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Child Care Re-Opening Plan Covid-19 Policies

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- What to do If a child is ill during school or daycare hours
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How to Wash Your Hands

How to Self-Isolate

How to Self-Monitor

Physical Distancing

Child Care Re-Opening Plan

Purpose:

Jubilee Heritage Family Resources [JHFR] is committed to ensuring that best practices and extreme preventative measures are put into place and will follow the direction of Public Health and Sudbury Districts, the City of Greater Sudbury and the Province to do this in the safest way possible while opening the maximum spaces within the limitations of the remaining COVID-19 restrictions.

JHFR will ensure that all sites meet all requirements set out in the Child Care and Early Years Act, 2014, and strictly adhere to all Provincial and Municipal requirements and the advice of Public Health Sudbury and District, understanding that these requirements are constantly being updated.

Plan Details of Enhanced Health and safety in Child Care

- **JHFR Child Care Re-Opening Plan** opened on July 13, 2020 at the Applegrove Site, St. Francis Site, MacLeod Site and Algonquin Site. St. Albert Site re-opened on September 8, 2020
- **Daily attendance** for all children and staff per group will be recorded; there will also be a record of which groups had in-person contact with inspectors, supervisors or SNR consultants. In addition to attendance records for all children receiving child care, all child care licensees are responsible for maintaining daily records of anyone entering the child care facility/home. These records must include all individuals who enter the premises (e.g., parents and guardians dropping off children, cleaners, people doing maintenance work, people providing supports for children with special needs, those delivering food). Records are to be kept on the premises (centre or home) and along with name and contact information must include an approximate time of arrival and time of departure, and screening completion for each individual. Records must be kept up-to-date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak (i.e., records can be made available to public health within 24 hours of a confirmed Covid-19 case or outbreak)

- **Wherever possible**, children from the same families/households will be placed in the same centre/site. This is not a requirement but is a strong recommendation of best practice.
- **Health Screening** is an obligatory requirement of all employees and families prior to entering or having the child enter the child care centre. Staff will be trained on how to utilize the screening tool. **Everyone must be screened prior to entering the child care centre.**
- **Note for before and after school programming:** An individual who has been screened for symptoms prior to the before school program would not need to be re-screened for school and similarly, an individual that has been screened prior to the after school program, would not need to be re-screened for the after school child care program.
- Precautions will include the daily health screening of all children, staff and families and enhanced drop off and pick up procedures found in *Re-opening Child Care Centre Operation-Health Screening Procedure Policy (Appendix A)*.
 - Screening will involve a screening questionnaire
 - Temperatures of staff and children will be checked and recorded daily
 - As much as possible. parents should not go past the screening area.
 - Maintain daily attendance records of all individuals entering the child care centre including, but not limited to, maintenance workers, food service workers, government agency employees, and cleaning/environmental staff. These records must include the following information: name, company, contact information, date, time of arrival/departure, reason for visit, rooms/areas visited, screening and temperature check results.
 - Monitor attendance records for patterns or trends (for example, children and child care staff in the same group absent at the same time or over the course of a few days)
 - Records must be kept up-to-date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak (i.e., records can be made available to public health within 24 hours of a confirmed COVID-19 case or outbreak).
- **Visitors** All visitors to the program, including parents, students completing educational placements, or others, are subject to the health and safety protocols outlined in this document. The number of visitors indoors should be limited to the ability to maintain physical distancing of at least 2 metres. Parents can book an appointment by contacting the Site Lead.
- **Enhanced Health and Safety** Every licensee must ensure that there are written policies and procedures outlining the licensee's health and safety protocols. Licensees must submit an attestation to the Ministry that confirms new policies and procedure have been developed and reviewed with employees, home child care providers, home child care visitors and students on educational placement.

These policies and procedures must be consistent with any direction from local public health units and include information on how the child care setting will operate to prevent and minimize the impact of COVID-19 in childcare settings, including, at a minimum, the following:

- how cleaning and disinfecting of the space, toys and equipment will be conducted;
 - how to report illness;
 - how physical distancing will be encouraged, particularly between groups;
 - requirements on the use of medical masks and eye protection, and PPE, including information on exemptions or exceptions;
 - how shifts will be scheduled, where applicable;
 - how attendance records will be organized and maintained in order to facilitate contact tracing;
 - a communication plan in the event of a case/outbreak;
 - rescheduling of group events and/or in-person meetings; and,
 - parent drop off and pick up procedures.
- **Enhanced Health and Safety procedures and measures** for children, staff and families will be implemented, monitored and recorded daily. Sanitary practices will be enhanced regarding how the child care setting will operate during and throughout the recovery phase following the pandemic including:
 - Requirements for Health and Safety Practices (Appendix B) will include:
 - Disinfecting of the space, toys and equipment – found in Environmental Cleaning and Disinfecting Policy and Procedures (Appendix C) and Toy Disinfecting (Appendix D)
 - The Use of Masks, PPE and Handwashing Policy and Procedures (Appendix E)
 - A protocol in the event that a child, parent or staff member at the site is showing COVID-19 symptoms – found in *Testing and Exclusion of Sick Children or Staff Policy and Procedures (Appendix F)*.
 - Immunization Disclosure Policy (Appendix G)
- **Staff Training:** In collaboration with local public health, CMSMs/DSSABs must ensure that training 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 prior to re-opening. Staff must receive training prior to commencing work and staff will sign off that they have read and understood all associated policies and procedures. The entire re-opening plan and policies will be reviewed and signed off by all staff prior to commencing employment or returning to work, at any time when a change is made and annually.

- **Communication with Parents:** Staff will communicate with parents daily with updates on their child's health, well-being and daily activities. Any child showing COVID-19 symptoms will be moved to a designated exclusion room and monitored by staff until parent/guardian pick-up.
- **Serious Occurrence:** A Serious Occurrence will be submitted to the Ministry when a child, parent, staff, student, home child care provider, home child care visitor or a person who is ordinarily a resident at/regularly present at a home child care premises has a confirmed case of COVID-19, licensees must report this to the ministry as a serious occurrence.

Access to Child Care Spaces and Prioritizing Families

Given the strict health and safety measures in place and the advice of local public health units, some child care licensees/providers may continue to operate at reduced capacity for a period of time. For Before and After School programs, providers will work together with school boards to assess viability and demand and develop planning processes that are responsive to the particular qualities and needs of a community. When determining prioritization of limited child care spaces, JHFR will consider the following:

- Returning children served through emergency child care to their original placement and continuity of service for these families
- Prioritization of existing clients, which include:
 - Children of Staff
 - Children (aged 0-4) from families where both parent/guardians (or the single parent/guardian) are working or in school (including those working from home) and returning children aged (5-10) from families where both parent/guardians (or the single parent/guardian) are working or on student placements outside of the home. (11 and 12 year olds will also be accepted with verification of a special need).
 - Returning children who are in crisis with a verified need for child care from a partnering social agency.
 - New/transferring children who were attending Emergency Child Care or waitlisted for Emergency Child Care
 - Families with special circumstances that would benefit from children returning to care, such as children with special needs

Licensing Processes and Renewals

- Licences are required to be amended, if necessary, to ensure director approvals and conditions on the licence align with new restrictions.
- To support the operational needs of licensees, the ministry will prioritize and expedite the review of requests to revise and amend licences.
- Licensees are required to meet all the requirements set out in the Child Care

and Early Years Act, 2014 (CCEYA) and its regulations and to obtain all necessary municipal approvals to support licence revision requests.

