

Enhanced Health Measures Policies and Procedures

Mary Hopkins Before and After Care

September 15, 2021

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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 encouraged to be worn by parents when dropping their children off. 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/guardian who are dropping children off for care in the morning, or picking children up in the afternoon, are required to wear masks, 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 illness for proper tracking and contact tracing purposes. 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.

Screening Process

Screening will be done in a manner 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 Mary Hopkins location will occur at each classroom being used in the morning. Mary Hopkins Before and After Care program will be using two classrooms with exterior doors that each group educator can use to screen children of their individual group. 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 hand sanitizer, disinfectant spray, extra gloves and masks, a binder with screening paperwork, and pens. Traffic equipment, such as pylons, may 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/>).

Onsite active screening of all parents/caregivers, children, staff/students, and essential visitors is required prior to entry of a child care premises, including temperature checks, and utilization of the Ministry of Health screening tool.

In before and after school programs, an individual who has been screened for symptoms prior to the before school program would not need to be re-screened for the core day program. Similarly, an individual that has been screened prior to the after-school program or core day program, would not need to be re-screened for the after-school program. It is recommended that operators work closely with schools to develop joint tracking protocols.

- All parents/caregivers should complete the provincial COVID-19 school and child care screening tool as a “Parent/guardian on behalf of a student/child” prior to arrival at the child care centre.
- Parents are to take a screenshot of their screening result for each child each day
- Parents will show these screenshots to their child’s morning educator each morning
- If they fail the screening, they will not be admitted into program,
- If they do not complete the screening, they will be asked to complete it prior to their child being admitted into the program
- All staff should complete the provincial COVID-19 school and child care screening tool as an “Employee” prior to arrival at the child care centre.
- All essential visitors should complete the Ministry of Health’s COVID-19 self assessment tool prior to entry.

Entry will be denied to any individual who fails the screening procedure whether it was completed online or in person.

A separate copy of all attestation for return to school / child 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 must continue to designate a single entrance where screening can take place, if 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, 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 Assess 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 use, 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 child with hand hygiene upon entering program

Health Screening Procedure for 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, and conducts a contactless temperature check. 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.

Medication Use

We suggest that you not administer common illness medications (such as Tylenol and antihistamines) to children in the morning before our prescreening 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.

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 not 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.

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 be referred for testing, in accordance with the following policy, as the Ontario Government has updated their testing of symptomatic individuals guidelines.
2. Programs must consider two or more, symptomatic, laboratory-confirmed case of COVID-19 with an epidemiological link within a 14 day period, in a staff member or child as a confirmed COVID-19 outbreak, in collaboration between the local public health unit, to ensure outbreak numbers are properly recorded, and contact tracing can occur.
3. 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.
4. Staff members and program participants awaiting test results should be excluded.

Exclusion of 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 is 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-controlguidelines-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. Public Health Services, EW&CDC 110 King Street West, 2nd Floor, Hamilton, ON L8P 4S6 Phone: (905) 546-2063 Fax: (905) 546-4078 Revised Oct 6, 2020 2
- 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 will be advised to use the online, self assessment tool, and follow instructions which may include seeking medical advice or going for testing for COVID-19
- While an ill child self-isolates at home and their parent/guardian contacts health care provides 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 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 return to child care after the 10 day isolation period of 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 or 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 member 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.

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. 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

WDCC 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 WDCC'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

This policy was written in accordance with early public health documents. This policy was created in early July, directly from a corresponding Public Health document. Updates from Hamilton Public Health have not been made directly to the corresponding, original document, however, updates have been made to aspects of this policy in other ways. 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. They 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:
 - a. 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,
 - b. Specify where the isolation will be, and who will be responsible for monitoring the child,
 - c. Perform hand hygiene and put on a mask, face shield or goggles, and a gown and gloves,
 - d. Avoid contact with the child's respiratory secretions,
 - e. Staff members must perform hand hygiene after any contact with the ill child,
 - f. 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.
- Outdoor Masking:
 - Given the challenges of maintaining physical distancing with children, children Kindergarten age and older, staff and students are strongly encouraged to wear masks at all times while outdoors,
 - If an individual requires a mask break, they should be encouraged to move to a space that is a minimum of 6 feet away from all other children and staff before removing their mask,
 - Masks may become harder to breathe through when they become damp, and although this should not affect filtration capacity significantly, the recommendation is to replace the mask when the dampness becomes uncomfortable,
 - Masks should also be replaced when they become visibly soiled or frozen in cold weather,
 - Multiple masks may be needed throughout the course of the day if they are being worn outdoors in cold weather

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.

