

- At all times while preparing food (before, during and after),
- Before and after eating food,
- Before and after taking care of someone who is sick or treating someone showcasing bodily fluids,
- After using the washroom, changing diapers, cleaning a child who was using the washroom,
- After blowing a nose, coughing or sneezing,
- After touching garbage or materials that do not belong to you,
- Whenever you feel as though you should wash your hands.

During COVID-19, it is also important to clean your hands for the following reasons:

- After being in a public space, and touching an item or surface that may be frequently touched (eg. door handles, faucets, tables, outdoor equipment),
- Before touching your face after you were in any public area, or after you were in a situation where you may have encountered COVID-19.

Steps to Washing Your Hands

1. Wet your hands with clean running water (warm or cold) and then apply soap.
2. Lather your hands by rubbing them together with the soap and make sure to get the backs of your hands, in between your fingers, the tips of your fingers, your palms and wrists and under your nails.

3. Scrub your hands for at least 20 seconds. (Do so with a timer or by singing the birthday song twice from beginning to end).
4. Rinse your hands thoroughly under clean running water.
5. Dry your hands using a clean paper towel or thoroughly air dry.

Note: Hand washing is the most important and best defense to get rid of germs in most situations. If clean running water is not readily available and you must clean your hands, using a hand sanitizer that contains at least 70% alcohol can help to reduce the amount of germs on your hands.

Steps to Using Hand Sanitizer:

Sanitizers can quickly reduce the number of germs in many situations, however, they do not get rid of all types of germs. Hand sanitizers may not be effective when hands are visibly dirty.

1. Apply the gel to the palm of your hand using the recommended amount located on the label of the bottle. To limit many children touching the pump or bottle, staff will apply to children or other staff when necessary.
2. Rub your hands together thoroughly covering all surfaces of the hand, like handwashing, until your hands are dry. This should take approximately 20 seconds.

Enhanced Cleaning Measures Procedure

Rationale

The following document outlines the necessary cleaning measures that will be used at WDCC. It is important to be aware that Public Health Regulations may provide additional requirements on these processes and in many situations will supersede the following. These cleaning measures and changes are in addition to our regular cleaning and disinfecting measures.

Terminology

Cleaning: A strict cleaning procedure will be adhered to by using soap and water, which works to remove dirt and grease that can hide and protect germs from disinfectants. Cleaning with soap and water will reduce the number of germs that may be on surfaces. In all enhanced cleaning situations, cleaning with soap and water will ALWAYS be followed by disinfecting.

Disinfecting: After cleaning, disinfecting spray will be used to eliminate bacteria. A routine cleaning and disinfecting schedule is necessary to ensure these duties are completed, and will be maintained in a Cleaning and Disinfecting log that will be checked daily by the supervisor.

We will be following both cleaning and disinfecting procedures set out by the Public Health and the City of Hamilton. Wherever the word disinfecting is used, it will indicate that we have cleaned the items with soap and water first, and then disinfected them afterwards, following the instructions on the MSDS label.

General Cleaning Requirements

- WDCC will use only approved disinfectant that includes a Drug Identification Number. Expired materials will not be used, and cleaning materials will be diligently monitored for replacement. Information for ALL cleaning materials used will be collected in the WHMIS binder. All cleaning products require a Safety Data Sheet which includes the expiry date. All cleaning materials will be kept out of reach of children,
- Hands must be washed before and after wearing gloves,
- The building and classrooms will be cleaned and disinfected at least twice daily. A designated staff will be assigned certain classrooms to clean each day, before and after program hours. They will ensure that each classroom has been cleaned and disinfected a minimum of twice per day. The staff will sign off on a cleaning schedule sign off sheet, located in the Cleaning and Disinfecting binder, which will be submitted at the end of each day,
- When cleaning and disinfecting it is necessary to follow the MSDS label for effective cleaning and allowing the disinfectant to remain wet on the surface for the required amount of time,
- Windows and classroom doors will remain open when possible for proper and necessary ventilation,
- Contaminated cleaning items will be disposed of in a lined garbage bag and reusable cleaning items will be washed regularly using the proper laundry procedures,

- Garbage will be emptied daily and as required to ensure a clean classroom,
- If staff/students are unable to practice physical distancing from each other while cleaning and disinfecting, PPE must be worn. It is recommended that staff review the MSDS sheets for health and safety information about cleaning products, to determine whether additional PPE such as medical gloves should be worn,
- WDCC has produced specific cleaning and disinfecting schedules for each group, washroom, kitchen, common areas, indoor/outdoor play areas, and other areas accessed by the program,
- Existing cleaning and disinfection practices should be reviewed frequently to determine where enhancements might be required, including frequency and timing of cleaning and disinfecting, areas to clean, choice of cleaning products, and child safety, staffing, signage and PPE use when cleaning,
- WDCC has designated several staff, and backup staff, to clean and disinfect. Additionally, ALL educators are responsible for ensuring the daycare spaces are cleaned and disinfected thoroughly, and all staff are responsible for keeping cleaning and disinfecting records, which include the date, time, product used and the name of the staff.
- Children should not be permitted to help staff clean.

High-Contact Surfaces and Classrooms

WDCC will be cleaned at least twice daily. Frequently touched surfaces will also be cleaned at least twice daily, and more frequent cleaning and disinfection may be necessary, depending on the frequency of use and extent of soilage.

Frequently touched surfaces include, but are not limited to: washrooms, eating areas, doorknobs, light switches, handles, desks, phones, keyboards, touch screens, push buttons, handrails, computers, photocopiers, sports equipment, etc...

Staff must adhere to diapering and toileting steps and ensure proper cleaning and disinfecting between diaper change or toileting processes.

- Only approved hard-surface disinfectants with a Drug Identification Number (DIN) will be used,
- Additional standard procedures for disinfecting will be followed using the disinfectant's MSDS label,
- If surfaces or objects are soiled with bodily fluids, use gloves and PPE as required, to avoid contact with the fluid. Remove the fluid immediately, and then clean and disinfect the surface. The object will be removed from play until safely disinfected.

Steps to Cleaning High Contact Surfaces (including ALL washrooms)

1. Staff will wash their hands with warm running water and soap for 20 seconds.
2. Staff will don new PPE as required.
3. Staff will disinfect the high-contact surface with disinfectant, following the instructions on the MSDS label.

4. After the time indicated, staff will wipe down the high-contact surface with a paper towel or cloth. Staff must NOT use the same paper towel or cloth for every surface but use a different one for each surface.
5. Once staff has finished, staff will wash their hands with warm running water and soap for 20 seconds and don new PPE as required.
6. All high-contact surface areas will be cleaned a minimum of twice daily, and before and after the program is open.