- Licensees must follow all current ministry and CMSM/DSSAB policies and guidelines.

Inspections

- Ministry staff will conduct in-person monitoring and licensing inspections of child care centres, home child care agencies, home child care premises, and in-home services where necessary.
- Ministry staff will:
 - conduct a pre-screen prior to entering the premises, as well as follow any screening protocols set out by the licensee (see screening section below); Please note: where a licensee is participating in the Provincial Antigen Screening Program, these tests are voluntary and subject to the consent of the individual. Ministry staff are not required to participate but may do so to at the request of the licensee.
 - wear a medical mask and eye protection (i.e., face shield); as per occupational health and safety requirements under the Occupational Health and Safety Act. and,
 - follow any other protocols requested by the licensee or home child care or in-home service provider.
- Ministry staff will use technology (e.g., telephone, video conferencing) to complete virtual monitoring and licensing inspections where appropriate.

Maximum Group Size and Ratio

- Child care settings are permitted to operate using maximum group sizes as set out under the CCEYA (i.e., licensed age groups prior to the COVID-19 outbreak).
- Staff and students on educational placement are not included in the maximum group size. Please see the Staffing section for more information.
- Children are permitted to attend on a part time basis and must be included in the maximum group size for the period of time they are in attendance. As with children attending full time, children attending part time should be included in one group and should not mix with other groups.
- While groups are permitted to return to the previous maximum group size under the CCEYA (i.e., maximum group size prior to the COVID-19 outbreak), each group should stay together throughout the day and as much as possible should not mix with other groups.
 - Please see the Health and Safety Requirements section of this document for more information on limiting interactions between groups, particularly in shared spaces, and programming to support physical distancing.
- Licensees are required to maintain ratios set out under the CCEYA.
- Mixed age grouping is permitted as set out under the CCEYA where a director approval has been granted on the licence.

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

Maximum Capacity of Building

- More than one child care or early years program or day camp can be offered per building as long as they are able to maintain separation between the groups and/or programs, and follow all health and safety requirements that apply to those programs.
- There are no changes to the maximum group size for home child care which allows for a maximum of 6 children, not including the providers own children who are 4 years or older.

Staffing

Movement of supervisors and/or designates, staff and students on educational placement between child care locations and between licensed age groups is permitted. Reducing the movement of staff and placement students where possible is encouraged to minimize potential for transmission.

Qualified Staff

- Licensees are required to ensure each group has the required number of qualified staff as set out in the CCEYA. Licensees may submit requests for staff director approval (DAs) to the ministry.
- Staff DAs can be transferred from one child care centre to another child care centre that is operated by the same licensee.
- Licensees can also request a staff DA for multiple age groups.

Certification in Standard First Aid Training, including Infant and Child CPR

- Staff that are included in ratios and all home child care providers are required to have valid certification in first aid training including infant and child CPR, unless exempted under the CCEYA or the certification has been extended by the Workplace Safety and Insurance Board (WSIB).
- The WSIB has indicated that all certifications that expire after March 1, 2020 are automatically temporarily extended.
- Licensees are encouraged to monitor the WSIB website for any updates on First Aid/CPR certificate extensions for any staff, home child care providers or in-home service providers whose certification would have expired after March 1, 2020. **Update-WSIB has extended recertification and certification until December 2021.**

Vulnerable Sector Checks (VSCs)

- Licensees are required to obtain VSCs in accordance with the CCEYA from staff and other persons who are interacting with children at a premises, including students on educational placement.

- If an individual is unable to obtain a VSC in a reasonable amount of time due to significant backlogs, they must ensure the individual has applied for a VSC and put in place additional measures as set out in their reference check policy.

Working with Local Public Health

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

As of September 1st 2020, centres who are able to do so can now accommodate their maximum group sizes as set out under the CCEYA and must establish how to do so within their facilities. Public Health encourages providers to staff groups to ensure coverage/replacement staff are available in order to limit staff interaction with multiple groups.

If educators must provide coverage in other groups, PPE, including gowns must be changed between groups, good and frequent hand hygiene must be practiced, physical distancing should be practiced as much as possible and the movement must be tracked in detail.

Consideration should be given to the use of additional PPE including a gown if the staff member will be caring for young children as physical distancing may be more difficult. The gown must be removed (disposed or set aside for laundering) upon exiting the group and hand hygiene performed.

The staff movement must be tracked (i.e. the length of time in each group, role in the group).

Communication with Families

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

- Licensees must share with parents, the policies and procedures regarding health and safety protocols to COVID-19, including requirements and exceptions related to masks.
- Licensees are not required as part of re-opening to revise their program statement, full parent handbook and other policies.
- Licensees may want to consider providing links to helpful information, as well as detailed instructions regarding screening and protocols if a child or individual in the program becomes ill.
- Priority/waitlist policies may need to be updated as health and safety measures change to account for any resulting limited capacity. Any changes to policies should be communicated to families so they are aware of the changes. An equitable approach should be implemented to assess priority for care.
- Where possible, the use of in-person communication should be limited. To this point, parents are asked to use the self-screen by completing the Ministry of Health self-assessment tool before bringing their child(ren) to the centre.

Parent Fees

- In an effort to stabilize parent fees when re-opening, the ministry encourages child care licensees to set fees at the level they were at prior to the closure, where possible. Home child care providers are also encouraged to hold parent fees to the level they were at prior to the COVID-19 outbreak (March 2020), where possible.
- Licensees are also encouraged to more broadly examine their fee policies (e.g., fees for sick days, fees during a closure due to outbreak) and clearly communicate any new or updated information to parents.
- Where a child who was receiving care in a child care centre immediately prior to the closure is offered a child care space for September 1, 2020, or later, parents will have 14 days to accept or decline the placement.
 - If the placement is accepted, child care licensees may charge a fee to use or hold the space as of September 1, 2020, whether the child attends or not.
 - If the placement is declined, child care licensees may offer the placement to another child.
- Licensees continue to be prohibited from charging or accepting fees or deposits to add families to a priority list for preferred access to spaces.
- For children who received child care at a home child care premises immediately before the closure, licensed home child care providers are required to follow the timing outlined in regulation when providing parents with notice to indicate whether they want to keep their space. After the appropriate notice period has taken place, payments could be required to secure the space, whether the child attends or not.

Outdoor Play

- 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 (e.g., community walk) where there are challenges securing outdoor play space. Providers should follow physical distancing practices when possible.
- Children should bring their own sunscreen where possible and it should not be shared. Staff may provide assistance to apply sunscreen to any child requiring it and should exercise proper hand hygiene when doing so (e.g., washing hands before and after application).

Program Statement/Activities

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

Interactions with Infants/Toddlers

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

Food Provision

- Licensees and home child care providers should follow regular food preparation guidelines.
- Family style meals are permitted to operate provided that food handlers use adequate food handling and safety practices.
- Ensure proper hand hygiene is practiced when staff are preparing food and for all individuals before and after eating.
- Where possible, children should practice physical distancing while eating.