Communication with HWDSB Policy

Rationale

To ensure the safety of WDCC's Before and After School Care programs and the safety of all staff, students, school staff, and custodians, and in accordance with the Before and After School Care Programs Kindergarten – Grade 6 Policies and Guidelines for School Boards for the 2020-2021 School Year, the following procedures will be implemented to ensure proper communication occurs between our program and HWDSB.

Screening

In the event that a child does not pass our program's screening due to COVID-19 related symptoms, the site supervisor will inform the principal of the school of the child's symptoms, and absence for the day. The school may decide to follow any protocol that they deem necessary in respect to reporting and re-admittance of the child into the school day program for the day.

Before and After Care

In the event that a child becomes sick while in our care, the Managing Children with Symptoms of COVID-19 procedure will be followed. The WDCC staff will be required to report to the school any child whom they have sent home with symptoms of COVID-19. This will include informing the school of the areas in which the child was, in order to ensure it gets proper cleaning. If the use of the school's isolation room is required, WDCC staff must report this use to the school, so the school does not access it, and so it can be cleaned correctly. WDCC staff will fill out all forms required by our policies as documentation for our actions, and will share all necessary information with the school.

School Day Program

The site supervisor, or child's educators, should check with the office each day about children who are absent from after care with no explanation. If a child goes home during the school day program, the staff must enquire to the school why the child is not present in after care. Staff should make sure they discuss that child's absence, even if it is not COVID-19 related. The staff must communicate with all staff necessary of the child's absence, and reason for that absence. If the child is absent due to COVID-19 symptoms, staff must monitor other children and follow the appropriate cleaning protocols.

Positive COVID-19 Child or Staff

If a staff or child becomes sick within the program, the site supervisor must report this to the principal of the school, and all necessary protocols must be followed.

If a child or staff in our program is NEGATIVE for COVID-19, they must refer to our Exclusion Policy on when they may return to the program.

If the child or staff in our program is POSITIVE for COVID-19, staff must inform the principal of the positive results, identify close contact individuals, report it as a Serious Occurrence and follow proper Public Health guidelines.

Joint Communication between WDCC programs and their respective schools will be paramount in keeping all children, staff and community members safe. A joint communication procedure should evolve naturally from communication between all staff in schools and at WDCC. As a more effective procedure is decided upon, this policy will be enhanced. Parents will sign the Student Release of Information form, as is typical each school year, and this will allow open communication regarding pertinent information only, and between only those staff who are directly affected, regarding student symptoms and absences.

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

- Educators will make sure that the hallway is completely clear before proceeding to their desired location.
- Educators will not promote social interactions or gatherings in the hallways.
- Each classroom will be clearly marked for easy noticeability.
- 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 school unless absolutely necessary. If they must enter, they must be screened and maintain 6 feet between the staff and other children.
- If children are rotating around to various activities, staff will be monitoring closely and remove any materials that come into contact with 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 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 encouraging open play.

III. Outdoor

- School boards are required to ensure that the classroom is cleaned and disinfected after the core day program ends, and the before and after care program begins.
- To accommodate this cleaning, Mary Hopkins Before and After program will take their outdoor time in the morning, immediately preceding the morning school bell, and in the afternoon immediately following the afternoon school bell.
- Each group will have an assigned spot on the playground.
- Each group will have designated materials and equipment for use outside. These items will be cleaned after use, and at least twice daily.
- Cohorts will go outside one group at a time through the hallways and doors, to ensure that groups are not together in the hallways.
- All equipment that is used by the school will not be used by after care (e.g. bikes, equipment in kindergarten shed). Instead each group will have designated equipment and materials that are cleaned after use and at least twice daily.
- Once school begins, and cohorts are determined, a detailed outdoor schedule, including a map, entrances, exits, cleaning schedules and plans for inclement weather will be created, in collaboration with the principal, the teachers and the caretakers.
- 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.