Steps to Cleaning Garbage

1. Staff must ensure that at the beginning of the day before program begins there is a clean garbage bin with a lined bag.
2. When garbage appears almost full, inform the custodian so that a replacement bag can be replaced. Never let the bag become over filled.
3. If an item required to be disposed of is of high contamination, the staff must:
 - i. Wash their hands with warm running water and soap for 20 seconds and don new PPE as required.
 - ii. Take the high contamination item and put it in a plastic bag and tie it together.
 - iii. Put the plastic bag into the garbage and remove the garbage from the classroom.
 - iv. Inform the custodian that there is a high contamination bag in the garbage.
 - v. Dispose of their PPE in the garbage bag that is being remove.
 - vi. Wash their hands with warm running water for 20 seconds and don new PPE as required.
 - vii. Ask the caretakers to remove the garbage and replace with a new garbage bag.
4. Replace the garbage twice daily if possible, to avoid overfilling the garbage.

Toys and Materials

Toys and play structures must be cleaned daily. Each group will have designated toys and equipment when possible. Soft, fabric toys that cannot tolerate regular cleaning and disinfection must not be used.

- Sensory play is allowed. If sensory materials (playdough, water, sand, etc.) are offered, emphasis should be placed on hand hygiene before and after the use of materials.
- Materials and toys provided will be child specific and single use when possible
- Multi-use materials will be disinfected daily.
- Outdoor materials will be provided per classroom and must be cleaned regularly before re-entering the building. No mixing of items outside of groupings.
- Any item that has been mouthed by a child will be removed from program immediately upon the child discarding the item. The item will be cleaned, and disinfected, and removed from program and placed in a bin for toys that were in a child's mouth.

- i. Hard Battery Toys

Toys which are electronic, have plugs or batteries, or otherwise cannot go into the dishwasher are included in this section.

1. Before cleaning, staff will wash their hands with soap and water, and will don new gloves.
2. Toys will be collected into a designated area before program, and after program. All will be sprayed with disinfectant, according to the MSDS label, and left to dry, twice daily.
3. During program, toys will be sprayed as needed throughout the day, while left on the shelf.
4. After handling toys directly, staff should remove their gloves, wash their hands, and put on new gloves.

ii. Dishwasher-Safe Hard Toys

Toys which can go into the dishwasher will be cleaned as follows:

1. Before and after program, and as needed throughout program, toys that can go in the dishwasher will be collected by a single staff wearing clean gloves.
2. They will be delivered to the kitchen, where the kitchen staff will collect the toys, sanitize them in the dishwasher, using gloves, and will return cleaned toys to outside the kitchen.
3. A classroom staff will pick up the sanitized toys from outside the classroom and return them to the classroom.

iii. Soft Toys

1. Soft or plush toys will be limited. To ease the transition back to child care, stuffed animals or blankets may be allowed in a limited capacity.
2. Soft or plush toys will be laundered, according to the laundry policy below, as follows:
 - Upon a child bringing them in on Monday morning. They must stay at the centre all week,
 - After sleep time each day.

iv. Re-usable Art Materials

Children will have access to multi-use art materials, such as drawing utensils, scissors, glue sticks, and any other materials that children can use repeatedly. The daycare may also create small bags of these materials, labeled with each child's name, so they do not have to share as much. For *all* re-usable materials that children use, the following cleaning procedure will occur:

1. Staff will wash their hands with warm running water and soap for 20 seconds and then don new PPE as required.
2. The items to be cleaned will be removed from the shelf.
3. The items and the container will be cleaned and sprayed with disinfectant, according to the MSDS label.

4. Staff will return the items to the shelf.
5. Staff will remove their PPE, will wash their hands for 20 seconds with soap and water, and will put on new gloves.
6. This cleaning will happen twice daily before and after the program is open, and as needed throughout the day.

v. Books

Books will be limited because they are not easily cleaned. When deemed appropriate for use, staff will clean them as follows:

1. Staff will wash their hands with warm running water and soap for 20 seconds, don new PPE as required.
2. Before and after program, staff will collect all books from a classroom into a designated area, and will spray back and front and sides of book with disinfectant according to the MSDS label. This cleaning will happen twice daily, and as needed throughout the program.
3. After cleaning, staff will remove PPE as required, wash their hands for 20 seconds, and will put on new gloves.

vi. Phones and Tablets

1. Staff will wash their hands with warm running water and soap for 20 seconds, and don new PPE as required.
2. Staff will collect all tablets in their group to be disinfected twice daily before and after program, and as needed.
3. All classroom phones and tablets will be disinfected, following the MSDS label.
4. Once staff is finished, they will wash their hands with warm running water and soap for 20 seconds and don new PPE as required

Cubbies

1. Cubbies will be cleaned twice daily before and after program, and as needed throughout the day.
2. Staff responsible for cleaning cubbies will remove any gloves they are wearing, wash their hands for 20 seconds using soap and running water, and will put on new gloves.
3. Staff will spray the cubby areas that are in use with disinfectant spray according to the MSDS label, including the cubby bin, hook and bench area.
4. Staff should then remove gloves, and wash hands for 20 seconds with soap and water.

Kitchen

1. The kitchen will be cleaned by the kitchen staff twice daily before and after program, and as needed throughout the day.
2. Kitchen staff should don proper PPE as required, and wash their hands for 20 seconds with soap and water before and after cleaning.

3. Clean all hard, high contact surfaces (including counters, trolleys, etc.) with soap and water and a damp cloth upon entering the kitchen in the morning.
4. Follow this cleaning by using disinfectant, as appropriate and following the MSDS label. Please consider food preparation surfaces, in terms of food coming in contact with disinfectant.
5. Once the kitchen has been cleaned upon entry in the morning, kitchen staff should remove gloves, wash their hands for 20 seconds using soap and warm running water, and put on new gloves.
6. Kitchen staff will then sign off on morning cleaning, and should inventory all necessary cleaning and disinfecting materials before starting cooking. Ensure there is sufficient soap, disinfectant, clean cloths, hand sanitizer, paper towels and gloves in the kitchen, to avoid the kitchen staff running out while cooking.
7. Prior to starting to cook, staff will change their gloves, washing their hands for 20 seconds with soap and water in between changing gloves.
8. Prepare all food using proper food handling guidelines and enhanced hygiene.
9. Clean trolleys using the above listed method before placing any dishes or food on the trolleys, and ensure gloves are changed between touching food and touching clean dishes.
10. While children are eating lunches, kitchen staff can perform standard cleaning procedures, using enhanced measures.
 - a. All dishes that are dishwasher safe should be washed in the dishwasher
 - b. All other dishes must be washed according to the sanitizing procedure as listed in the kitchen.
 - c. All hard surfaces (counters, fridge and freezer handles, oven handles, door handles, etc.) should be washed with soap and water, and again with disinfectant.
 - d. Enhanced sanitary measures will be used on surfaces such as food storage containers, stovetop, inside refrigerator/freezer as necessary, canned goods, and other food ingredients, based on proper food handling methods. This includes using food-grade surface disinfectant only on surfaces which it is safe for and using new cloths with soap and water on surfaces which disinfectant cannot be used.
11. Staff working in classrooms will ensure that when trolleys are returned, they are organized for the most efficient cleaning. Bowls or containers for food that can be thrown out may be provided on trolleys, if needed.
12. Before cleaning a trolley, and in between each trolley being cleaned, kitchen staff should remove gloves they are wearing, wash their hands for 20 seconds, and put on new gloves.
13. All food that has come into contact with children must be disposed of. All dishes that are dishwasher safe must be cleaned in the dishwasher. Dishes that cannot be cleaned in the dishwasher must be washed according to sanitary procedures located in the kitchen.
14. Trolleys will be cleaned in between use, using soap and water and a clean cloth, and disinfectant once dry. This includes trolley handles.