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

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

Serious Occurrence Reporting

- Child care licensees have a duty to report suspected or confirmed cases of COVID-19 to the medical officer of health under the Health Protection and Promotion Act.
- Previously, licensees were also required to report all suspected cases of COVID-19 to the ministry. Currently, only where 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 has **a confirmed case of COVID-19 (i.e., a positive COVID-19 test result)**, licensees must:
 - report this as a serious occurrence to the ministry.
 - report to the local public health unit and provide any materials (e.g., daily attendance records) to public health officials to support case management and contact tracing and other activities in accordance with all applicable legislation, including the Municipal Freedom of Information and Protection of Privacy Act.
- Public health officials will determine any additional steps required, including but not limited to how to monitor for other possible infected staff/providers and children and the declaration of an outbreak and closure of rooms and/or entire child care settings.
 - If a closure is ordered by the local public health unit and the licensee has already submitted a serious occurrence for a confirmed case, the existing serious occurrence must be updated to reflect the closure.
- Should additional individuals at the child care program develop a confirmed case, licensees must either:
 - Revise the open serious occurrence report to include the additional cases; or,
 - Submit a new serious occurrence report if the first has been closed already.
- While licensees are no longer required to report a serious occurrence for suspected cases; if the local public health unit determines that a full or partial closure is required (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.

Outbreak Management

- An outbreak may be declared by the local public health unit when:
 - within a 14-day period, there are two or more laboratory-confirmed COVID-19 cases in children, staff/providers or other visitors with an epidemiological link (e.g., cases in the same room, cases that are part of the same before/after school care cohort) where at least one case could have reasonably acquired their infection in the child care setting.
- The local public health unit will work with the licensee to determine whether epidemiological links exist between cases and whether transmission may have occurred in the child care setting.
- If the local public health unit declares an outbreak, they will determine what happens next. This could include closing particular child care rooms or cohorts or an entire child care setting.
 - 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.
 - 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.

Serious Occurrence Procedure

Effective **November 9, 2020**, child care licensees will only be required to report a serious occurrence for COVID-19 related matters for:

- a) **Confirmed COVID-19 cases**; or
- b) **Closures ordered by your local Public Health Unit** (i.e., where a closure is ordered for a centre, program room/s or provider's home due to a **confirmed** or a **suspected** COVID-19 case(s)).

To support these changes, the serious occurrence categories related to COVID-19 have been updated in the Child Care Licensing System (CCLS):

Confirmed COVID-19 cases

For a Confirmed Case of COVID-19 with **no** Related Public Health Ordered Closure

- Submit a serious occurrence in CCLS under “Confirmed COVID-19” category

For a Confirmed Case of COVID-19 **with** a Public Health Ordered Closure

- Submit a serious occurrence in CCLS under ‘Confirmed COVID-19’ category, including information about the closure in the fields provided; or
- Where there is a confirmed case and a closure is subsequently ordered by Public Health while the serious occurrence under “Confirmed COVID-19” category is still open, please revise the existing serious occurrence to include the closure information in the fields provided; or
- Where a closure is ordered by public health after the serious occurrence has been closed, submit a new serious occurrence for an “Unplanned Disruption of Service” with the subcategory of “Public Health Ordered Closure” (as per information below).

PLEASE NOTE: Where there is an open serious occurrence for a confirmed case of COVID-19, should a second individual develop a confirmed case, please do not submit a new/additional serious occurrence for the new confirmed case.

Instead, licensees must revise the existing/open serious occurrence report to add the information related to the new confirmed case.

Closures Ordered by your Local Public Health Unit

- Where public health orders a closure with no confirmed COVID-19 case, submit a serious occurrence in CCLS under ‘Unplanned Disruption of Service’ with the subcategory of ‘Public Health Ordered Closure’
- Where there is an existing/open serious occurrence in CCLS under ‘Unplanned Disruption of Service’ with the subcategory of ‘Public Health Ordered Closure’ and an individual develops a confirmed case of COVID-19, submit a new serious occurrence in CCLS under the ‘Confirmed COVID-19’ category

A Serious Occurrence is required to be submitted under the category **“Confirmed case of COVID-19”** when one of the following individuals has a confirmed case of COVID-19:

Moving forward, a serious occurrence is **not** required for a **parent of a child** with a confirmed case of COVID-19.

- i. a **child who receives child care** at a home child care premises or child care centre,
- ii. a home child care **provider**,
- iii. a person who is **ordinarily a resident of a home child care premises** (e.g. the home provider’s child, the home provider’s spouse etc.; for complete definition please refer to the Home Child Care Licensing Manual)

- iv. 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),
- v. a **home child care visitor**,
- vi. a **staff** member at a child care centre
- vii. a **student** at a home child care premises or child care centre,

Symptoms of COVID-19

The ministry recommends licensees refer to the [Ministry of Health COVID-19 Reference Document for Symptoms](#) which outlines the symptoms which have been most commonly associated with COVID-19.

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

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

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

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

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

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

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

The provision of in-person special needs services in child care settings should continue where appropriate and licensees may use their discretion to determine whether the services being provided are necessary at this time.

Please work with special needs service providers to explore alternative modes of service delivery where in-person delivery is not possible.

All SNR staff must have their daily self-screening results validated on-site before entering the child care setting and must follow all health and safety measures that staff/providers follow, including having their attendance logged, practicing proper hand hygiene, wearing a medical mask and eye protection (as necessary), and maintaining physical distancing as much as possible.

Licensees and SNR service providers should work together to determine who will be responsible for ensuring SNR staff have appropriate PPE.

Where SNR services are provided through external staff/service providers, licensees and home child care providers should inform all families of this fact, and record attendance for contact tracing purposes.

Mental Health

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

Early years and child care program providers are also encouraged to collaborate with child and youth mental health agencies to support strong connections and make the best use of mental health resources and supports across the integrated system of care.

Health Screening Procedure Policy

Purpose

In order to help reduced the risk of respiratory infections (including COVID-19), a health screening is an essential step. This procedure applies to all staff, children and families. Everyone must be screened prior to entering the child care centre.

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

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

Policy

Jubilee Heritage Family Resources [JHFR] is committed to providing a safe and healthy environment for staff, children and families. **This screening policy will include the drop off and pick up procedure.** This policy and procedure will be reviewed and signed off by all staff prior to commencing employment or returning to work, at any time when a change is made and annually.

Prior to the health screening, the following steps and set up will be completed:

- Everyone will access the building through a controlled entrance.
- All staff will complete the health screening training.
- Identify/set up the location and staffing of the screening table:
 - Front child care entrance lobby/designated space will be used as the screening station
 - The front entrance/designated space will be the only entrance used upon arrival. This will ensure that each person is screened.
 - Maintain a minimum of 2 metres/6 feet distance between staff conducting screening and the person being screened.
 - Visual guides will be provided to assist with physical distancing (e.g., pylons) in the event that a line-up forms while parents and their

children are waiting to be screened prior to entering into the child care centre.