IV. Bathrooms

i. Children's Bathroom

- One child will be allowed in the bathroom at a time.
- Before re-entering the classroom, children are required to follow proper handwashing etiquette
- Children will use their designated bathrooms, and will be required to follow proper handwashing etiquette before and after entering the washrooms.
- If more than one group is using a bathroom, the group will have designated stalls, sinks, and dryers in a large bathroom that they must use every day, and the educator will clean at the end of the night after their group has gone home.
- One educator will be required to clean and sanitize the bathroom at the beginning and the end of the day.
- One staff member at a time will clean the bathroom to maintain physical distancing.
- Staff cleaning the bathroom will be required to wear PPE equipment as required, and dispose of it before moving on to another area.

ii. Staff Bathroom

- One staff in the bathroom area at a time
- All staff must wait behind a designated line or 6 feet distance from the door before entering the bathroom area.
- All staff should clean and disinfect upon leaving the bathroom area.

V. Staff Room

- Mary Hopkins Before and After Care staff require use of a staff room.
- This staff room will be located in a portable outside the school.
- Caretakers should include routine cleaning of the staff room in their rotation for cleaning after the core program day ends. Staff at WDCC will also maintain prudent cleaning of the staff room.
- Staff at WDCC should maintain as much physical distancing as possible when in the staff room, and should only use the staff room for programming, preparation for program, and other work-related jobs.

VI. Laundry Room

- Mary Hopkins does not have access to a laundry room. All PPE will be disposable, or if reusable, will be taken to the daycare to be washed.

- All children in the program must seal their PPE in a Ziploc bag before going home to be washed.

VII. Kitchen

- Only one staff member will be permitted in the kitchen per day.
- That staff member is responsible for the cleaning and disinfecting of the kitchen that day.
- That staff member will prepare the snacks, organize the snack bins, and leave them outside the classrooms, gym and stage to maintain physical distancing.
- PPE as required when dropping off and picking up the snack bin outside the classrooms.
- PPE as required to clean the dishes after each meal.

Considerations

The following list is how the groups will be composed each day to ensure physical distancing will be maintained. The list is as follows:

- 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.
- Educators will be assigned to each group and will remain the same each day (unless on vacation or sick),
- At no point in time will groups merge together, as this will make it difficult to identify who was in contact with whom, if someone becomes sick.
- 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 handwashing etiquette with videos provided by Public Health. Staff should supervise and assist young children when necessary to ensure proper handwashing (e.g. 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.

Note: 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 (e.g. 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 number 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 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,
- Children should not be permitted to help staff clean,
- Review of cleaning procedures will occur each week, and as frequently as needed, by supervisors.

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:
 - a. Wash their hands with warm running water and soap for 20 seconds and don new PPE as required.
 - b. Take the high contamination item and put it in a plastic bag and tie it together.
 - c. Put the plastic bag into the garbage and remove the garbage from the classroom.
 - d. Inform the custodian that there is a high contamination bag in the garbage.
 - e. Dispose of their PPE in the garbage bag that is being remove.
 - f. Wash their hands with warm running water for 20 seconds and don new PPE as required.
 - g. 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

1. 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.
2. Multi-use materials will be disinfected daily.
3. Outdoor materials will be provided per classroom and must be cleaned regularly before re-entering the building. No mixing of items outside of groupings.
4. 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 Toys

1. Before cleaning, staff will wash their hands with soap and water, and will don new PPE as required.
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. Soft Toys