Laundry Room

1. Place ALL laundry, including possibly contaminated laundry, including non-medical cloth masks and facial coverings, into a container with a plastic liner and do not shake.

2. Wash with regular laundry soap and hot water (60-90°C), and dry well.
3. Any clothing, linens and non-medical cloth masks and facial coverings belonging to an ill person can be washed with other laundry.
4. A minimum of two daily cleaning and disinfecting procedures of ALL surfaces and containers in the laundry area will occur to ensure a safe environment, by a single designated staff.

Sheets and Beds

1. One staff member per classroom will be designated to collect all sheets and bedding, immediately upon a child waking up.
2. ALL sheets and bedding will be collected in a container with a plastic liner outside the classroom. Laundry will be collected from outside the classrooms by the designated laundry staff.
3. Laundry will be completed and returned to classrooms promptly.
4. Once beds are stripped of all bedding, the designated staff will spray them with disinfectant following the MSDS label. Beds will be put away according to safety protocols. Once beds are safely disinfected, new clean linens will be put onto the beds.
5. Each group will sleep in their own classrooms with beds labeled clearly for each child to avoid sharing.
6. Beds are required to maintain the 2 metres of physical distancing in all areas surrounding the child.
7. All personal items must be labelled to avoid accidental sharing.
8. All linens and beds must be cleaned between children.
9. Linens and bedding used by the same children will be cleaned daily.

Outdoor Equipment

1. Each group will have their own set of outdoor materials that must be cleaned and disinfected before and after use.
2. Immediately following outdoor activity, the group must wash their hands with warm running water and liquid soap for 20 seconds.

Cleaning and Disinfection Practices Following a Probable or Confirmed Case of COVID-19

WDCC has established the following protocol to determine contaminated areas, and how to carry out cleaning and disinfection, including timing, when to return to use, methods of cleaning, PPE to be used while cleaning, and waste disposal.

1. Following a probable or confirmed case of COVID-19, immediate cleaning and disinfecting of the classroom in which the child receives care will begin.
2. Classroom educators will identify all areas, toys and materials that require cleaning plus disinfection, and will target those items first for immediate cleaning.
3. Classroom educators will also identify other areas the child passively came into contact with (such as a hallway), and those areas will receive cleaning and disinfecting following the higher-risk areas that were identified in step two.

4. Once the high-risk areas from step two, and passive areas from step three have been cleaned and disinfected, designated and back up cleaners will ensure ALL toys and materials in the classroom go through additional cleaning and disinfecting, including the use of the industrial dishwasher for ALL items possible.
5. After program ends, the classroom and other areas in the centre will receive an additional clean and disinfection. In addition ALL other classrooms and areas that the individual did not come into contact with will be thoroughly cleaned and disinfected.
6. All cleaning and disinfecting will be documented according to procedure. WDCC ensures enhanced cleaning happens thoroughly every day. The enhanced procedures used for cleaning will be enhanced further in the event of a probable or confirmed case of COVID-19.
7. Disposable cleaning equipment, such as disposable wipes, will be used where possible.
8. All items that cannot be cleaned (such as paper or books) will be removed from program and stored in a sealed container for a minimum of three days. This includes any child belongings that are present in the program.

Note: ALL cleaning that is completed before, during and after program MUST be recorded in the corresponding Cleaning Log, signed off by the supervisor daily, and filed in the Cleaning and Disinfecting Binder, which should be made available to Public Health upon request.

Documentation Procedure

Rationale

In order to comply with the Government of Ontario, the Ministry of Education, and Public Health, WDCC has included new procedures for documentation of daily health and safety measures.

Documentation

WDCC will be documenting all of the following:

i. Daily Health Screens

1. Daily health screening will occur as per the COVID-19 screening policy.
2. Screeners will record the following on a daily screening attendance:
 - a. Child name
 - b. Child entry and departure times
 - c. Result of screening
 - d. Contact information

ii. Visitor Logs

1. ANY visitor to daycare, including special needs resources, custodians entering the daycare from the high school, and any other individual who enters the location MUST be health screened before they are allowed to enter.
2. Upon approval to enter the building, ALL visitors will be recorded on a visitor log, which will be signed off by a supervisor and filed *weekly*.
3. The visitor log MUST include: name, contact information, time they entered, time they left, status of their health check, reason for visit, and where they went. This makes contact tracing for possible COVID-19 cases easier for Public Health.

iii. Cleaning Logs

1. Cleaning logs will be maintained *weekly* (daily recording filed each week) for the following locations: classrooms that are open (including their toys and materials), all bathrooms (staff and child), kitchen areas, office, laundry area, entrances and exits, and any other high-contact areas.
2. The staff responsible for cleaning any given area at any time of the day must fill out the cleaning log upon finishing the clean. If the log is not completed, the staff will be asked to clean the area again and fill out the log.
3. The cleaning log should include: the date at the top, the time the area was cleaned, the staff who was responsible for cleaning it, the items they cleaned (for classroom mostly, e.g., entire classroom, vs high contact surfaces, vs materials), the type of cleaner used and any notes that are important to communicate (any extremely soiled areas, presence of bodily fluid, any materials that are running low in the area e.g., paper towels, disinfectant, etc.,).

iv. Inventory Tracking

1. An inventory tracking log will be used to keep track of all health, safety and cleaning materials we have at the centre. This can include: gloves, masks, advanced PPE, disinfectant, hand sanitizer, paper towels, cloths, etc.
2. The inventory tracking log does not necessarily need to identify our entire supply of all materials, but should be used to identify when supplies are running low, so we can re-order materials before we run out of them.
3. The inventory list should include: who recorded the item into the list, the date they recorded the item into the list, how much of the item we have left, and the expiry date of the product, when applicable.
4. The inventory list for re-ordering will be reviewed by the supervisor as needed, will be double-checked to ensure we do not over order, and when confirmed, the supervisor can re-order the item.