- Staff who are conducting the health screening will be provided with face masks, face shield and/or eye protection CSA approved safety glasses and gloves and/or hand sanitizer.
- Place entrance signage identifying the screening process.
- Place hand sanitizer at the screening area.
- Ensure Public Health Sudbury and Districts resources are available for anyone who does not pass the screening

NOTE: Where possible, daily screening should be done electronically (e.g., via online form, survey, or e-mail) prior to arrival at the child care setting. Where operationally feasible, include temperature checks as part of screening. Parents will use the Ministry of Health Self-Assessment tool prior to leaving home.

Drop-Off and Pick Up/Screening Procedure

Any persons entering the child care centre must be screened prior to being admitted into the child care centre. Staff must follow the screening checklist for each person and record the outcome (pass or fail).

Parents will buzz at the front entrance and wait for further direction from screener. Hand sanitizer will be available in the lobby for parents and children to sanitize their hands. Staff will proceed with the health screening and if parent and child pass the screening, the child may proceed to enter the building. A second staff will accompany the child to his/her designated playroom. Other parents will wait outside the building until staff signals to them that it is their turn to approach the screening area. Parents will practice Social Distancing of 2 metres/6 feet between each other and between staff at all times.

Child care centres within the meaning of the Child Care and Early Years Act, 2014 have a duty to report confirmed cases of COVID-19 under the Health Protection and Promotion Act. The centre should contact Public Health Sudbury and District to report a staff or child who have tested positive for COVID-19. Public Health Sudbury and District will provide specify advice on what control measures should be implemented to prevent the potential spread and how to monitor for other possible infected staff members and children as well as who needs to be informed and when.

Personal belongings should be labeled and kept in the child's cubby/designated area. (e.g., backpack, hats and mittens, etc.). While appropriate clothing for the weather (e.g., jackets, hats, sunscreen) should continue to come with the child, other personal belongings (e.g., toys) should be minimized.

You may want to consider a specific policy/protocol for stroller storage if this typically takes place inside the child care setting (for example, designating a space outside of the child care setting, such as a storage shed so that parents do not need to enter the building to leave the stroller).

Procedures support physical distancing and separate groups as best as possible (i.e., children of one room enter door A and children of another room enter door B, or staggered entrance times).

Pick up and drop off of children should occur outside when possible.

Parents/guardians should use [face coverings](#) when dropping off their child.

Refer to [Public Health Ontario](#) resources for how to properly wear and take off masks and eye protection.

At minimum screeners must wear PPE (i.e. medical mask and eye protection). Where possible, maintain a distance of at least 2 metres from those being screened, or be separated by a physical barrier.

PPE must be worn while screening (as it is required while in the centre including hallways in the MEDU guideline document).

All individuals 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. Local public health units may designate a commensurate or more restrictive screening tool for local use.

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 (e.g., proof of completed paper copy of screener, mobile application indicating a “pass”).

All screening will be recorded.

Any individuals that do not pass the screening procedures will be asked to return home and self-isolate. See the provincial COVID-19 screening tool for symptom screening, monitoring and isolation procedures.

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

Greet everyone to the child care centre with a friendly, calm manner. Request that only ONE parent/guardian enters the screening area with the child and request they both use hand sanitizer.

Screening Questions for Staff/Families

Staff

Staff will be provided with the Covid-19 screening tool/questions for employees and essential visitors in schools and child care settings in advance and updated versions will be sent to them as required. Staff will also be directed to [COVID-19 school screening \(ontario.ca\)](https://www.ontario.ca/covid-19-school-screening) to preview the screening tool/questions for employees and essential visitors in schools and child care settings in advance.

Families

Parents will be provided with the Covid-19 screening tool/questions for students and children in school and child care in advance and updated versions will be sent to them as required. Parents will also be directed to [COVID-19 school screening \(ontario.ca\)](https://www.ontario.ca/covid-19-school-screening) to preview the screening tool/questions for children in child care in advance.

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

Screeners will ask staff and families if they used the self-screening tool and if they have any symptoms. Screeners will take the staff and children's temperatures and logged the information on the Entry Screening Log tool. If the staff/children pass the screening tool, they may enter the building. If the staff/children fail the screening tool, they cannot enter the building and need to follow the directions on the screening tool.

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

Pick Up Time

Pick up time procedure will vary between sites. Site Leads will communicate via email with parents the procedure for pick up for their sites. A copy of the procedure will be added to this plan in their binders. All staff will be informed of their site pick up procedure. Parents will buzz the front of the building/designated space at pick up time. For most sites, parent will need to wait in the lobby between both set of doors for their child. Please refer to your childcare site procedure. Staff will have child wash their hands and/or use hand sanitizer and gather their belongings. Staff will bring the child to the front entrance and release them to the parent. Staff will sign the child out and communicate to parent verbally or through Class Dojo the child's day and activities.

Requirements for Health and Safety Practices

Appendix B

Purpose

To ensure that all employees are aware of, and adhere to, Jubilee Heritage Family Resources [JHFR] Sanitary Practices and the directive established by Ministry of Health.

Policy

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

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

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

Requirements for Health and Safety

Monitor staff and children daily for symptoms included in the screening tool. Ensure the screening tool is updated as necessary and in accordance with the COVID-19 Reference Document for Symptoms. Reference:

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_reference_doc_symptoms.pdf.

1. Should staff or children show any signs, they will be immediately separated from all others. Staff will be sent home to [self-isolate](#) and a parent/guardian will be called and will need to pick up the symptomatic child immediately.

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

How shifts will be scheduled

Shifts will be scheduled as followed: Staff are scheduled 5 days a week and will stagger shifts to ensure there is an opening staff and a closing staff. In each group, there will be an additional assigned staff who will cover breaks and lunches and will do the cleaning of the room. There will be a screener/housekeeper/runner doing other cleaning responsibilities outside of the groups.

Space Set-Up and Physical Distancing

Physical distancing between children in a child care setting can be difficult to maintain; however, it is an important strategy that should be encouraged whenever possible.

It is also important to maintain a welcoming and caring environment for children. Please see the document *Building On How Does Learning Happen?* for more support and ideas on how to provide an engaging environment while physically distancing.

More than one child care or early years program or day camp can be offered per building/space as long as they are able to maintain separation between the

groups/cohorts and follow all health and safety requirements that apply to those programs. Physical barriers (which begin at the floor and reach a minimum height of 8 feet) are not required if a distance of 2 metres can be maintained between cohorts.

When in the same common space (e.g., entrances, hallways), physical distancing of at least 2 metres must be maintained between different groups and should be encouraged, as much as possible, between children within the same group by:

- spreading children out into different areas, particularly at meal and dressing time;
- incorporating more individual activities or activities that encourage more space between children; and,
- using visual cues to promote physical distancing.

In shared outdoor space, mixing between groups and any other individuals outside of the group is permitted, though physical distancing should be encouraged between groups as much as possible.

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

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

- planning activities for smaller groups when using shared objects or toys;
- when possible, moving activities outside to allow for more space; and,
- singing is permitted indoors; masking is encouraged but not required for singing indoors if a minimum of two metres distance can be maintained between cohorts and as much distancing as possible maintained within a cohort.

Physical Activities

High contact physical activities should take place in outdoor settings only. Masking is not required outdoors for high contact physical activities.

Low contact activities are permitted indoors. For children in grade 1 and up, masking is encouraged but not required if a minimum of two metres distance can be maintained between groups and as much as possible within a group.