1. Mary Hopkins Before and After Care will limit soft or plush toys being brought to care, as directed by Public Health. Personal items should be limited.
2. If a child brings a soft or plush item into program, it should remain in the child's backpack, as Mary Hopkins staff will not have the capacity to launder these items.
3. If special circumstances occur, or special considerations are required, parents or guardians are asked to contact Mary Hopkins staff in advance.

iii. 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. 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 trolley.
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 trolley.
5. This cleaning will happen twice daily before and after the program is open, and as needed throughout the day.

iv. 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 wash their hands for 20 seconds.
4. Alternatively, staff can have a rotating supply of books. Each day a new bin of books can be brought out for use. At the end of the day, the books should be put into an airtight container for three days, at which point they can be brought back out.

v. 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. All classroom phones and tablets will be disinfected, following the MSDS label.
3. Once staff is finished, they will wash their hands with warm running water and soap for 20 seconds and don new PPE as required.

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

Mary Hopkins program does not have access to their own laundry facility. The following procedures are guidelines for the cleaning of the laundry at the daycare location, to be cleaned by the daycare staff. They do not directly apply to Mary Hopkins, but are included to inform staff and parents of the cleaning that happens in the laundry facility in which the program's laundry is completed.

1. Place ALL laundry, 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.

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), 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

Rationale

The following drop off procedure is subject to change at any time.

Drop Off

1. A drop off timeframe of 7:00am to 8:30am would be the required time for all parents to drop their child off in. This allows for an adequate amount of care being provided to all children, and allows for staffing accommodations to be made.
2. Parents would park their car, get out of their car, and walk their child to their classroom's exterior door, where they will be met by their child's educator for morning screening. Parents would be required to line up, maintaining physical distancing guidelines. Parents must wear masks or face coverings during the drop off procedure.
3. Children and parents would be screened according the Public Health guidelines.
4. Upon entry into the facility, children must wash their hands according to Public Health guidelines.

Note: 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.

Pick Up Procedure

Rationale

To facilitate families picking their children up, and to adhere to our staffing requirements, Mary Hopkins will have designated pick up times. Families will not be assigned a pick up time, but rather can pick up at either of these two times each day. If they do not indicate their pick up time is ongoing, they will be asked each day. Parents should park their car, and walk to the pick up location, maintaining physical distance from other parents. The following pick up procedure, including pick up times, is subject to change based on the needs of the families and the needs of the program.

Pick Up

1. Upon arriving for pick up, parents must park their cars, and line up, maintaining physical distance from other parents, at a designated pick up location.
 - a. Either the cohort staff will get the appropriate children ready to go home at the pick up times. The parents will approach the window of their child's classroom, knock on the window, and the child's educator will dismiss the child at the door to the parent. All standard pick up policies will be in place, including parent communication and identification.
 - b. OR the cohort staff will get the appropriate children ready to go home. The cohort staff will bring their entire group to a designated pick up location where the parents will pick up their children. The staff should follow ALL safe pick up protocols including ID-ing unfamiliar pick up people, ensuring parents make contact with the staff, and passing along important messages.
2. At the final pick up time, each cohort will pack their group up, including all their belongings, and while maintaining physical distancing, will walk their children into the pick up location, where they will be dropped off to their parents.

Storage Procedure

Rationale

To ensure the safety of all children, staff, school staff and community members, a storage procedure will be implemented to ensure the safe storage of all trolleys, ball bags, and other necessary items to each program. Proper cleaning and disinfecting procedures will be enforced to ensure that all items are cleaned and disinfected properly.

Trolley and Ball Bag Storage

Each group will have their own designated trolley storage location. The following is where each trolley and ball bag for each group will be stored, upon teacher and principal approval. Each educator is responsible for the cleaning and disinfecting of their own trolley, toys, and balls, and they must retrieve their trolley and ball bag before the children enter the program for the day. If an educator would like to switch out a toy from the main supply room, they must clean and disinfect the toy before adding it to their cart. The storage locations are as follows:

Snack Procedure

Rationale

The following is a list of protocols for snack time for Mary Hopkins Before and After School Care to ensure the safety of our children and educators. These policies are to ensure that proper hand hygiene, food preparation, and physical distancing is being maintained while preparing, distributing, and collecting snack.