v. PPE Pick Up

1. PPE pick up form will be maintained *as needed*. This form will ensure that staff who require extra PPE outside their daily norm is recorded, to help with inventory tracking.
2. This log helps us keep track of the flow of PPE, ensures we have enough PPE for staff and can inform our decisions on when to re-order.
3. It also helps ensure all staff receive the correct amount of PPE, and no staff is getting more than others or more than is required by their position.
4. This log will be reviewed by a supervisor.

vi. Staff Training

1. Staff training on mandatory Public Health videos regarding the safe and correct use of PPE and handwashing procedures, as well as on site specific policies and procedures will occur every three months OR whenever a policy change occurs, whichever comes first.
2. A designated staff will be responsible for staff training records. These records will be collected and stored electronically, and will be kept for a minimum of one month.
3. A designated individual will conduct visual checks to verify staff understanding and compliance with training materials and operational measures

Drop Off Procedures Daycare

Rationale

For our daycare program, we have decided the following method for drop off would suit our needs, and the needs of our families. The daycare hours of operation will be 7:00am – 6:00pm, with drop off times between 7:00-9am.

Drop Off

1. All staff should arrive at least 10 minutes before their shift.
2. Upon arrival, staff must wash their hands for 20 seconds with warm running water and liquid soap.
3. The screener will safely and correctly don all PPE that WDCC provides, including masks, gloves, gown, and face shield. The screening checkpoints will be set up with posters, clear signage, hand sanitizer and screening forms.
4. Screeners will wait for children to arrive between 7:00 and 9:00am.
5. The following instructions are guidelines for parent drop off:
 - a. Arrive to drop off your child between 7:00am and 9:00am.
 - b. Park your car in the parking lot.
 - c. Help your child out of the car, and walk to the screening area.
 - d. Line up outside, maintaining physical distancing, in front of screening area.
 - e. The screener will follow the screening procedure.
 - f. Upon receiving the all clear, your child will walk inside the building with the screener who will drop the child off to their group.
6. The staff will then sign the children in using the attendance sheet.

Considerations

- Staff will be scheduled to suit the needs of the program, and will be informed of their schedule prior to beginning their shift. Shifts are subject to change, with notice, according to changes to the program.
- In person meetings and events will be rescheduled to either telephone or online conferences when possible, or will be rescheduled when COVID-19 protocols are lessened.

Pick Up

Rationale

To correspond with our increased hours and the needs of the families in our program, WDCC has designated 3 pick up times, with two different locations, from which parents can choose from. Parents are asked to let us know daily at drop off when they intend to pick up, and this will change, with advance notice, to a pick up time for the foreseeable future, as chosen by the parents.

Pick up times to choose from are 4:30, and 5:30. Pick up locations will be as follows:

Preschool 1: Preschool playground/classroom

Preschool 2: Back staff entrance

Toddler: Toddler playground

Pick Up

1. Parents will let the screener know what time they intend to pick up their child each day. Eventually, this will become a set time, and parents will only inform the screener of changes.
2. Cohort educators will be aware of when their child's pick up times are, so children can be ready in advance.
3. Parents are not required to call when they arrive, unless their pick up time changes throughout the day, as staff will be aware of what time each child will be picked up.
4. If a pick up time does change, we ask parents call the centre as early as possible, and to call when they arrive, so educators can be prepared for pick up.
5. Parents are strongly encouraged to wear masks at pick up, and must maintain physical distance from other families.
6. The outdoor playground schedule will be made in accordance with pick up times for each group, to ensure that each group gets equal and fair use of the playground, and to ensure that pick up times are efficient.
7. Staff from each cohort may be required to run children from their classroom to their parents during the pick up times, but a designated runner staff will not be used unless absolutely necessary.
8. A detailed description of pick up times and locations, and the pick up procedure, as well as a clear schedule of the playground usage by group, can be found at the child care premises. Pick up is a fluid process, that has a basic structure, but can change each day depending on a variety of factors. This policy will be updated with major updates to pick up procedure, but will remain a general outline that allows for the flexibility of the nature of daily life.

Snack and Mealtime Procedure

Rationale

The following is a list of protocols for morning snack time, lunchtime and afternoon snack, to ensure the safety of our children and educators. These policies are to ensure that we are handling food safely, as well as continue to physical distance.

Snack Time/Mealtime

i. **Procedures**

1. Minimal staff will be allowed in the kitchen per day to prepare any and all snacks or meals.
2. The kitchen staff will ensure they are wearing PPE as specified while preparing food and should wash their hands with warm water and liquid soap for 20 seconds anytime they are taking off or changing PPE gloves.
3. Kitchen staff will prepare all snacks and lunch for each classroom.
4. Kitchen staff will place snacks and lunch on the trolley and deliver snack outside each classroom for one educator to bring into the classroom.
5. Staff will ensure that all children and staff wash their hands properly before sitting at the table.
6. Each child will be seated at the table(s), following physical distancing protocols.
7. Staff serving snack will wash their hands for 20 seconds using liquid soap and running water and will serve snack wearing gloves and a mask.
8. Staff will prepare individual portions of the snack or meal for each child. Staff will not use serving spoons or tongs, but will use a new, clean spoon or fork that will become the child's utensil.
9. Individual portions of food will be delivered to the children sitting at the table.
10. If a child would like seconds, a new bowl or plate, will be given to the child and food will be portioned with a clean fork or spoon which will become the child's utensil. The child's first serving of snack will be collected and disposed of.
11. One staff will be responsible for serving snack or lunch from the trolley in order to avoid cross-contamination from the children.
12. All staff in the classroom will monitor lunch.
13. The educators will ensure children are not sharing any of the snacks or meals.
14. If children need help opening snack, one educator will open the snack for them while trying to not touch the food. Gloves are necessary.
15. Upon completion of lunch or snack the educator will return all dishes and food to the trolley and place the trolley outside the classroom door.
16. Staff will assist in washing children's faces using a separate cloth for each child. When possible, children will wash their own hands according to proper handwashing procedure and will be supervised in doing so.