Field Trips

Field trips are permitted as per the Reopening Ontario Act. Children should be cohorted throughout the duration of the trip. Ratios must be maintained as set out in the CCEYA. Health and safety requirements set out in the guidelines and regulations (e.g. masking, eye protection) and of the place being visited would continue to apply.

Keeping daily accurate records of individuals attending field trips (name, contact information, time of arrival/departure, transportation, location visited) is required to facilitate contact tracing.

Appendix C

Environmental Cleaning and Disinfecting Policy and Procedures

Purpose

To ensure that all staff are aware of, and adhere to, Jubilee Heritage Family Resources [JHFR] Sanitary Policies and Procedures and direction by the Public Health Sudbury and Districts regarding cleaning and disinfecting in the re-opening of Child Care Centres.

Policy

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

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

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

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

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

Reference:

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

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

Definitions

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

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

Procedures

All products including cleaning agents and disinfectants must be out of reach of children, labelled, and must have Safety Data Sheets (SDS) up to date (within three years), which are stored in the WHMIS binder.

Cleaning and Disinfecting will be done 2 times a day and as needed. Housekeeping staff will be responsible for the cleaning and disinfecting. Staff will be responsible for the small spills happening in their room. Staff will contact housekeeping for bigger spills. Housekeeping staff/staff will wear gloves when Cleaning/Disinfecting and when immersing toys in diluted disinfectant when toy washing.

Cleaning

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

Disinfecting

Accelerated Hydrogen Peroxide was approved by PHSD for use in our child care centres as a disinfectant.

The AHP disinfecting products used in JHFR centre are **Oxivir Plus** and **Oxivir TB Ready-to-Use (RTU) Spray or Wipes**. All are considered high-level disinfectants which is defined as the complete elimination of all microorganisms in or on a surface with some exceptions.

For general environmental disinfection of high touch surfaces large toys and equipment that cannot be immersed in a disinfectant solution use **Oxivir TB RTU**, which comes ready to use in spray bottles or wipes, the contact time for disinfecting is **1 minute**

Disinfecting using Oxivir TB Ready-To-Use (RTU) Spray & Wipes

- Put on gloves and mask, if the employee has scent sensitivities
- Spray or wipe on **Oxivir TB RTU-1 Minute** solution and leave on the surface for the appropriate disinfecting contact time (**1 minute**). Ensure the spray setting is on stream and not mist
- Once the **1 minute** disinfecting contact time has elapsed, the surface has now been disinfected
- Any surface children may come in contact with requires a final rinse with a single-use paper towel (i.e. floor, toy shelves)
- If the surface continues to be wet, you may wipe it dry with a single-use paper towel

For all other toy cleaning & disinfecting use **Oxivir Plus**, which has to be mixed and tested before use, the contact time is **5 minutes**. (See Appendix D Toy Disinfecting)

Disinfecting using Oxivir Plus Solution (1750ppm)

- Spray Oxivir Plus Solution (1750ppm) (**Bottle labeled Oxivir Plus**)
- Let Sit for 5 minutes
- Wipe surface dry
- Rinse thoroughly

Steps to prepare solution (half bottle solution)

- Unlock pump
- Make sure dial is at 7ml
- Press pump x1 in bottle
- Lock pump
- Fill bottle with water 300ml
- Use test strip AHP1750 Indicator Strips to test solution. Dip the padded end of the test strip into the diluted solution and remove immediately. At the same time start the timer and shake the strip in a whipping motion 3 times to prevent excess liquid pooling on the strip. The test strip colour should match the colour bock between 35 and 40 seconds to indicate a

pass light grey colour. Please use the left hand side chart **Disinfection 1:40** Dilution to test the solution on the AHP1750 bottle.

Sanitizing-Kitchen-Food Contact Surfaces

Dishwashing

Dishwasher needs to be at a high temperature-final cycle 82°C for 10 seconds. Applegrove and St. Francis Sites uses chlorinated pouches in dishwasher.

Always use a Sanitizer in the Kitchen and on Food Contact Surfaces. Vestec 220 Solution is to be tested daily with the test strips before using. The Solution needs to be a maximum of 200ppm of quats.

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

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

Sanitizing using Vestec 220-Solution (200ppm)

- Spray **Vestec 220 Solution** (200ppm) (**bottle #3**)
- Let Sit for 1 minute
- Wipe surface (excess liquid)
- Allow surface to air dry

Steps to prepare Vestec 220-Solution

- Unlock pump
- Make sure dial is at 2ml
- Press pump x1 into bottle
- Lock pump
- Fill bottle with water-710ml (line of the neck of bottle)
- Use test strip Hydrion QT-10 to test solution. Dip paper into solution **NOT FOAM SOLUTION**, for **10 seconds**. Don't Shake. Compare colors at once. It needs to read **200ppm**

Cleaning and Disinfection frequency requirements

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

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

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

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

- Any hard surfaces such as water bottles, containers,

Clean and disinfect frequencies for other surfaces and items:

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

- **Tables and countertops:** used for food preparation and food service must be cleaned and sanitized before and after each use, using Vestec 220/QUAT product, **not** Hydrogen Peroxide
- **Highchairs:** tray table for serving food must be cleaned and sanitized before and after serving food using Vestec 220/QUAT product, **not** Hydrogen Peroxide
- **Spills** must be cleaned and disinfected immediately
- **Handwash sinks:** staff and children washroom areas must be cleaned and disinfected at least **two** times per day, between group use (if applicable) and as often as necessary (e.g., when visibly dirty or contaminated with body fluids).
- **Floors:** cleaning and disinfecting must be performed as required, i.e., when spills occur, and throughout the day when rooms are available, i.e., during outdoor play
- **Outdoor play equipment:** must be disinfected before use, and as required (e.g., visibly dirty and between groups). Any outdoor play equipment that is used must be easy to clean and disinfect
- **High-touch surfaces:** any surfaces at your location that has frequent contact with hands(e.g., light switches ,water fountain knobs, shelving, containers, hand rails, door knobs, sinks toilets, electronic devices, table tops etc.). These surfaces will be cleaned and disinfected at least 2 times per day and as often as necessary (e.g.,when visibly dirty or contaminated with body fluids)
- **Other shared items:** (e.g., phones, IPADs, IPODs, attendance binders etc.) these must be disinfected between users).
- **Food** must be protected from contamination at all times. This may include ensuring guards or covering for food and utensils.
- Only one group should access the washroom at a time and it is recommended that the facilities be cleaned in between each use, particularly if different groups will be using the same washroom.

- Classrooms must be cleaned and disinfected after the core day program ends and before the before and after school program begins.

Clean and disinfect daily:

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

Clean and disinfect as required:

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

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

❖ **Notes:**

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

Crib and cot cleaning and disinfecting:

- Cots and cribs **must** be labelled and assigned/designated to a single child per use
- Cots and cribs **must** be cleaned and disinfected before being assigned to a child
- Crib mattresses **must** be cleaned and disinfected when soiled or wet and before being assigned to a child
- High touch surfaces on cots and cribs must be disinfected at least twice per day and as often as necessary.