Snack Time Procedures

Twice daily, children will be provided snack from the kitchen, once in the morning and once in the afternoon. The following procedure will outline how snack time will be executed during the day. The following procedure will be maintained by all staff when dispersing snack to ensure the safety of all staff and children:

1. Only one staff will be in the kitchen at a time to prepare snack.
2. The kitchen staff will ensure they are wearing PPE as required while preparing snack, as well as washing hands with warm water and liquid soap for 20 seconds anytime they are removing or changing gloves.
3. Kitchen staff will prepare snack for each classroom.
4. Kitchen staff will place snack in snack bins and will deliver snack outside each classroom for one educator to bring into the classroom.
5. The educator will wash their hands for 20 seconds with warm running water and soap and will hand out the snack to each child. *Please Note:* Children are NOT to assist educators with distributing snack to other children.
6. The educators will ensure children are not sharing any of the snacks.
7. If children need help opening snack, the educator will open the snack for them while trying not to touch the food, while wearing gloves.
8. Once snack has been delivered the educator will place the snack bin outside the classroom door.
9. Kitchen staff will retrieve the bins, as well as wash and sanitize any equipment used to prepare, eat and deliver snack – including the snack bins.

Considerations

- Morning and afternoon snack will be provided by the program.
- It is important to ensure no children are sharing food, and that all children are eating their own snacks that are given to them by the educator.
- Food delivery drivers will NOT be permitted to enter the location.
- 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.

Bathroom Procedure

Rationale

The following document is a list of cleaning, scheduling, and staffing protocols to ensure the proper maintenance of the bathroom during COVID-19. These procedures will be used at Mary Hopkins to ensure the safety of our children, staff, and families within our program. Parents will be asked to make sure their children have gone to the bathroom before leaving for school to reduce the number of times the bathroom is used throughout the day.

Bathroom Procedure

1. In *all* bathrooms, only one child will be permitted to use the bathroom at a time.
 - a. For bathrooms in the classroom, staff will ensure that no children are in the bathroom before letting a child use the bathroom.
 - b. For bathrooms in the hallway, staff will ensure no children are in the bathroom. In addition, a staff member must supervise the child using the washroom to ensure they do not wander, or touch anything. Each group will have their own bathroom if possible. If not possible, then stalls will be designated to each group that is using the bathroom.
2. After the program for that day has ended, the cohort staff will clean the bathroom using the above procedure.
3. If a child has an accident, the staff should enter the bathroom and help the child, using the Procedures for Assisting Children. If a child has an accident and needs help being changed *and* is using the hallway bathroom, an educator from that cohort can enter the bathroom to assist.

Note: It is recommended, especially for the hallway bathroom, that only one stall is available to children to use. Because only one child will be permitted to use the bathroom at a time, there should be no conflicts. This is to limit the amount of cleaning a staff would need to do. Instead of cleaning all toilets in the bathroom because they are unsure which stall the child used, it limits the choice to one. Staff should supervise them to make sure they are maintaining physical distancing as much as possible. Extra cleaning measures should be taken in this situation.

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 and their Before and After School Care programs.

Protocol

The sunscreen protocol will be as follows:

1. Before going outside, children will be required to put on sunscreen.
2. Children must first wash their hands with warm water and soap for 20 seconds before putting their sunscreen on.
3. Children will use the sunscreen they have brought from home.
4. Children will apply their own sunscreen, while educators will monitor to ensure that the children have fully put it on.
5. Children will NOT share sunscreen with other children.
6. Children will NOT assist other children with putting their sunscreen on.
7. If assistance is needed, educators will put on PPE as required and assist the child.
8. Once the educator is done assisting that child, they must dispose of their PPE as required, wash their hands with warm water and soap for 20 seconds, and put new PPE on as required.
9. Children will be required to wash their hands with warm water and soap for 20 seconds after applying their sunscreen.