17. Tables, chairs, countertops, etc., will be washed and sanitized as per the enhanced cleaning protocols.
18. Kitchen staff will retrieve the carts, as well as wash and sanitize any equipment used to prepare, eat and deliver snack and lunch, including trolley.

ii. Considerations

- No outside food will be permitted to enter the centre. This includes individual child water bottles. Each cohort will have a large water jug, refilled daily and as needed with cool, safe drinking water, as well as disposable cups. These will only be accessible to staff, but staff will provide children with water as needed and requested by the child, at snack and meal times, during and after outdoor play, and at regular intervals throughout the day.
- It is important to ensure no children are sharing food, or utensils, and staff should monitor children to help them avoid touching their food or dishes to other children's food or dishes,
- It is recommended parents give their child a morning snack at home before arriving at the centre, as breakfast will not be continental style, to avoid cross-contamination,
- Each child will sit in the same spot for meals everyday marked by a name tag or picture,
- The kitchen staff will be responsible for cleaning all surfaces, using proper disinfecting and cleaning techniques, including counters, handles, knobs, food packages, dishes, snack bins, carts, etc., before, and after preparing snacks, as well as any other times necessary, and will record cleaning in the Cleaning Log.

Diapering and Bathroom Procedures

Rationale

To ensure the safety of our staff and children, we have created enhanced procedures for the safe use of the bathrooms. These policies are to ensure that our bathrooms are kept clean and sanitary, and to keep children and staff safe when dealing with bodily fluids.

Diapering

1. Diapering of children will occur at the standard regular intervals throughout a typical day at the centre, including before or after outdoor play, before and after sleep time, before and after mealtimes, and as needed.
2. One child and one staff will be permitted in the bathroom at a time, regardless of group.
3. When a child needs their diaper to be changed, the child and staff changing them will wash their hands with warm running water and liquid soap for 20 seconds.
4. Staff will then don all required PPE.
5. If staff requires the changing pad or table, the staff must disinfect their assigned changing pad before use.
6. Diaper the child as per WDCC's Diaper Changing Policy.
7. When the diapering is completed, the child must wash their hands with warm running water and liquid soap for 20 seconds.
8. The staff will then clean and disinfect the bathroom.
9. Staff will then remove and dispose of all PPE safely and will wash their hands with warm running water and liquid soap for 20 seconds.

Note: Staff changing children should be fully prepared with diapers, wipes and other creams or needs specific to children, to avoid having to re-enter the cupboards with PPE on to obtain additional needs.

Bathroom

1. Children will be encouraged and allowed to use the bathroom at the standard regular intervals throughout a typical day at the centre, including before or after outdoor play, before and after sleep time and as needed.
2. One child and one staff will be permitted in the bathroom at a time, regardless of group.
3. In the case of the preschool bathroom, the middle toilet will be closed. The left toilet will be used by children in the Preschool 1 group, and the right toilet will be used by the Preschool 2 group.
4. Staff will monitor the child while they are in the bathroom.
5. Once the child is finished using the bathroom, they will wash their hands for 20 seconds with warm running water and liquid soap.
6. The staff monitoring the child in the bathroom will disinfect the bathroom before any other child uses the bathroom, especially in between children in different groups using the bathroom.
7. Staff will wash their hands for 20 seconds with warm running water and liquid soap.

Note: When a child has an accident, the same staff who handled the child's belongings at pick up will retrieve clean clothes for the child and bring them to the staff changing the child. Staff changing the child will don full PPE as required, change the child, safely put the children's clothing into a bag. Staff and children will then wash their hands, and staff will remove and dispose of any PPE as required.

Sunscreen Procedure

Rationale

This document outlines the sunscreen protocol that will be enforced to eliminate the spread of COVID-19 at Waterdown District Children's Centre.

Protocol

The sunscreen protocol will be as follows:

1. Before going outside, children will be required to wear sunscreen.
2. Children and educators must first wash their hands with warm water and soap for 20 seconds before putting sunscreen on,
3. If child is able to, they can apply their own sunscreen while being closely monitored by an educator.
4. Educators will dress in PPE as required and sunscreen one child at a time, using the sunscreen provided from home.
5. After the educator has finished applying sunscreen to one child, they must dispose of their PPE as required, wash their hands with warm water and soap for 20 seconds, and put on new PPE as required before continuing on to the next child.
6. Once all children have their sunscreen on, they will wash their hands with warm water and soap for 20 seconds.
7. Educators will (one at a time), wash their hands with soap and water for 20 seconds before continuing outside.

Note: Communal sunscreen is PROHIBITED. Children MUST bring their own sunscreen from home.

Outdoor Time Procedures

Rationale

The following document will outline safe and fair guidelines for both morning and afternoon outdoor play for the children and staff. It is recommended that two staff remain outside for all groups in order to facilitate diapering, washroom and first aid that might be required.

Procedure

Outdoor time will be scheduled to optimize the use of outdoor space between our three cohorts. For further physical distancing opportunities, our cohorts may choose to split in half and utilize the outdoor space and classroom simultaneously.

- Each cohort will have their own bag of outdoor toys and equipment that they will bring with them outside. These items will be cleaned and disinfected twice daily, and in between each child's use. In addition, shared items, such as tricycles, will be cleaned between each child's use, and after the cohort returns inside.
- Licensees should schedule outdoor play by groups in order to facilitate physical distancing between cohorts as much as possible, however, children are not required to wear masks. Licensees and home child care providers should find alternate outdoor arrangements where there are challenges securing outdoor play.
- The entire playground space, including fencing, wooden fixtures, and other outdoor equipment or areas will be cleaned after touched by children, as well as between cohort use of the playground.
- The outdoor schedule will be created in order to accommodate sufficient cleaning time between cohort use.
- Children and staff must wash their hands following public health handwashing protocol both before and after outdoor time.
- WDCC will not be allowing the use of individual child water bottles to limit the transmission of COVID-19. We will be providing each cohort with disposable cups and a large water jug that can be brought outside and can be used to provide children with water during outdoor play.
- Additionally, staff will be equipped with a first aid kit that includes all basic first aid supplies, as well as COVID-19 supplies, such as extra PPE and hand sanitizer. These will be kept out of reach of children at all times, and will allow staff to perform basic hand hygiene and safe first aid procedures, when required, while outside.
- All staff will be made aware of the outdoor schedule, and will be obligated to follow it as closely as possible to ensure that each group gets the time they require outside, to ensure the playground is kept clean and safe, and to ensure that physical distancing can be maintained between cohorts entering and exiting the playground.
- The outdoor schedule has also been created to facilitate the pick up procedure efficiently.
- A full breakdown of the outdoor schedule can be found on the child care premises.

Sleep Procedure

Rationale

To ensure that naps at WDCC can occur safely, the following measures and procedures will be followed. WDCC staff understand that sleep is an important part of every child's day, and to ensure that children who require a nap feel supported and cared for, the following procedures will be maintained in order to allow for a safe and restful time for children and to keep staff safe.