- Cots must be stored in a manner which there is no contact with the sleeping surface of another cot
- Bedding must be a minimum weekly, and when soiled or wet and between children.

Additional Infection Prevention and Control Practices For Hygiene Items

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

Shared Spaces/Objects

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

Where an individual is suspected of having COVID-19 in the child care setting:

- Establish a protocol to determine contaminated areas and carry out cleaning and disinfection, including timing, when to return to use, methods of cleaning, PPE to be used while cleaning, and waste disposal.
- Identify areas that may require cleaning plus disinfection (items used by the individual and all surfaces within 2 metres of the ill person) versus cleaning alone (such as a hallway or room where the individual has passed through).
- Use disposable cleaning equipment, such as disposable wipes, where possible.
- Remove all items that cannot be cleaned (paper, books, etc.) and store them in a sealed container for a minimum of 7 days.

Toy Disinfecting Policy and Procedures

Purpose

To ensure that all staff are aware of, and adhere to, Jubilee Heritage Family Resources [JHFR] Policy regarding Toy disinfecting in the re-opening of the Child Care Centres.

Policy

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

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

Definitions

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

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

Procedures

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

- Choose toys that are washable, sturdy, and too large to be swallowed to prevent choking.
- Choose toys that can be cleaned and disinfected.
- Avoid plush toys
- Clean toys when visibly dirty and daily

- Remove toys from circulation that children have put in their mouths or that have other body fluids on them until they can be cleaned and disinfected. Put in labeled mouth toy bin.
- When cleaning toys, check them for sharp, jagged edges or small pieces that can be easily broken off. If toys cannot be fixed, throw them away.

Cleaning

Plastic toys that can be submersed in a sink or bucket must be cleaned with dish soap and water.

- Use soap and warm water to clean visibly soiled surfaces
- Rinse the toys with clean water (warm to tepid temperature preferred) to ensure soap is removed
- Allow toys to air dry

Disinfecting using Oxivir Plus Solution (1750ppm)

- Spray Oxivir Plus Solution (1750ppm)
- Let sit for 5 minutes
- Mouthed toys will require a final rinse after the required contact time is observed
- Allow toys to air dry

Wash in Place

For general environmental disinfection of high touch surfaces large toys and equipment that cannot be immersed in a disinfectant solution use **Oxivir TB RTU**, which comes ready to use in spray bottles or wipes, the contact time for disinfecting is **1 minute**

Cleaning

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

Disinfecting using Oxivir TB Ready-To-Use (RTU) Spray & Wipes

- Put on gloves and mask, if the employee has scent sensitivities
- Spray or wipe on **Oxivir TB RTU-1 Minute** solution and leave on the surface for the appropriate disinfecting contact time (**1 minute**). Ensure the spray setting is on stream and not mist
- Once the **1 minute** disinfecting contact time has elapsed, the surface has now been disinfected

- Any surface children may come in contact with requires a final rinse with a single-use paper towel (i.e. lunch tables, high chair tray, floor, toy shelves)
- If the surface continues to be wet, you may wipe it dry with a single-use paper towel

Equipment and Toy Usage, and Restrictions

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

Mouthed toys should be cleaned and disinfected immediately after the child is finished using it.

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

If sensory materials (e.g., playdough, water, sand, etc.) are offered, emphasis should be placed on hand hygiene before and after the use of materials.

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

Purpose

To ensure that all staff will be using the appropriate PPE in the safest way possible and that they support children and families to do the same and also to ensure that all staff are aware of, and adhere to, Jubilee Heritage Family Resources [JHFR] Sanitary Policies and Procedures and direction by the Public Health Sudbury and Districts regarding cleaning and hand hygiene in the Child Care Centres.

Policy Statement

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

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

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

Licensees must include information on the use of PPE in their health and safety protocols that is consistent with the information in this section as well as any direction provided by their local public health unit.

At the advice of the local public health unit, child cares may choose to implement additional masking measures based on local circumstances.

Reasonable exceptions to the requirement to wear masks are expected to be put in place by licensees. Exceptions to wearing masks indoors could include situations where a child cannot tolerate wearing a mask, reasonable exemptions for medical conditions, etc.

Licensees should ensure their masking exceptions policies support children and staff to wear masks to the greatest extent possible.

Licensees may discuss with parents/guardians, in consultation with the child's health care professional, whether other types of face coverings might work for the child.

Licensees should consider ways to support nutrition breaks/mask breaks in a safe manner (i.e., a space where staff/providers can maintain at least 2 metres distance to remove masks and eat).

Expectations for adults in a child care setting:

All child care staff, home child care providers, home child care visitors and students on educational placement are required to wear medical masks (e.g. surgical/ procedural) while inside a child care setting, including in hallways and staff rooms (unless eating – but time with masks off should be limited and physical distance should be maintained).

Eye protection (e.g. face shield or goggles) is required for individuals working in close contact with children who are not wearing face protection (children younger than grade 1). Eye protection is not required for individuals working with children who wear face protection (children grade 1 and above).

All child care staff, home child care providers, home child care visitors and students on educational placement are required to wear medical masks when providing transportation for children. Eye protection for drivers should not interfere with the safe operation of vehicles and is intended to protect drivers during close contact with children, such as during boarding and exiting.

Masking and eye protection are not required outdoors if 2 metres of distance can be maintained. Physical distancing is strongly encouraged between groups.

Expectations for children:

All 4 school boards in our region have decided to make masks mandatory for children from JK-Grade 8. We will follow this guideline

All children in grades 1 and above are required to wear a properly-fitted non-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 child(ren) with a non-medical mask(s) or face covering each day and should be reminded that if children are wearing masks, they will require a way to store their mask when not in use.

Masking is not required outdoors. Physical distancing is strongly encouraged between groups

Proper Use of Masks and PPE:

Refer to Public Health Ontario resources and the Public Health Agency of Canada (PHAC) website for how to properly wear and take off masks and eye protection. You may also wish to view a helpful video on how to properly put on and take off masks and eye protection.

Keep in mind that it may be difficult to put on a mask and eye protection properly (i.e. 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.e. young children under the age of two).

All educators will wear medical masks during all meals which includes lunch time and snack time with the children. During the pandemic period, staff will not be eating with the children. Staff will serve, sit and supervise the children during mealtimes.

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

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

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

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

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

Hand Hygiene and Respiratory Etiquette

Definitions

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

Procedures

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

Hand Washing Procedure

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

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

- Soap and water are preferred as the most effective method and least likely to cause harm if accidentally ingested.
- ABHR can be used by children. It is most effective when hands are not visibly soiled.
- For any dirt, blood, body fluids (urine/feces), it is preferred that hands be washed with soap and water.
- Safe placement of the ABHR to avoid consumption is important, especially for young children. • Support or modifications should be provided to allow children with special needs to regularly perform hand hygiene as independently as possible.
- Tissues and lined, no-touch waste baskets (for example, foot pedal-operated, hand sensor, open basket) are to be provided, where possible.
- ABHR with a minimum 60% alcohol concentration must be available (60-90% recommended, including ideally at the entry point to each child care room) and/or plain liquid soap in dispensers, sinks and paper towels in dispensers

Children should wash their hands:

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

Staff should wash their hands:

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

STAFF HANDWASHING

- Leave jewelry at home or remove it upon handwashing.
- Use liquid soap and warm running water.
- Rub hands vigorously as you wash.
- Wash all surfaces including backs of hands, wrists, between fingers, and under fingernails for a minimum of 15 seconds.