Note: Parents are strongly recommended to teach their children how to properly apply their sunscreen before coming to before and after school care. Parents will be required to apply sunscreen BEFORE coming to program in the mornings. Children will apply their own sunscreen before going outside in the afternoon. Communal sunscreen is PROHIBITED. Children MUST bring their own sunscreen from home.

Outdoor Procedure and Policy

Rationale

The following document will outline safe and fair guidelines for all outdoor play for the children and staff at Mary Hopkins Before and After School Care. All groups at before and after school care must adhere to a strict outdoor schedule to ensure physical distancing is being maintained between each group.

Designated Areas

All groups will have a designated outdoor section. Each section will be labeled with a large sign with each group. If an area is shared between two groups, an outdoor schedule will be created to ensure that those groups do not go outside at the same time. Each group will have designated entrance and exits, as well as a designated hallway that they must use when proceeding to their outdoor area.

Daily Schedule

Each staff will have an outdoor schedule located in their staff binder. The following template is an example of what an outdoor procedure may look like:

1. Prior to their outdoor time, the group will get ready to go outside. This includes:
 - a. Filling up their water bottles if needed.
 - b. Going to the bathroom, following the Bathroom Procedure.
 - c. Following the directions of the Sunscreen Procedure.
 - d. Donning hats or any other sun protective wear they might need.
 - e. Grabbing their equipment to take outside with them.
2. Directly before leaving, ALL staff and children will wash their hands following public health protocols for handwashing.
3. Staff will check to make sure that the hallways are all clear.
4. Staff will then lead their group down the designated hallway.
5. Staff will lead their group to designated doors.
6. Staff will then lead the group to their designated outdoor area.
7. After outdoor time is over, children will gather up all the outdoor equipment.
8. They will use the SAME designated doors and hallways that they used to exit the building, to re-enter the building.
9. Upon arrival back into classroom, staff and children will follow handwashing protocols before any other activities
10. Staff will then follow cleaning and disinfecting procedures as directed by public health and the Enhanced Cleaning Procedure to clean and disinfect all the outdoor equipment.

Considerations

- 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.
- For Inclement Weather: Groups will be limited to the blacktop for inclement weather, and if the field is muddy. If this is the case, blacktop will be split into 4 sections, and each group will be given one section of the black top and they will be limited to that area only. They must adhere to their scheduled times to avoid cross contamination, as groups will have to share blacktop space. All groups must adhere to physical distancing policies to ensure no cohorts mix with one another while outside in these situations.
- Staff must create outdoor games that promote physical distancing and limit the amount of equipment.
- Each cohort will have their own outdoor equipment that must be cleaned and disinfected after each use. Cohorts will not share equipment,
- The use of any outdoor play structure is PROHIBITED,
- Staff must follow First Aid Procedures, located in their staff binders, if a child gets hurt while outside.

Materials Procedure

Rationale

Mary Hopkins Before and After program utilizes trolleys for each group at their program. Trolleys should not be shared between cohorts, including morning cohorts and afternoon cohorts. The materials on the trolley are communal use for the children in the cohort. These items must be cleaned and disinfected according to the Enhanced Cleaning Protocol. These items should be cleaned after one child has finished playing with them, as well as twice daily and as required. These materials will be closely monitored by educators to ensure that proper use is being maintained. These items include:

- Scissors, glue sticks, paint and brushes, drawing materials, extra art materials,
- Easily cleaned board games,
- Toys, manipulatives, books, (lego, knex, poly pockets, etc...),
- Other items on the trolley.

Note: WDCC programs *may* decide to allow their groups to bring in their own items from their backpack. These items would need to be cleaned upon entering the classroom. This may also be dependent upon school board guidelines surrounding the use of lockers and cubbies, as well as items entering other classrooms.

Procedures for Assisting Children with Individual Needs

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.