Procedure

1. At sleep time, clearly labeled cots will be placed, keeping in mind the Physical Distancing Procedure, in the same location each day. The cots will already have a clean sheet and blanket on them.
2. After children have finished their bathroom routine, and staff are prepared to put children to sleep, children will proceed to their beds.
3. Shoes will be removed, by children when possible, or with staff assistance, and placed at their bedside.
4. The staff who gathered the children's belongings at drop off will bring children's labeled sleep items (soothers, bottles, stuffies, *as allowed*) to their beds, one child's belongings at a time.
5. Physical distancing is encouraged between staff and children where possible, but due to the close physical contact of staff and children throughout the remainder of the day, staff will be permitted to safely help a child fall asleep. The following procedures are recommended:
 - a. Staff are advised to only rub or pat a child's back or stomach and should avoid touching the child face.
 - b. Staff are advised to avoid direct contact with the part of the soother or bottle that goes in a child's mouth.
 - c. Staff should keep their face as far away as possible from the child's face.
 - d. HiMama will still be used to complete sleep times and checks. One staff should be assigned to using the iPad for HiMama entries.
6. Once a child is awake, they should wash their hands.
7. While one staff attends to the child, the staff who put the beds out should immediately attend to the bed:
 - a. Remove ALL personal belongings from the child's bed. Wash using laundry procedure ALL plush toys or blankets and disinfect all hard surface home toys and return straight back into child's cubby.
 - b. Remove ALL bedding and blankets and place them straight into the designated laundry bin outside the classroom. The staff in charge of laundry will follow the laundry procedure.

- c. Beds will be disinfected thoroughly with disinfectant spray, following the MSDS label on the disinfectant bottle.
- d. Once the bed is disinfected, it can be returned to stack of beds.

Materials Procedure

Rationale

The following procedure will be maintained in order to ensure the safety of our staff, children and families at Waterdown District Children's Centre when buying, dispersing, and using materials in our programs.

Communal Materials

When able, each child will have a labeled bin of art materials that are theirs to use throughout the day. Communal materials may also be provided.

Communal materials must be cleaned and disinfected according to the Enhanced Cleaning Protocol provided above. These items should be cleaned and disinfected in between each use, if they have come into contact with any bodily fluids, and at least twice daily. These materials will be closely monitored by educators to ensure that proper use is being maintained, and that cleaning and disinfecting is being maintained between each use. Communal materials will include:

- Scissors,
- Glue Sticks,
- Paintbrushes,
- Paint,
- Drawing materials,
- Toys, manipulatives, books, etc...

Procedures for Assisting Children

Rationale

To ensure the safety of our staff and children, we have created enhanced procedures for assisting children with individual needs. These policies are to ensure that our staff and children stay as safe as possible where physical distancing guidelines cannot be maintained.

Toddlers

WDCC will be opening the toddler room at a lower ratio. In addition, there will be an extra staff on hand to assist the toddler room with diligent observation for enhanced cleaning and physical distancing. In addition to following all the policies and procedures laid out in this manual, enhanced recommendations for toddlers are as follows:

- Masks are *not* recommended for young children, especially under the age of two,
- Each group will have a bin for toys that were in children's mouths. When the staff notices a child put a toy in their mouth, it will be cleaned and disinfected, and will be placed in the bin,
- As much as possible, the staff should avoid their face getting too close to the child's face. This can be accomplished by maintaining as much distance as possible between faces, or by the staff turning their face away from the child's,
- After disinfecting toys with disinfectant spray, toys must be run under water before they can be used again,
- Activities will be modified to use shared toys and materials as little as possible. Shifting activities to outside play may be effective for this.
- *Revision from Public Health as Confirmed on Friday August 14, 2020: "Revised guidance to remove the use of blankets or cloths over clothing when holding infants and toddlers"*

Changing Soiled Clothes

1. If a child has an accident or a spill, the same staff who handled the child's belongings at pick up will retrieve clean clothes for the child and bring them to the child.
2. Before assisting a child, staff must wash their hands for 20 seconds with warm running water and liquid soap.
3. The staff will then change the child, safely put the child's clothing into a bag that is labeled. Staff and child will then wash their hands for 20 seconds with running water and liquid soap, and staff will remove and dispose of any PPE as required, and apply new gloves. The child's soiled clothes will be placed directly in their cubby, not hanging on a hook, or hanging out of backpack.
4. The staff will ensure all surfaces in the bathroom are disinfected, including the sink, soap dispenser and paper towel dispenser.
5. If surfaces or objects are soiled with bodily fluids, the staff who retrieved the clothes will don all PPE as required, to avoid contact with the fluid and to ensure that the fluid is

being cleaned up quickly, while the other staff is changing the child. Staff will remove the fluid immediately, and then clean and disinfect the surface, object or area.

6. Staff will then wash their hands and remove and dispose of any PPE as required and don new PPE as required.

Helping with Shoes and Other Items

1. Staff will assist the child by turning their face away to the side with their mask on while helping the child where physical distancing guidelines cannot be maintained. Staff should keep as much distance from the child's face as possible.
2. Staff will then wash their hands or use hand sanitizer if outside and will remove and dispose of any PPE as required.

Wiping Bums

1. If a child requires assistance with wiping their bum, one of the educators in that group will assist that child.
2. Before a staff can assist a child, they must don PPE as required.
3. If the child is younger, the staff will assist the child in wiping by having the child face away from them so they can assist them as safely as possible.
4. The child will then wash their hands.
5. The staff who changed the child in the bathroom will disinfect the toilet, sink and paper towel holder before any other child uses the bathroom.
6. Staff will remove and dispose of any PPE as required, wash their hands and put on new PPE as required.

Note: For children who are older, staff can demonstrate and model how the child can wipe, while physically distancing. The staff can also use verbal and visual cues to help

First Aid Procedure

Rationale

This document outlines the First Aid protocol that will be enforced to eliminate the spread of COVID-19 at Waterdown District Children's Centre. In addition to the First Aid procedures that WDCC already has in place, we will be adding these measures to ensure safety of our staff and children during an outbreak such as COVID-19.

Protocol

1. When assisting a child with first aid, educators will wear PPE as required.
2. The staff leading the group will be the staff that conducts First Aid to the child. No other staff from a different group will perform First Aid unless absolutely necessary.
3. If transporting a child, staff must wear full PPE (gown, gloves, mask, face shield).
4. After the child has been addressed, educators will dispose of their PPE as required and wash their hands with warm water and soap for 20 seconds.
5. Children will also dispose of their PPE as required and wash their hands with warm water and soap for 20 seconds.
6. Children and educators will then put on new PPE as required.
7. If a child is able to, child will perform First Aid on themselves while the educator monitors the child. This is NOT applicable in emergency situations, it is only applicable in cases where mild First Aid is needed, such as:
 - Applying Band-Aids (Educator will provide Band-Aids to child),
 - Applying Ice Packs to an injury (Educator will provide ice pack to child).