- Rinse hands well. Leave water running.
- Dry hands on a single-use paper towel.
- Turn off faucet with a dry paper towel. Do not use bare hands to turn off faucet.
- Nail brushes are not to be used.

INFANT HANDWASHING

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

TODDLER & PRESCHOOL HANDWASHING

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

SCHOOL-AGE HANDWASHING

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

Hand Sanitizing Information

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

Glove Use

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

Gloves and Hand Hygiene

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

To reduce hand irritation related to gloves:

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

Covering Your Cough Procedure

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

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

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

Testing and Exclusion of Sick Children or Staff Policy and Procedures

Purpose

To ensure that all employees are aware of and adhere to Jubilee Heritage Family Resources [JHFR] policy in regarding to the exclusion of sick children in JHFR Child Care Centres.

Policy

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

Monitoring and Responding to Reports of COVID-19 Symptoms

All child care and early years sector partners, together with Ministry of Health and Public Health will work closely to monitor and respond to reports of COVID-19 symptoms.

Anyone who is symptomatic, does not pass screening, or has been advised to self-isolate by the local public health unit must not be permitted to attend the program and should stay at home (this includes children, child care centre staff, students completing post-secondary placements, home child care providers and those ordinarily resident/regularly at the home child care premises).

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

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

- If a child develops symptoms and their self-screening indicates they should stay home, everyone in the household (unless they are fully vaccinated) must also stay home until the child gets a negative COVID-19 test result, or cleared by public health, or diagnosed with another illness. Get a COVID-19 test (not a rapid antigen test) if they have symptoms of COVID-19 or are a contact of a

known COVID-19 case. (Subject to change as per Public Health directions and/or Class Order)

- If testing is required, the child must remain in isolation at home and cannot attend the child care centre in person while waiting for the appointment or test results.
- If testing is recommended by a health care provider and/or the *COVID-19 Screening Tool for Children in School and Child care* and the **family decides to NOT have their child tested**, the child must stay home and self-isolate for 10 days from when their symptoms started. They may return to school/daycare after 10 full days since the symptoms started as long as they do not have a fever and their symptoms have been improving for at least 24 hours. If your child cannot isolate apart from your household contacts (e.g. they are too young) and needs help, the caregiver must also isolate with child and away from other household members.
- If **testing is not required/recommended** by Health Care Provider and/or an alternate diagnosis is provided, the child can return to child care once they do not have a fever (without using medication) and symptoms are improving for 24 hours (and/or 48 hours after last episode of vomiting/diarrhea)
- If your child tests **negative for COVID-19 or if testing is not recommended and/or an alternative diagnosis is provided**, your child may return to school/daycare if they are meeting the following criteria:
 - They do not have a fever (without using medication); AND
 - Their symptoms have been improving for at least 24 hours (or at least 48 hours if their symptoms were vomiting/diarrhea); AND
 - They were not in close contact with someone who currently has COVID-19.
- Those who **test positive** for COVID-19 will be contacted by Public Health Agency of Sudbury Districts to provide further direction and guidance. They may not return to the child care setting until they are cleared by Public Health.

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

2. Child care centers must consider a single, symptomatic, laboratory confirmed case of COVID-19 in a staff member or child as a confirmed COVID-19 outbreak in consultation with Public Health Sudbury and Districts. Outbreaks should be declared in collaboration between the centre and Public Health Sudbury and Districts to ensure an outbreak number is provided.
3. Staff members who have been tested while asymptomatic for the purpose of surveillance or visiting a congregate or long term care home, may continue to work

unless there is reason to believe they would be considered a case (e.g. potential exposure to an ill or positive care or household contact). Staff should also monitor for symptoms while waiting for test results. If they become symptomatic, they should be excluded from work procedures.

4. If the sibling is unable to effectively isolate from the child who is a close contact, then the child needs to stay home. Any child who is dismissed from school as being a close contact or from the school bus, need to self-isolate and should seek testing. Anyone in the household who cannot effectively isolate, needs to stay home as well until the child receives a negative test. If the child who is a close contact has any symptoms, all family members need to self-isolate and contact assessment centre.
5. When a school is dismissed, the daycare will only be contacted if they are considered a close contact and will need to follow the same self-isolation protocol. If we do not get contacted, then we do not need to self-isolate.
6. As child care centre staff begin to receive their COVID-19 vaccines, it is important to be aware that similar to other vaccines, the COVID-19 vaccine may cause side effects, however most side effects are mild to moderate. According to the guidance, in the 48 hours from the time a staff receives their immunization, if the staff responds 'yes' to any of the following symptoms (and no others), and where the symptoms are mild (e.g. they feel well enough to work) and the symptoms only began after immunization, the individual can enter the centre: headache, fatigue, muscle ache/joint pain. Staff who have been immunized for longer than 48 hours and respond yes to having any symptoms should stay home and follow the directions in the COVID-19 school and child care screening tool.

Procedure

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

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

https://www.phsd.ca/wp-content/uploads/2020/10/COVID_Student_Illness_School-Daycare_Screening_Map_EN.pdf or https://www.phsd.ca/wp-content/uploads/2020/10/COVID_Student_Illness_School-Daycare_Screening_Map_FR.pdf

and the following recommendations will be followed:

- Symptomatic staff must be sent home to [self-isolate](#).
- Symptomatic children must be immediately separated from others in a supervised area until they can go home.

- Where possible, anyone who is providing care to that child should maintain a distance of at least 2 metres. If that is not possible, wear eye protection, surgical/procedure mask and a gown. The child should also wear a surgical/procedure mask only if above the age of two and if they can tolerate it.
- Contact the child's parent or guardian to pick them up right away.
- Notify parents that they can use the Ministry of Health online self- assessment tool and follow the advice to test or not or speak with their health care provider to discuss their symptoms and testing.
- Hand hygiene and respiratory etiquette should be practiced while the child is waiting to be picked up.
- Tissues should be provided to the child for proper respiratory etiquette, along with proper disposal of the tissues.
- Cleaning of the area the separated individual was in and other areas of the child care setting where the ill individual was should be conducted as soon as reasonably possible after the ill individual leaves (see above in the Cleaning section).
- If you suspect a child has symptoms of another reportable communicable disease (Please refer to Reporting Communicable Diseases in the Ounce of Prevention Binder), please report these immediately to Public Health Sudbury and Districts 705-522-9200 as is normal protocol.
- Communication protocol is as follows: Once notified by Public Health of a confirmed case of Covid-19, JHFR will update and inform the necessary stakeholders within the child care community while maintaining confidentiality of the ill individual. Manager of Families services will inform:
 - Executive Director-Elizabeth Hamilton ehamilton@jubileeheritage.ca
 - City of Greater Sudbury Manager of Child Care Services-Monique Poirier Monique Poirier Monique.Poirier@greatersudbury.ca and Natalie Halushenski Natalie.Halushenski@greatersudbury.ca
 - Ministry of Education-Regional Manager of Child Care Quality Assurance and Licensing Branch Early Years and Child Care Division-Wendy Savioli Wendy.Savioli@Ontario.ca
 - Ministry of Education-Program Advisor Child Care Quality Assurance and Licensing Branch Early Years Division and Child Care Division-Francine Venne Francine.Venne@Ontario.ca
 - Applicable School Board and Principal: **RDSB**-charetn@rainbowschools.ca and Lesley Fisher fisherl@rainbowschools.ca **SCDSB**-Nicole Bedard nicole.bedard@sudburycatholicschools.ca
 - The Executive Director will inform the Board of Directors.
 - A Serious Occurrence will also be completed and submitted through CCLS.
- PHSD will contact parents and staff who have been in close contact of the confirmed case and will give further direction. JHFR will follow public health directions and follow up with an email to parents and staff.