Changing Soiled Clothes

1. If a child has an accident or a spill, the same staff in that cohort 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 and put on new gloves and will don all required enhanced PPE.
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. 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 sink, soap dispenser and paper towel dispenser.
5. If surfaces or objects are soiled with bodily fluids, the staff will ensure that the fluid is cleaned up quickly. Staff will remove the fluid immediately, 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. Before assisting a child, staff should wash their hands using proper procedure.
2. 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.
3. Staff will then wash their hands or use hand sanitizer if outside and will remove and dispose of any PPE.

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 change their gloves and wash their hands for 20 seconds with warm running water and liquid soap before putting on new PPE gloves.
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.
7. 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.

Filling Water Bottles

Drinking from communal water fountains will be off limits to all individuals. All children and staff will be encouraged to bring a water bottle from home and fill it up

1. If a child needs assistance opening or closing the lid of their water bottle, one of the educators in that group will assist that child.
2. Before a staff can assist a child, they should put on a pair of gloves, help fill up their water bottle and then wash their hands for 20 seconds with warm running water and soap.
3. A detailed cleaning must be done after touching the sink surface, including all faucets, handles and other contacted surfaces.
4. If a child can fill their own water bottle, they may do so. They must first inform their teacher that they need to fill their bottle.
5. They can fill their bottle if no one is at the sink.
6. Once they are finished, they must wash their hands for 20 seconds with warm running water and soap.
7. A detailed cleaning must be done after touching the sink surface, including all faucets, handles and other contacted surfaces.

Personal Belongings

There may be cases where children need assistance with their personal belongings, such as opening containers from their lunches or zipping up a zipper to their coats and packing/unpacking backpacks

1. If a child requires assistance with something, one of the educators in that group will assist that child.
2. The educator must correctly don all required PPE.
3. If close contact is required with the child directly (e.g. Zipping a zipper), it is recommended that the staff turn their face away from the child, and to maintain physical distancing as much as possible.
4. Staff must wash their hands with soap and water for 20 seconds.

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 and Before and After School care programs. In addition to the First Aid protocols that WDCC already has in place, we will be adding these measures to ensure the 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. First Aid will be performed wherever the child has injured himself/herself, unless otherwise not possible.
5. 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.
6. Children will also dispose of their PPE as required and wash their hands with warm water and soap for 20 seconds.
7. Children and educators will then put on new PPE as required.
8. 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 Protocols, refer to the Emergency Protocols section in the Policies and Procedures. Staff must be aware of both the First Aid Protocols and the Emergency Situation Protocols.

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

Note: WDCC's Before and After School Care 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 Before and After School Care is maintained, as well as between separate groups of children from Before and After School Care. Children from Before and After School Care 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:
 - 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,
 - 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,
 - Staff will remain calm and take attendance to ensure all children are accounted for,
 - Staff will close all windows and will continue normal operations of the program and wait for further instructions,
 - 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,
 - 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:
 - 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,
 - Staff will take attendance to ensure all children are accounted for,
 - If the bomb threat is in the form of a package, no one is to touch the package,

- 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:
 - 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,
 - If the disaster is a fire, pull the fire alarm,
 - 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,
 - Staff must take attendance upon arrival at the evacuation location to ensure every child is accounted for,
 - Staff will help ensure children remain safe and calm and will wait for further instructions,
 - 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

1. The procedures during an emergency situation are as follows:
 - 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,
 - 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,
 - 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,
 - When given an all clear by emergency services, the following procedures will be taken:
 - a. All staff will be informed when an all clear has been given.
 - b. Staff will take attendance and then bring their children back to the childcare centre, or their designated room, and attendance will be taken.

- c. 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.
- When given an “unsafe to return”, the following procedure will be taken:
 - a. All staff will be notified that it is unsafe to return to centre.
 - b. 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.
 - c. 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

1. Centre Specific Considerations:
 1. 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),
 2. Before and After Care – 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.
2. 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.
3. 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.
4. 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.

5. 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.
6. 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:
 1. 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 pickup instructions:
 - 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.
 - Call the phone number for the centre you are picking your child up from (daycare or Before and After School Care). 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.
 - 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.
 - 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.
 - 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.
 - 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.