Note: All groups will have a portable, full first aid kit. The first aid kit will travel everywhere the group travels. It should include all standard first aid materials, and should include COVID-19 first aid materials, including gloves, masks, hand sanitizer for situations where sinks are not available, and other enhanced hygiene items. This will also accompany staff in case of emergency evacuation.

Note: Staff will don PPE as required when administering medication to a child who has written permission by the parent (following regular Medication Policy and Procedures). After administering medication, both the child and the educator will wash their hands with warm running water and soap for 20 seconds.

Note: For Emergency Procedures, refer to the Emergency Procedures section in the Policies and Procedures. Staff must be aware of both the First Aid Procedures and the Emergency Procedures.

Emergency Procedures

Rationale

These emergency protocols have been established in accordance with the Emergency Management Policy at WDCC, with modifications to ensure that the health and safety of children, staff and families is not compromised in the case of an emergency situation.

Fire Drill

1. The centre has a written policy for fire drills that has been approved by the local fire department. Each staff member is familiar with this procedure and each program room has specific instructions for moving children safely out of the building. In the case of an emergency evacuation, physical distancing (including using exits consistent with exits assigned to groups for pick up and drop off) will try and be maintained as much as possible *without hindering the evacuation process or compromising the physical safety of anyone in the building.*
2. In case of an emergency that makes the centre's premises unsafe, the children will be evacuated from the building. Ensure that 911 has been contacted and the appropriate emergency personnel are informed of the situation. Other emergency numbers include:
 - Poison Control: 1-800-268-9017,
 - McMaster Children's Hospital: 905-521-2100.

The centre has arrangements for the following emergency evacuation locations:

- Guy Brown Before and After Care will go to Waterdown District Children's Centre,
- Mary Hopkins Before and After Care will go to Waterdown District Children's Centre,
- Waterdown District Children's Centre will go to Guy Brown Elementary School.

Note: Camp Waterdown's Summer Camp program will evacuate to Waterdown District Children's Centre if the need should arise. Accommodations will be made to ensure physical distancing between children at the daycare centre and children at camp is maintained, as well as between separate groups of children from camp. Children from camp will not be permitted inside the centre unless deemed absolutely necessary by the director, or by emergency service personnel.

The children will remain at these locations until the premises are safe for their return, or until children can be picked up by their parents or guardians.

3. Immediately inform emergency personnel if any occupants are missing.
4. Additional support, including consideration of special medical needs, will be provided in respect for any child or adult who needs it in case of emergency. For example, all life sustaining medication and any necessary equipment that would be required, would be communicated to all parties. Where possible, this will be given by the staff who has had the most contact with that individual throughout the day, in order to limit the amount of people coming into contact with others, *without further endangering the health or wellbeing of the individual.*
5. If a child is injured, the staff who's group that child is in will ensure that the child receives appropriate first aid and medical attention. If the situation requires medical attention, staff will

contact parents/guardians (or emergency contact if parent/guardian is not available). An accident report will be completed and filed in the records and a copy will be given to parents.

6. Staff will ensure children's safety at all times and maintain appropriate levels of supervision during the evacuation. This includes maintaining appropriate physical distancing from other groups within your evacuation site, and between staff members at the location. When and if possible, staff should help children sanitize their hands, if necessary and available.
7. When it is safe and appropriate, staff will contact all families to advise of the evacuation and make arrangements for the children to be picked up.
8. Record the date, time of day and the time to complete the evacuation in a daily log.
9. Debrief children and parents after an emergency.
10. Set out a plan to resume normal operations of the centre. A plan will be established setting out how to resume normal operations of the childcare centre, including a plan to support children and staff who may have experienced distress during the emergency.
11. In compliance with the Child and Family Services Act, any staff member who has reasonable grounds to suspect a child has suffered from, is suffering from, or is at risk for suffering from child maltreatment (sexual or physical abuse, physical or emotional neglect), must report the suspected maltreatment to the Children's Aid Society of Hamilton-Wentworth.
12. The centre will ensure that outdoor playground environment complies with Canadian Standards Association (CSA) Standard.
13. The centre will ensure the indoors is safe by performing a monthly centre inspection.
14. The centre must report any serious occurrence incident to the provincial childcare advisor responsible for licensing the centre.

Lockdown Procedure

1. The staff member who becomes aware of the threat will inform the site supervisor **immediately**, while trying their best to maintain physical distancing standards until absolutely impossible. All other staff members will be informed of the threat as quickly and safely as possible.
2. Any staff who are outdoors will ensure that everyone who is outdoors moves to a safe and secure location as quickly and safely as possible. (This should now include considerations where possible about physical distancing and possible contamination of outbreak).
3. Staff who remain in the centre will:
 - Remain calm,
 - Contact the proper authorities as soon as safely possible,
 - Gather all children into secure location, maintaining physical distancing when and if at all possible. The safety of the children and staff from the immediate threat of danger is the priority and should not be compromised in any way, for any individual, by physical distancing precautions when they are not feasible,
 - Keep children away from any doors or windows,
 - Close and lock any doors and windows when possible and turn off all the lights,
 - Take attendance of all the children and confirm everyone is accounted for,

- Take shelter with children in a safe location (under desks, in closets, in cupboards),
- Keep children calm and ensure children remain in a safe and sheltered location,
- Wait for further instructions.

Hold and Secure

1. A hold and secure is any threat in the vicinity of the childcare centre that could pose as a potential threat to the centre but has not occurred in or on the premise of the centre. This procedure is also applied to external environmental threats, such as gas leaks, oil spills, chemical release or forest fires. The Hold and Secure Procedures is as follows:
 - a. Inform the site supervisor **immediately**. All other staff members will also be informed of the threat as quickly and safely as possible. Notification of the situation should be provided to staff keeping in mind relevant and possible physical distancing and handwashing measures,
 - b. Any staff and children that are outdoors must return with their children to their classrooms immediately. Ensure the children and staff follow proper building re-entering and hand washing protocols, as well as note any materials that were left outside. These materials should be collected as soon as safe to do so, before any other group goes outside, and should be disinfected as directed in the Enhanced Cleaning Measures policy by the group which they belong to,
 - c. Staff will remain calm and take attendance to ensure all children are accounted for,
 - d. Staff will close all windows and will continue normal operations of the program and wait for further instructions,
 - e. The supervisor will ensure that entrances are locked, with a note placed on the door, informing parents and staff that no one may enter or leave the centre while the centre remains under a hold and secure,
 - f. The supervisor will contact any appropriate services, if necessary.