- Regular child care operation can continue unless directed otherwise by the local public health unit.

Occupational Health & Safety

Under the Occupational Health and Safety Act (OHSA), employers must take every precaution reasonable in the circumstances to protect the health and safety of workers. This includes precautions to protect workers from exposure to infectious diseases.

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

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

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

Covid-19 Immunization Disclosure Policy

Purpose

To ensure that all employees and Home Child Care Providers are aware of and adhere to Jubilee Heritage Family Resources [JHFR] policy in regarding to the Covid-19 Immunization Disclosure in JHFR Child Care Centres. The purpose of this policy is to outline organizational expectations with regards to COVID-19 immunization disclosure. Contingent upon vaccine availability, all eligible individuals, are strongly encouraged to receive a COVID-19 vaccine, unless there is a medical reason to not receive a vaccine.

Background

JHFR recognizes the importance of immunization of individuals regularly interacting and providing services to children due to the nature of their work and potential for exposure in the community. This COVID-19 immunization policy aims to protect the child care program's population including children, staff, providers, volunteers, students on educational placements and any person providing child care or other services to a child in care.

COVID-19 is an acute respiratory illness caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It may be characterized by fever, cough, shortness of breath, and several other symptoms. Asymptomatic infection is also possible. The risk of severe disease increases with age but is not limited to the elderly and is elevated in those with underlying medical conditions.

Application of the Policy

JHFR is committed to providing a safe and healthy environment for children, families employees and providers. JHFR will take every reasonable precaution to prevent the risk of communicable diseases within our agency. This policy and procedure will be reviewed and signed off by all staff and providers prior to commencing employment or returning to work, at any time when a change is made and annually.

The Immunization Disclosure Policy will apply to the following groups of individuals, except where the individual works remotely and the individual's work does not involve in-person interactions:

- Employees of the licensee;
- Home child care providers;
- Adults ordinarily a resident of or regularly present at a home child care premises
- Volunteers;

- Students on an educational placement;
- Any licensee who regularly interacts with children, staff or providers;
- Any person who provides child care or other services to a child who receives child care (e.g., special needs resourcing consultant)
- Any person who provides services at the child care centre (ie. Repairs, Maintenance, Custodial, I.T, Training, etc.).

Policy

The Chief Medical Officer of Health has directed all licensed child care programs to develop, implement and ensure compliance with a COVID-19 immunization disclosure policy. All individuals covered by this policy must provide one of the following:

1. Proof of all required doses of a COVID-19 vaccine approved by the World Health Organization.
2. Written proof of a medical reason, provided by either a physician or nurse practitioner that sets out:
 - a. that the person cannot be vaccinated against COVID-19; and
 - b. the effective time period for the medical reason (i.e., permanent or time-limited).
3. Proof that the individual has completed an educational session approved by JHFR.

Educational session

The educational session has been approved by and/or provided by JHFR and addresses all of the following learning components:

- how COVID-19 vaccines work;
- vaccine safety related to the development of the COVID-19 vaccines;
- benefits of vaccination against COVID-19;
- risks of not being vaccinated against COVID-19; and
- possible side effects of COVID-19 vaccination.

The following approved Educational Training video produced by the Ministry of Education must be completed on the employee's/provider's personal unpaid time. The employee/provider must sign off on the Attestation Form-COVID-19 Vaccination Educational Program.

[COVID-19 Vaccination Information for Educators - YouTube](#)

The video was produced by the Ministry of Education in collaboration with 19 to Zero,

an independent, non-profit organization representing a coalition of academics, public health experts, behavioural economists and creative professionals. 19 to Zero works to engage and educate people on the scientific evidence around COVID-19 and COVID-19 vaccines. We have also partnered with Dr. Danielle Martin, a family doctor who is the incoming Chair at the Department of Family and Community Medicine at the University of Toronto and an internationally recognized health educator. The video is evidence based and serves to educate individuals on the importance, safety and efficacy of COVID-19 vaccination.

Support for Vaccination for Employees

JHFR will provide up to 2 hours of COVID Sick Pay for all employees to access vaccination sites if their appointment falls during work hours. Please note that the time utilized will count as one COVID-19 Sick Day. JHFR employees are eligible for a maximum of 5 consecutive or non consecutive COVID-19 sick days annually.

Testing Requirements

Further to the Letter of Instruction issued by the Office of the Chief Medical Officer of Health, licensed child care programs must require that individuals who are not fully vaccinated submit to regular rapid antigen testing. Individuals subject to these testing requirements must provide verification of negative test results three times per week. To support this process, the Ministry asks that licensees inform those required to undertake testing of the following instructions:

- Testing is to take place at an individual's residence prior to attending work.
- Testing should be implemented consistently on a weekly basis with at least 2 days between tests and conducted Sunday to Friday.
- Testing should not take place more than 48 hours before attending work.

Individuals subject to the policy who are not fully vaccinated must regularly complete an antigen point of care testing for COVID-19 and demonstrate a negative result, every **Sunday, Tuesday and Thursday**; and provide written verification of the negative test result. This testing must be completed on the employee's personal unpaid time. Attached is a handout from Ontario Health on "How to Test Yourself". The kits will be supplied by the agency and given to the staff/providers as needed.

Please note, rapid antigen screening is only for individuals who are asymptomatic. Anyone who has symptoms should seek testing at their local assessment centre consistent with provincial testing guidance.

A positive result on a rapid antigen test is considered a preliminary (presumptive) positive and requires confirmation with a PCR test.

Any individual that receives a preliminary positive result on a COVID-19 rapid antigen test, is required to:

1. Seek a confirmatory PCR test immediately (ideally within 48 hours) at a designated testing centre.
2. Isolate immediately until the result of their confirmatory test is known.
3. Safely return to work only after they receive a negative result on a confirmatory test at a designated testing centre.

Any positive confirmatory test is routinely reported to the local public health unit, consistent with public health legislation, to support case and contact management and surveillance.

If an individual has had a laboratory-confirmed COVID-19 infection they should not participate in antigen testing for 90 days following the date of their positive COVID-19 test result. These individuals should immediately resume COVID-19 rapid antigen testing after the 90th day from the date of their positive COVID-19 PCR result.

Confidentiality Statement

As per s. 77 of O. Reg 137/15 made under the Child Care and Early Years Act, 2014, JHFR is required to report such statistical information to the Ministry of Education as may be required. No identifying information will be provided to the ministry in relation to this policy; all statistical information will be provided in aggregate form.