Bomb Threat

1. A bomb threat includes any threat (phone call, social media post, email, etc.) to detonate an explosive device to cause damage, death or injury. The bomb threat procedure is as follows:
 - a. The staff member who is made aware of the threat will call 911 and report the threat to emergency services and the director or supervisor. Follow the direction of emergency service personnel,
 - b. Staff will take attendance to ensure all children are accounted for,
 - c. If the bomb threat is in the form of a package, no one is to touch the package,
 - d. Staff will wait for instructions from the appropriate emergency service personnel and will follow proper evacuation protocol if needed.

Disaster Requiring Evacuation

1. Evacuation may be required if any of the following situations occur: fire, flood, power failure. The disaster requiring evacuation procedure is as follows:
 - a. The staff who becomes aware of the situation must inform the supervisor **immediately**. All other staff will be informed as quickly and safely as possible. Notification of the emergency should be given to all staff while keeping in mind physical distancing protocols wherever possible,
 - b. If the disaster is a fire, pull the fire alarm,
 - c. Everyone should evacuate the building as quickly and calmly as possible, and meet at the designated meeting spot, either outside the building or at the emergency evacuation locations. All attendances, emergency contact information and emergency medications should be collected, and staff should exit with their children through the nearest exit. *Only when possible without posing additional risks to staff and children*, physical distancing should occur during evacuation. Upon arrival at the designated meeting location, it is recommended that each group maintain 6 feet distance from each other, when possible,
 - d. Staff must take attendance upon arrival at the evacuation location to ensure every child is accounted for,
 - e. Staff will help ensure children remain safe and calm and will wait for further instructions,
 - f. As soon as possible, the supervisor will inform parents of the incident. The supervisor will also notify parents when an all clear has been given and will provide information on emergency situations that did not require evacuation, if necessary.

Procedure during an Emergency Situation

- The procedures during an emergency situation are as follows:
 - a. If emergency services are needed, they must be contacted and made aware of the situation as soon as possible, and given as much detail as possible,
 - b. If there are staff who are not present at the centre, they must be contacted and informed of the situation, and when applicable, be given the address or location of the emergency evacuation site,
 - c. Staff will provide any necessary first aid to anyone requiring medical treatment. Staff should only treat children who are in their own group, when possible, and should use applicable PPE, if readily available. Do not re-enter the centre in order to obtain PPE,
 - d. When given an all clear by emergency services, the following procedures will be taken:
 - i. All staff will be informed when an all clear has been given.
 - ii. Staff will take attendance and then bring their children back to the childcare centre, or their designated room, and attendance will be taken.
 - iii. Staff will notify parents of the all clear and parents will be informed on how normal operations will continue, if they are unable to continue as planned.
 - e. When given an “unsafe to return”, the following procedure will be taken:
 - i. All staff will be notified that it is unsafe to return to centre.
 - ii. In the case of a fire, if the program is unable to return to the location, staff will take attendance and take their children to the emergency evacuation site.

- iii. Parents will be informed of the emergency situation and the evacuation site, and a note will be placed on the childcare centre door when it is safe.

Considerations

- Centre Specific Considerations:
 - a. Daycare – in the event of an emergency requiring evacuation, follow the emergency evacuation plan. Maintain distance between each group, as much as possible. Each daycare group should be assigned a location within their designated meeting place, six feet apart from one another to maintain physical distancing (eg. one group in toddler playground, two groups in preschool playground spread out, or one group evacuating through back staff doors),
 - b. Camp – in the event of an emergency requiring evacuation, follow the emergency evacuation plan. If possible, within the safety plan, groups may be able to exit the school through the same doors they are assigned at pick up and drop off (consultation with emergency services may be needed to confirm). Upon arrival at meeting place, staff should orient their group as close to the meeting place as possible while maintaining physical distancing from all other groups.
- Fire Drill/Evacuation: Included with staff attendance binders should be a portable first aid kit. This could include all standard first aid materials, in addition to extra gloves, masks and emergency hand sanitizer. These should be saved in case of emergency. Upon safely reaching meeting place, staff can clean their hands with sanitizer, apply new gloves and masks when necessary, and can provide children in their group with hand sanitizer.
- Lockdown: In the event of a lockdown, once all staff and children are safely secure in their location, staff can change their gloves, using hand sanitizer, and can provide children with hand sanitizer, after touching lights, door handles, locks and children's hands. This should only be done when safe. Avoid using sinks and paper towel dispensers as these require movement in the classroom and add additional noise.
- Hold and secure: In the event of a hold and secure which occurs during the designated pick up or drop off time of any group in any program, ALL parents dropping off or picking up their child should be contacted via telephone and email/eblast. As parents are not permitted to enter the playground, or approach main entrances, they may not see a note placed on the door. Staff would not be permitted to leave the building to pick up or drop off children, or to place a sign on a pylon in the arrival area. Continue to call parents who are due to be dropping off or picking up, or other guardians/emergency contacts in urgent situations, until the message has been passed on to a person.
- Bomb threat: In the event of a bomb threat, maintain physical distancing during the notification of other staff of the situation. Follow the direction of emergency services, and when this requires evacuation, bring your first aid kit with PPE and hand sanitizer. Upon arrival at the evacuation location, use hand sanitizer if necessary and maintain as best as possible physical distancing from other groups.

- Evacuation: In the event that an evacuation occurs, and parents must pick up their children from a new location, the following procedure will be used:
 - a. Parents will be contacted in the event of an evacuation requiring pickup. They will be given an emergency evacuation location, as well as the following specific pick up instructions:
 - i. Pull up behind the car in front of you. If there is no car in front of you, pull up as far as the parking lot allows – you are the front of the line.
 - ii. Call the phone number for the centre you are picking your child up from (daycare or camp). ONLY call when you are at the front of the line. Only the car at the front of the line will be able to pick up the child(ren) one at a time.
 - iii. Give the staff who answers the phone your name, your child’s name and when able, your child’s group, or staff member’s name.
 - iv. Your child’s staff member will bring your child to your car. If it is possible, they will give your child some hand sanitizer before they enter your car.
 - v. In the event that the staff does not have access to PPE, please remain in your car, or as far away from the staff as possible, until your child is close enough to your car that you can safely pick them up.
 - vi. In the event that your child has belongings that need to come home that were not collected during the evacuation (eg. in an evacuation which did not cause property damage, but required safe and quick evacuation and where staff are not permitted to re-enter the building at time of pick up), staff will re-enter the building when given the all clear by emergency services, or when operations are allowed to resume. Classroom educators will re-enter their classroom with gloves, will collect your child’s *clearly labeled* items, place them in a plastic bag labeled with your child’s name, and they will be returned as soon as able at the next program day.